

Core Curriculum



Alaska Native Tribal Health Consortium
Department of Oral Health Promotion

Core Curriculum

To prepare the Alaska Dental Health Aide to work in communities and in dental clinics, the following are included in Core Curriculum:

- The Role of Alaska Health Aides
- Scope of Work for Dental Health Aides
- Medical Ethics
- Legal Issues
- Consent for Treatment
- State of Alaska Reporting Requirements
- Health and Disease
- Infectious Disease Process
- Standard Precautions
- Introduction to Anatomy
- Introduction to Dental Anatomy
- Introduction to Pharmacology
- Introductory Medical History Taking
- Dental Terminology, Abbreviations and Acronyms
- Documentation
- Introduction to Clinic Management
- Scheduling
- Health Care System Access



Chapter 1

The Role of Alaska Health Aides



The Role of Alaska Health Aides

Notes

Community Health Aides/Practitioners, Dental Health Aides, and Behavioral Health Aides provide community and clinical services to improve the health of Native Alaska people.



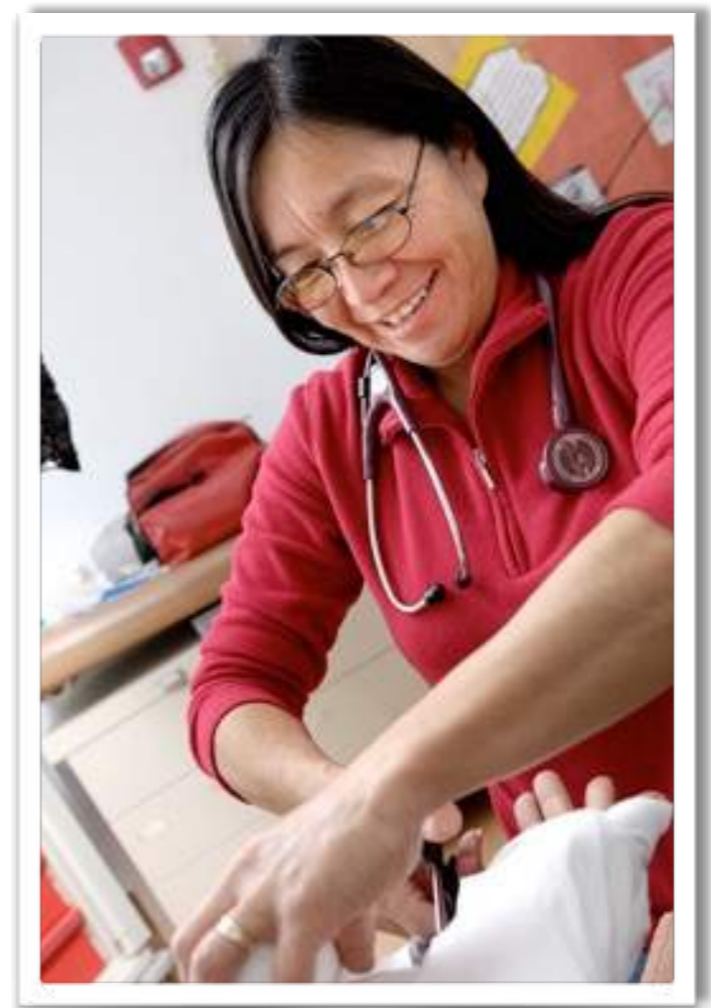
The Role of Alaska Health Aides

Community Health Aide Program

Notes

The Community Health Aide Program consists of a network of approximately 550 Community Health Aides/Practitioners (CHA/Ps) in more than 170 rural Alaska villages. CHA/Ps work within the guidelines of the 2006 Alaska Community Health Aide/Practitioner Manual, which outlines assessment and treatment protocols. There is an established referral relationship that includes midlevel providers, physicians, regional hospitals and the Alaska Native Medical Center. In addition, providers such as public health nurses, physicians and dentists make visits to villages to see clients in collaboration with the CHA/Ps.

Community Health Aide
Program
FAQs



Victorie "Torie" "Heart, MS, RN,
Director Community Health Aide
Program/Rural Health, ANTHC

The Role of Alaska Health Aides

Notes

Dental Health Aide Program

The Alaska Area Native Health Service, the Department of Health and Human Services, and tribal health organizations recognize the strong connection between physical health and dental health. There are shortages of dentist in Alaska, and a high turnover among rural dentists. Many dental positions are unfilled resulting in a decrease access to dental care and limiting services to only emergency care. Dental Health Aides are dedicated to improving the oral health status among Alaska Natives by providing preventive, educational and clinical services.



Mary Williard, DDS
DHAT Educational Program
Director

Dental Health Aide Program
FAQs
Part 1

Dental Health Aide Program
FAQs
Part 2



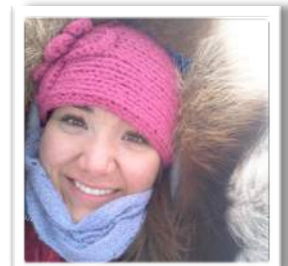
The Role of Alaska Health Aides

Notes

Behavioral Health Aide Program

A Behavioral Health Aide (BHA) is a counselor, health educator, and advocate to help address community behavioral health needs which include alcohol, drug, and tobacco abuse and mental health problems such as grief, depression, suicide, and related issues. BHAs seek to achieve balance in the community by integrating their sensitivity to cultural needs with specialized training in behavioral health concerns and approaches to treatment.

Behavioral Health Aide
Program
FAQs



Janie Ferguson,
Special Projects Coordinator for the
Behavioral Health Aide Program

Chapter 2

Scope of Work for Dental Health Aides



Scope of Work for Dental Health Aides

Menu

The purpose of this chapter is to provide information about the scope of work for each type of Dental Health Aide. Additionally, descriptions are provided about the pre-requisites, type of supervision, training/educational requirements, preceptorship, competencies, certification/recertification with an unlapsed certificate.

- PRIMARY DENTAL HEALTH AIDE I (PDHA I)
- PRIMARY DENTAL HEALTH AIDE II (PDHA II)
- SEALANT SKILL SET (PDHA II and EFDHA II)
- DENTAL PROPHYLAXIS SKILL SET (PDHA II and EFDHA II)
- DENTAL RADIOLOGY SKILL SET (PDHA II and EFDHA II)
- DENTAL ASSISTING FUNCTION SKILL SET (PDHA II)
- ART – (PDHA II, DHAH, EFDHA I, and EFDHA II)
- DENTAL HEALTH AIDE HYGIENIST (DHAH)
- EXPANDED FUNCTION DENTAL HEALTH AIDE I (EFDHA I)
- EXPANDED FUNCTION DENTAL HEALTH AIDE II (EFDHA II)
- STAINLESS STEEL CROWN PLACEMENT (EFDHA I EFDHA II)
- DENTAL HEALTH AIDE THERAPIST (DHAT)

PRIMARY DENTAL HEALTH AIDE I (PDHA I)

General Scope of Work: Provide oral hygiene instruction, diet education, and topical fluoride applications.

The information in the table provides a general outline; it is not all-inclusive. The Community Health Aide Program Standards and Procedures should be referenced for more detailed information. This document is updated periodically. To obtain a current copy of the Community Health Aide Program Standards and Procedures go to the following web address:

http://www.akchap.org/resources/chap_library/CHAPCB_Documents/CHAPCB_Standards_Procedures_Amended_2015-01-22.pdf

Pre-Requisites	Dental Supervision	Training/Education	Preceptorship with Direct Supervision	Competencies	Certification/ Recertification with an unexpired certificate
None	Direct, indirect or general supervision of a Dentist or Dental Health Aide Therapist	Pre-session – DHA Core Curriculum Primary Oral Health Promotion & Disease Prevention Course Basic Dental Procedures Course Basic Life Support Certification	Direct supervision must be under a dentist, DHAT. Delivery of a minimum number of fluoride treatments Delivery of a minimum number of oral hygiene sessions with patients of various ages Delivery of a minimum number of diet education sessions with patients of various ages An additional 40 hours of relevant work experience	Satisfactory performance of the following skills (not inclusive): <ul style="list-style-type: none"> • use of CHAM • general medical history taking • patient education including, oral hygiene instruction, diet education, and explanation of prevention strategies, including fluoride and sealants • toothbrush prophylaxis • providing topical fluorides • clean/ sterile techniques • universal precautions • handwashing 	Certification – Applicants are required to complete and submit the Community Health Aide Program Certification Board Application for Dental Health Aide Certification. The application can be found at http://www.akchap.org/html/chapcb/dha---certification-board-documents.html Recertification with an unexpired certificate requires: <ul style="list-style-type: none"> • DHA competency documented by direct supervision of a minimum of 80 hours of satisfactory performance of procedures or by a minimum of 8 of each procedure for which the DHA is certified, and • 24 contact hours of continuing education approved by the Board

General Scope of Work: Provide the dental services of a PDHA I, as well as one or more of the following: sealants, dental prophylaxis, dental radiology, dental assistant function, or atraumatic restorative treatment (ART).

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Pre-Requisites	Dental Supervision	Training/Education	Preceptorship	Competencies	Certification/ Recertification with an unexpired certificate
None	Direct, indirect, and general supervision of dentist or dental health aide therapist	All training & education requirements, and supervision & competencies of a PDHA I DHA Advanced Dental Procedures Course One or more skill sets: sealant, dental prophylaxis, dental radiology, dental assistant function or ART Village-Based Dental Practice Course	Preceptorship is linked to skill set requirements for: <ul style="list-style-type: none"> • Sealants • Dental prophylaxis • Dental radiology • Dental assistant function • ART 	Satisfactory performance of the following (not inclusive): <ul style="list-style-type: none"> Medical and dental history taking Recognition of medical and dental conditions that may require direct dental supervision or services Recognition of relationship between medical conditions and oral health Dental Charting and patient record documentation Instrument handling and sterilization procedures Intra- and extra - oral photographs Meet the requirements of one or more of the following: sealants, dental prophylaxis, dental radiology, ART. 	Certification – Applicants are required to complete and submit the Community Health Aide Program Certification Board Application for Dental Health Aide Certification The application can be found at: http://www.akchap.org/html/chapcb/dha---certification-board-documents.html Recertification with an unexpired certificate requires: <ul style="list-style-type: none"> • DHA competency documented by direct supervision of a minimum of 80 hours of satisfactory performance of procedures or by a minimum of 8 of each procedure for which the DHA is certified, and • 24 contact hours of continuing education approved by the Board

SEALANT SKILL SET (PDHA II and EFDHA II)

The information included in the table provides a general outline; it is not all-inclusive. The Community Health Aide Program Standards and Procedures document should be referenced for more detailed information regarding the sealant skill set. This document is updated periodically. To obtain a current copy of the Community Health Aide Program Standards and Procedures go to the following web address:

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Pre-Requisites	Dental Supervision	Training/Education	Preceptorship	Competencies	Certification/ Recertification with an unexpired certificate
<p>All training & education requirements, and supervision & competencies of a PDHA II</p> <p>OR</p> <p>All training & education requirements, and supervision & competencies of an EFDHA I</p> <p>OR</p> <p>All training & education requirements, and supervision & competencies of an EFDHA II</p>	<p>NOTE:</p> <p>Sealants must be ordered by a dentist.</p> <p>General supervision of a dentist if DHA has completed the Village-Based Dental Practice Course</p> <p>Direct or Indirect supervision of a dentist if the DHA has not completed the Village-Based Dental Practice Course</p>	<p>A course in sealants and preceptorship</p> <p>OR</p> <p>Under the direct supervision of a dentist, dental health aide therapist, licensed dental hygienist, or dental health aide hygienist satisfactory performance of a minimum of sealant procedures with patients of various ages</p>	<p>Under the direct supervision of a dentist, dental health aide therapist, or dental hygienist, satisfactory performance of a minimum number of sealant on patients of various ages</p>	<p>Understand and successfully demonstrate and maintain (not inclusive):</p> <ul style="list-style-type: none"> • understanding and following dental orders • reviewing medical history and identifying contraindications for sealant placement • explaining sealant procedure and responding to questions from patient regarding sealants • proper patient and provider safety procedures, including proper use and safety procedures related to curing light and proper use of etchant material • isolating and drying teeth to be sealed • identifying and correcting occlusal discrepancies caused by excess sealant 	<p>Certification – Applicants are required to complete and submit the Community Health Aide Program Certification Board Application for Dental Health Aide Certification</p> <p>The application can be found at: http://www.akchap.org/html/chapcb/dha---certification-board-documents.html</p> <p>Recertification with an unexpired certificate requires:</p> <ul style="list-style-type: none"> • DHA competency documented by direct supervision of a minimum of 80 hours of satisfactory performance of procedures or by a minimum of 8 of each procedure for which the DHA is certified, and • 24 contact hours of continuing education approved by the Board

The information in the table provides a general outline; it is not all-inclusive. The Community Health Aide Program Standards and Procedures document should be referenced for more detailed information regarding the dental prophylaxis skill set. To obtain a current copy of the Community Health Aide Program Standards and Procedures go to the following web address:

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Pre-Requisites	Dental Supervision	Training/Education	Preceptorship	Competencies	Certification/ Recertification with an unexpired certificate
<p>All training & education requirements, and supervision & competencies of a PDHA II</p> <p>OR</p> <p>All training & education requirements, and supervision & competencies of an EFDHA I</p> <p>OR</p> <p>All training & education requirements, and supervision & competencies of an EFDHA II</p>	<p>NOTE:</p> <p>Dental prophylaxis procedures must be ordered by a dentist or dental health aide therapist.</p> <p>General supervision of a dentist or dental health aide therapist if DHA has completed the Village-Based Dental Practice Course</p> <p>Direct or indirect supervision of a dentist or dental health aide therapist if the DHA has not completed the Village-Based Dental Practice course</p>	<p>A course in dental prophylaxis and preceptorship</p>	<p>Under the direct supervision of a dentist, dental health aide therapist, licensed dental hygienist, or dental health aide hygienist satisfactorily perform a minimum of dental prophylaxis procedures with patients of various ages</p>	<p>Understand and successfully demonstrate and maintain (not inclusive):</p> <ul style="list-style-type: none"> • understanding and following dental orders • reviewing medical history and identifying contraindications for performing prophylaxis • understanding when the patient should be referred to a dentist prior to carrying out prophylaxis • explaining prophylaxis procedure and respond to questions from patient regarding prophylaxis • proper patient and provider safety procedures including proper use of dental instruments for safety of patient and provider and proper use of ultrasonic or piezoelectric scalers • scaling and polishing to remove plaque, calculus, and stains from the coronal or exposed surface of the tooth • consistent with direct orders from the dentist after a dental examination, sulcular irrigation 	<p>Certification – Applicants are required to complete and submit the Community Health Aide Program Certification Board Application for Dental Health Aide Certification</p> <p>The application can be found at: http://www.akchap.org/html/chapcb/dha---certification-board-documents.html</p> <p>Recertification with an unexpired certificate requires:</p> <ul style="list-style-type: none"> • DHA competency documented by direct supervision of a minimum of 80 hours of satisfactory performance of procedures or by a minimum of 8 of each procedure for which the DHA is certified, and • 24 contact hours of continuing education approved by the Board

The information in the table provides a general outline; it is not all-inclusive. The Community Health Aide Program Standards and Procedures document should be referenced for more detailed information regarding the dental radiology skill set. To obtain a current copy of the Community Health Aide Program Standards and Procedures go to the following web address:

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Pre-Requisites	Dental Supervision	Dental Supervision	Training/Education/Preceptorship	Competencies	Certification/ Recertification with an unexpired certificate
<p>All training & education requirements, and supervision & competencies of a PDHA II</p> <p>OR</p> <p>All training & education requirements, and supervision & competencies of an EFDHA I</p> <p>OR</p> <p>All training & education requirements, and supervision & competencies of an EFDHA II</p>	<p>NOTE:</p> <p>Dental radiology procedures must be ordered by a dentist or dental health aide therapist.</p> <p>General supervision of a dentist or dental health aide therapist if DHA has completed the Village-Based Dental Practice Course</p> <p>Direct or indirect supervision of a dentist or dental health aide therapist if the DHA has not completed the Village-Based Dental Practice course</p>	<p>Direct, indirect or general supervision of a dentist or dental health aide therapist</p>	<p>A course in dental radiology</p> <p>OR</p> <p>Satisfactory performance in exposing and developing a number of dental radiographs on patients of various ages under the direct supervision of a dentist, dental health aide therapist, dental hygienist, or dental health aide hygienist.</p> <p>NOTE:</p> <p>If the dental health aide did not satisfactorily expose sufficient number and type of radiographs during the course in dental radiology, the DHA must complete, under the direct supervision of a dentist or dental health aide therapist, dental hygienist, or dental health aide hygienist, enough additional radiographs to satisfactorily complete the preceptorship.</p>	<p>Successfully demonstrate and maintain competency in (not inclusive):</p> <ul style="list-style-type: none"> • radiological protection • radiographic quality • radiographic technique • processing technique • presentation of radiographs • radiographic infection control • special radiograph techniques • maintenance of processor equipment • mounting and labeling of radiographs. 	<p>Certification – Applicants are required to complete and submit the Community Health Aide Program Certification Board Application for Dental Health Aide Certification</p> <p>The application can be found at: http://www.akchap.org/html/chapcb/dha---certification-board-documents.html</p> <p>RADIOLOGY RECERTIFICATION: No less than once every two years, the dental health aide must expose a minimum number of radiographs under the direct supervision of a dentist or dental health aide therapist, dental hygienist, or dental health aide hygienist and those radiographs must be reviewed by a dentist and determined to have been performed satisfactorily.</p>

The information in the table provides a general outline; it is not all-inclusive. The Community Health Aide Program Standards and Procedures document should be referenced for more detailed information regarding the dental assisting skill set. To obtain a current copy of the Community Health Aide Program Standards and Procedures go to the following web address:

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Pre-Requisites	Dental Supervision	Training/Education/ Preceptorship	Competencies	Certification/ Recertification with an unexpired certificate
<p>All training & education requirements, and supervision & competencies of a PDHA II</p>	<p>Direct or indirect supervision of a: (A) dentist; (B) dental health aide therapist; (C) licensed dental hygienist; (D) dental health aide hygienist, or (E) a primary dental health aide II or expanded function dental health aide I or II who is performing procedures under the general supervision of a dentist.</p>	<p>A dental assisting course OR A program provided by a dentist who directly supervised the person carrying out a sufficient number of patient encounters for the person to develop satisfactory skills as determined by the supervising dentist, in performing the functions of a dental assistant.</p>	<p>Understand and successfully demonstrate and maintain the ability to (not inclusive):</p> <ul style="list-style-type: none"> • apply topical anesthetic agents • place and remove rubber dams • basic knowledge of dental materials, instruments, and procedures • four-handed instrument transfer 	<p>Certification – Applicants are required to complete and submit the Community Health Aide Program Certification Board Application for Dental Health Aide Certification</p> <p>The application can be found at: http://www.akchap.org/html/chapcb/dha---certification-board-documents.html</p> <p>Recertification with an unexpired certificate requires:</p> <ul style="list-style-type: none"> • DHA competency documented by direct supervision of a minimum of 80 hours of satisfactory performance of procedures or by a minimum of 8 of each procedure for which the DHA is certified, and • 24 contact hours of continuing education approved by the Board



The information in the table provides a general outline; it is not all-inclusive. The Community Health Aide Program Standards and Procedures document should be referenced for more detailed information regarding the atraumatic restorative treatment skill set. To obtain a current copy of the Community Health Aide Program Standards and Procedures go to the following web address:

http://www.akchap.org/resources/chap_library/CHAPCB_Documents/CHAPCB_Standards_Procedures_Amended_2015-01-22.pdf

Pre-Requisites Tap in the column and scroll	Dental Supervision	Training/ Education	Preceptorship	Competencies Tap in the column and scroll	Certification/ Recertification with an unexpired certificate
	<p>NOTE: The dental health aide may perform ART only after consultation with a dentist or dental health aide therapist (exception is the DHAH who must be supervised by a dentist) who has reviewed appropriate dental records regarding the patient, which may include radiographs and intra-oral photographs.</p> <p>ART may be performed under this section by a DHA under the general supervision of a dentist or dental health aide therapist (exception is the DHAH who must be supervised by a dentist) provided the DHA has completed the Village-Based Dental Practice Course.</p>	<p>A course in ART</p>	<p>Under the direct supervision of a dentist satisfactorily perform ART on a minimum number of patients of various ages, and a minimum number of teeth</p>		<p>Certification – Applicants are required to complete and submit the Community Health Aide Program Certification Board Application for Dental Health Aide Certification</p> <p>The application can be found at: http://www.akchap.org/html/chapcb/dha---certification-board-documents.html</p> <p>Recertification with an unexpired certificate requires:</p> <ul style="list-style-type: none"> • DHA competency documented by direct supervision of a minimum of 80 hours of satisfactory performance of procedures or by a minimum of 8 of each procedure for which the DHA is certified, and • 24 contact hours of continuing education approved by the Board

DENTAL HEALTH AIDE HYGIENIST (DHAH)

Scope of Work: Provide dental hygiene functions, local anesthetic, and ART. The information in the table provides a general outline; it is not all-inclusive. The Community Health Aide Program Standards and Procedures should be referenced for more detailed information. This document is updated periodically. To obtain a current copy of the Community Health Aide Program Standards and Procedures go to the following web address:

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Pre-Requisites	Dental Supervision	Training/Education	Preceptorship	Competencies	Certification/ Recertification with an unexpired certificate
None	<p>General supervision of a dentist</p> <p>A DHAH may perform ART under general supervision of a dentist upon successful completion of the Village-Based Dental Practice course</p>	<p>Pre-session – DHA Core Curriculum</p> <p>Basic Life Support Certification</p> <p>Completion of an accredited school of dental hygiene or a dental hygiene program approved by the CHAP Certification Board</p> <p>AND, if not covered in the dental hygiene education a course in local anesthetic.</p> <p>NOTE: In order to perform ART, a DHAH is required to complete training, education and preceptorship required for that skill set.</p>	<p>None for dental hygiene functions or local anesthetic.</p> <p>NOTE: In order to perform ART, a DHAH is required to complete training, education and preceptorship required for that skill set.</p>	<p>Successfully demonstrate and maintain satisfactory performance of the following skills (not inclusive):</p> <ul style="list-style-type: none"> • removing calculus deposits, accretions and stains from the surfaces of teeth by scaling and polishing techniques • non-surgical periodontal therapy • placing sulcular medicinal or therapeutic materials • periodontal probing • administration of local anesthetics and identification and responding to the side effects of local anesthetics <p>NOTE: In addition, DHAH must be able to demonstrate competency in PDHA I requirements; PDHA II requirements; sealant requirements; dental prophylaxis requirements; and dental radiology requirements.</p> <p>NOTE: DHAHs are certified in the ART skill set, they must meet all the competencies listed under the ART skill set.</p>	<p>Certification – Applicants are required to complete and submit the Community Health Aide Program Certification Board Application for Dental Health Aide Certification</p> <p>The application can be found at: http://www.akchap.org/html/chapcb/dha---certification-board-documents.html</p> <p>Recertification with an unexpired certificate requires:</p> <ul style="list-style-type: none"> • DHA competency documented by direct supervision of a minimum of 80 hours of satisfactory performance of procedures or by a minimum of 8 of each procedure for which the DHA is certified, and • 24 contact hours of continuing education approved by the Board

Scope of Work: Provides basic operative procedures that include placing and finishing simple restorations, and/ or providing dental prophylaxis, and placing stainless steel crowns. The information in the table provides a general outline; it is not all-inclusive. The Community Health Aide Program Standards and Procedures should be referenced for more detailed information. This document is updated periodically. To obtain a current copy of the Community Health Aide Program Standards and Procedures go to the following web address:

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Pre-Requisites	Dental Supervision Tap in the column and scroll	Training/Education	Preceptorship	Competencies Tap in the column and scroll	Certification/ Recertification with an unlapsed certificate
Must be a dental assistant		Pre-session – DHA Core Curriculum Basic Life Support Certification A course in basic restorative functions OR Training for dental prophylaxis Or A course in stainless steel crown placement	BASIC RESTORATIVE: <ul style="list-style-type: none"> • be under the direct supervision of a dentist • continue after completion of the training for a minimum of six months or 800 hours, whichever is longer • satisfactory performance in the dental health aide’s clinical setting under direct supervision of a dentist for a minimum number and types of restorations DENTAL PROPHYLAXIS: Under the direct supervision of a dentist, dental health aide therapist, licensed dental hygienist, or dental health aide hygienist satisfactorily perform a minimum of dental prophylaxis for patients of various ages.		Certification – Applicants are required to complete and submit the Community Health Aide Program Certification Board Application for Dental Health Aide Certification The application can be found at: http://www.akchap.org/html/chapcb/dha---certification-board-documents.html Recertification with an unlapsed certificate requires: <ul style="list-style-type: none"> • DHA competency documented by direct supervision of a minimum of 80 hours of satisfactory performance of procedures or by a minimum of 8 of each procedure for which the DHA is certified, and • 24 contact hours of continuing education approved by the Board

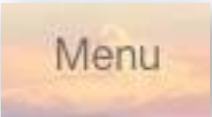
EXPANDED FUNCTION DENTAL HEALTH AIDE II (EFDHA II)

Scope of Work: Provides advanced operative procedures that include placing and finishing complex restorations, and placing stainless steel crowns. The information in the table provides a general outline; it is not all-inclusive. The Community Health Aide Program Standards and Procedures should be referenced for more detailed information. This document is updated periodically. To obtain a current copy of the Community Health Aide Program Standards and Procedures go to the following web address:

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Pre-Requisites	Dental Supervision	Training/Education	Preceptorship	Competencies	Certification/ Recertification with an unlapsed certificate
<p>EXPANDED FUNCTION DENTAL HEALTH AIDE II (EFDHA II)</p>	<p>Direct or indirect supervision of a dentist or dental health aide therapist.</p> <p>An EFDHA II may perform the services of stainless steel crown placement under the direct or indirect supervision of a dentist or dental health aide therapist after completing all the requirements under stainless steel crown placement.</p> <p>An EFDHA II may perform services described in EFDHA II competencies under the general supervision of a dentist or dental health aide therapist after completing the Village-Based Dental Practice Course.</p>	<p>Pre-session – DHA Core Curriculum</p> <p>Basic Life Support Certification</p> <p>EFDHA I Training & Education Requirements- Basic Restorative</p> <p>A course in advanced restorative functions</p> <p>A course in stainless steel crown placement</p>	<p>Satisfactorily complete a preceptorship, which must</p> <ul style="list-style-type: none"> • be under the direct supervision of a dentist • continue after completion of the training for a minimum of six months or 800 hours, whichever is longer • include satisfactory performance in the dental health aide’s clinical setting under direct supervision of a dentist of a minimum number of complex restorations 	<p>Successfully demonstrate and maintain satisfactory performance of (not inclusive):</p> <ul style="list-style-type: none"> • placement and finishing of cusp protected amalgam and complex Class III amalgams (complex fillings) • placement and finishing of dental composite Class II and IV (complex fillings) • provide appropriate post-procedure instructions. 	<p>Certification – Applicants are required to complete and submit the Community Health Aide Program Certification Board Application for Dental Health Aide Certification</p> <p>The application can be found at: http://www.akchap.org/html/chapcb/dha---certification-board-documents.html</p> <p>Recertification with an unlapsed certificate requires:</p> <ul style="list-style-type: none"> • DHA competency documented by direct supervision of a minimum of 80 hours of satisfactory performance of procedures or by a minimum of 8 of each procedure for which the DHA is certified, and • 24 contact hours of continuing education approved by the Board

STAINLESS STEEL CROWN PLACEMENT (EFDHA I and EFDHA II)



The information in the table provides a general outline; it is not all-inclusive. The Community Health Aide Program Standards and Procedures should be referenced for more detailed information regarding the stainless steel crown placement skill set. This document is updated periodically. To obtain a current copy of the Community Health Aide Program Standards and Procedures go to the following web address:

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Pre-Requisites	Dental Supervision	Training/Education	Preceptorship	Competencies	Certification/ Recertification with an unexpired certificate
None	Direct or Indirect supervision of a dentist or dental health aide therapist	<p>A course in stainless steel crown placement</p> <p>Training & education requirements, and supervision & competencies of an EFDHA I</p> <p>OR</p> <p>Training & education requirements, and supervision & competencies of an EFDHA II</p>	<p>Satisfactorily complete a preceptorship, which must:</p> <ul style="list-style-type: none"> • be under the direct supervision of a dentist • include satisfactory performance under the direct supervision of a dentist in the expanded function dental health aide’s clinical setting of placing a minimum number of stainless steel crowns. 	<p>Understand and successfully demonstrate and maintain the following competencies and skills (not inclusive):</p> <ul style="list-style-type: none"> • selecting the appropriate stainless steel crown • modifying the crown, as necessary • checking and correcting occlusion, contact and margins of stainless steel crown • cementing and removing excess cement • reverifying the occlusion • providing appropriate post-procedure instructions. • 	<p>Certification – Applicants are required to complete and submit the Community Health Aide Program Certification Board Application for Dental Health Aide Certification</p> <p>The application can be found at: http://www.akchap.org/html/chapcb/dha---certification-board-documents.html</p> <p>Recertification with an unexpired certificate requires:</p> <ul style="list-style-type: none"> • DHA competency documented by direct supervision of a minimum of 80 hours of satisfactory performance of procedures or by a minimum of 8 of each procedure for which the DHA is certified, and • 24 contact hours of continuing education approved by the Board

DENTAL HEALTH AIDE THERAPIST (DHAT)

Scope of work: Provide a limited scope of preventive and restorative services, including: dental prophylaxis; preventive services, including fluoride treatments, oral hygiene instruction and sealants; dental examinations; local anesthesia; amalgam and resin restorations; pulpotomies; and extractions. The information in the table provides a general outline; it is not all-inclusive. The Community Health Aide Program Standards and Procedures should be referenced for more detailed information. This document is updated periodically. To obtain a current copy of the Community Health Aide Program Standards and Procedures go to the following web address:

http://www.akchap.org/resources/chap_library/CHAPCB_Documents/CHAPCB_Standards_Procedures_Amended_2015-01-22.pdf

Pre-Requisites	Dental Supervision	Training/Education	Preceptorship	Competencies	Certification/ Recertification with an unexpired certificate
None	<p>Direct, indirect or general supervision of a dentist</p> <p>NOTE: Pulpal therapy (not including pulpotomies on deciduous teeth) or extraction of adult teeth can be performed by a dental health aide therapist only after consultation with a licensed dentist who determines that the procedure is a medical emergency that cannot be resolved with palliative treatment.</p>	<p>Pre-session – DHA Core Curriculum</p> <p>Basic Life Support Certification</p> <p>A course in Dental Therapy</p>	<ul style="list-style-type: none"> • A clinical preceptorship under the direct supervision of a dentist for a minimum of three months or 400 hours whichever is longer. • The preceptorship should encompass all competencies required of a dental health aide therapist and students should demonstrate each procedure or service independently to the satisfaction of the preceptor dentist. 	<p>Successfully demonstrate and maintain the following (not inclusive):</p> <ul style="list-style-type: none"> • all of the skills identified in PDHA I; PDHA II; sealant; dental prophylaxis; dental radiology; dental assistant function; atraumatic restorative treatment; EFDHA I; EFDHA II; and stainless steel crown placement • diagnosis and treatment of caries • performance of uncomplicated extractions of primary and permanent teeth • response to emergencies to alleviate pain and infection • administration of local anesthetic • recognition of and referring conditions needing space maintenance • maintenance of and repair of dental equipment • development of and carrying out community health prevention and education program • performance of pulpotomies on primary teeth. 	<p>Certification – Applicants are required to complete and submit the Community Health Aide Program Certification Board Application for Dental Health Aide Certification</p> <p>The application can be found at: http://www.akchap.org/html/chapcb/dha---certification-board-documents.html</p> <p>Recertification with an unexpired certificate requires:</p> <ul style="list-style-type: none"> • DHA competency documented by direct supervision of a minimum of 80 hours of satisfactory performance of procedures or by a minimum of 8 of each procedure for which the DHA is certified, and • 24 contact hours of continuing education approved by the Board

Chapter 3

Medical Ethics



Medical Ethics

Terms to Know

Notes



Beneficence:

Ethical principle to do good.



Confidentiality:

Protecting your patient's right to privacy.



DHA Code of Ethics:

Standards that are set by the members of a profession.



Do No Harm:

Any action that does not cause damage or injury.



Justice:

Ethical principle to treat people fairly.



Medical Ethics:

Values, high standards of conduct, and personal obligations reflected in interactions with other professionals and patients.



Need to Know:

Only providers who are treating the patient are allowed to read what is in a patient's chart.



Nonmaleficence:

Ethical principle to do no harm.

Medical Ethics

Terms to Know

Notes



Patient Autonomy

Patients have the freedom to participate in decisions regarding treatment, and to expect safeguards to patient's privacy.



Patient's Rights:

Legal and ethical policies that define the provider-patient relationship. This includes the patient's right to privacy, the right to quality medical care, and the right to make informed decisions about care and treatment



Professionalism:

The respect and sensitivity toward the needs, culture, gender, age and disabilities of a patient.



Veracity:

What is said is truthful and accurate.

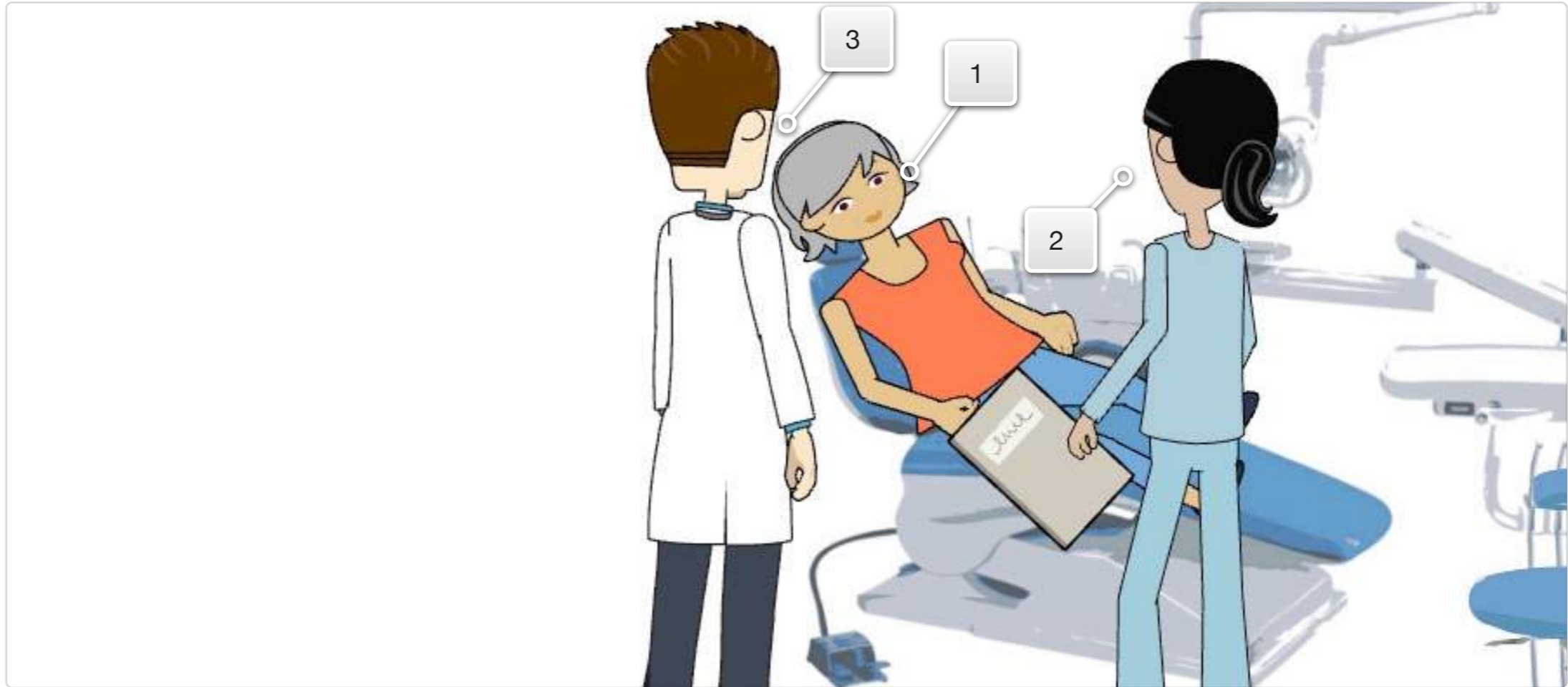
Medical Ethics

Patient Autonomy

Notes

Patients have the freedom to participate in decisions regarding treatment, to refuse treatment, and expect confidentiality.

Interactive 3.1 Patient Autonomy -Tap the buttons in order to follow the conversation.



Which person is respecting a patient's autonomy?

Which person is practicing autonomy?



Medical Ethics

Do no harm

If an action may cause harm to another, it cannot be considered ethical.

Notes

Interactive 3.2 Do no harm -Tap the buttons in order to follow the conversation.



Which DHA is practicing do no harm?



Which DHA is not practicing “do no harm”?



Medical Ethics

Veracity

Notes

Telling the truth about a situation builds trust between dental professionals and patients.

Interactive 3.3 Veracity -Tap the buttons in order to follow the conversation.



Which DHA is practicing veracity?



Which DHA is not practicing veracity?



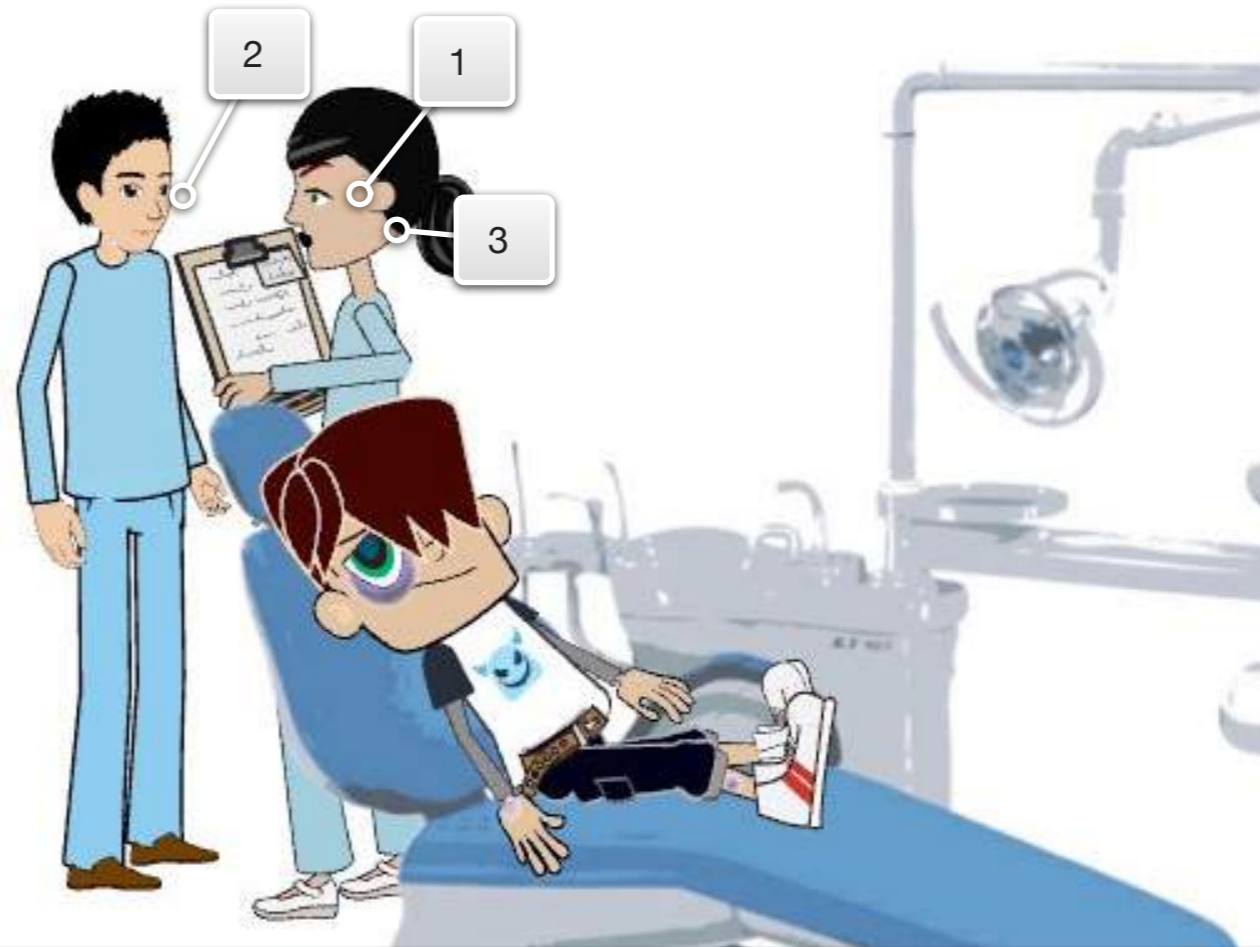
Medical Ethics

Beneficence

Promoting the welfare of patients and communities.

Notes

Interactive 3.4 Beneficence -Tap the buttons in order to follow the conversation.



Which DHA is practicing beneficence?



Which DHA is not practicing beneficence?



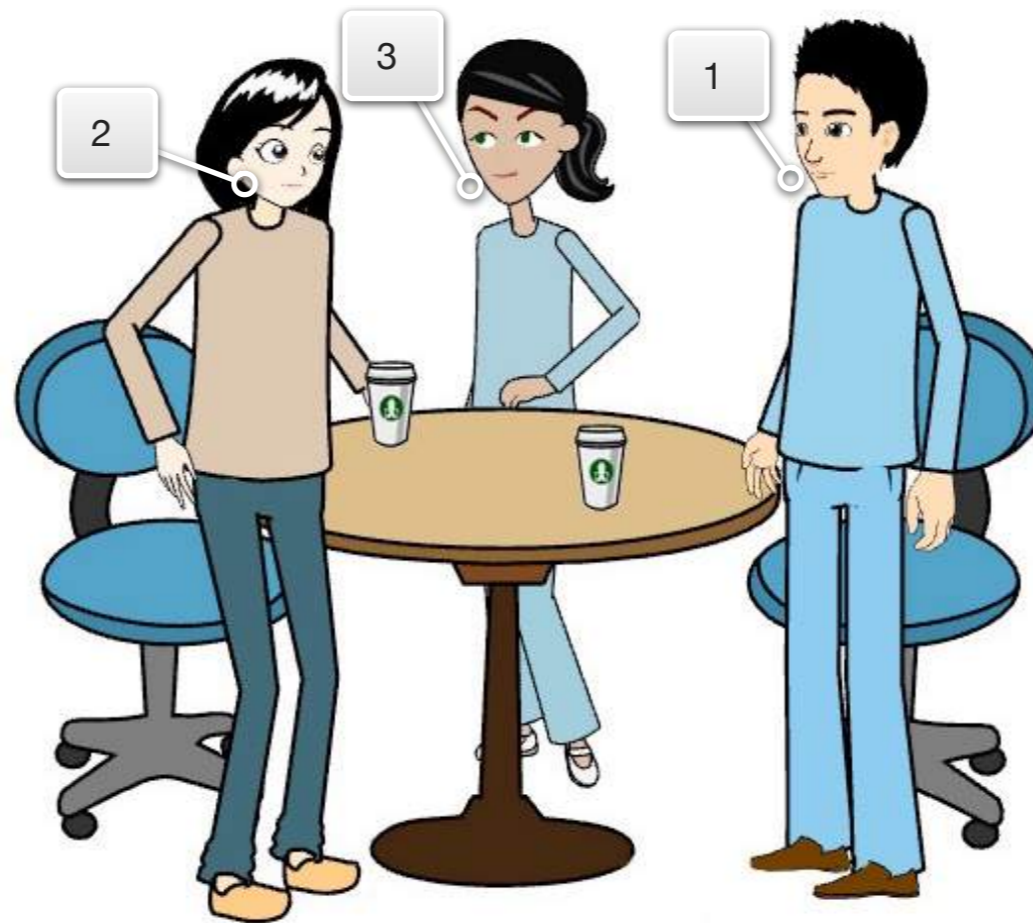
Medical Ethics

Justice

Treating all people fairly.

Notes

Interactive 3.5 Justice -Tap the buttons in order to follow the conversation.



Which DHA is practicing justice?



Which DHA is not practicing justice?



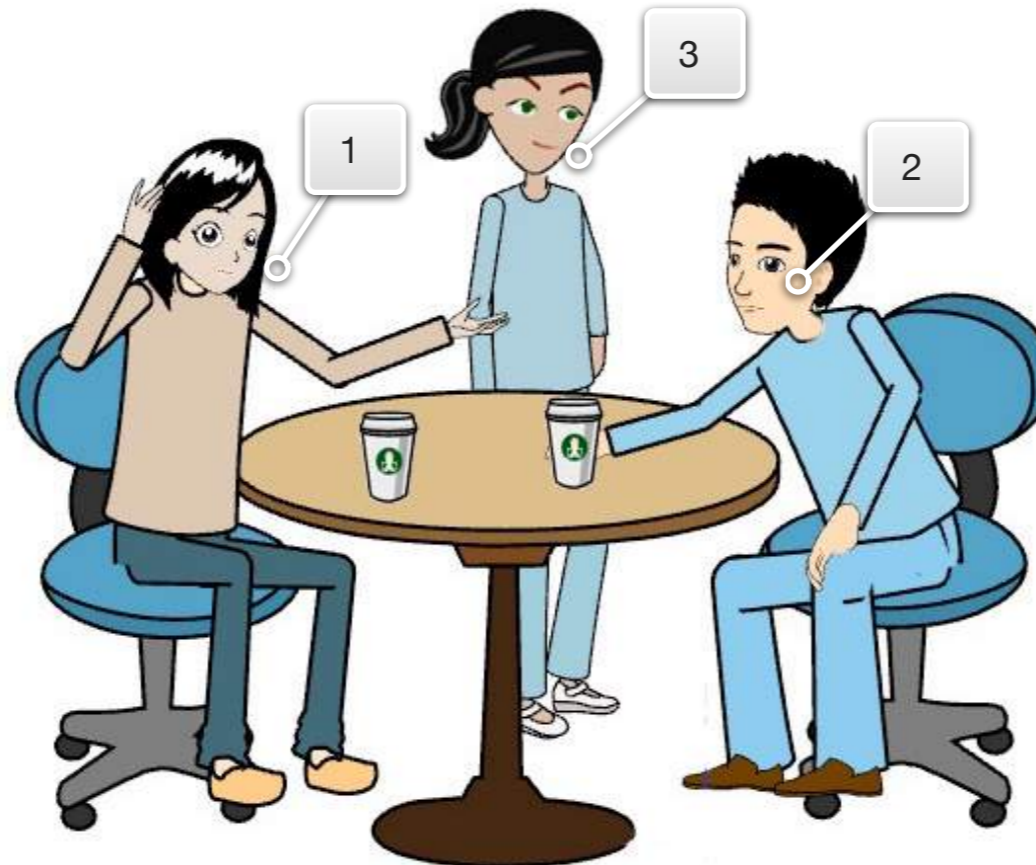
Medical Ethics

Confidentiality

Notes

You will learn many things about the private lives of your patients. You have an obligation to keep all their information confidential. Protecting your patient's right to privacy is an ethical and legal obligation.

Interactive 3.6 Confidentiality -Tap the buttons in order to follow the conversation.



Which DHA is practicing confidentiality?

Which DHA is not practicing confidentiality?



Medical Ethics

Notes

Need to Know

Patient records contain confidential information. Only providers who are treating the patient have a need to know what is in a patient's chart.

Which DHA is violating a patient's right to privacy?

"I am sorry, Ms. Blenk. That information is confidential. I have an ethical and legal obligation not to talk about that with you."



Which DHA is protecting a patient's right to privacy?

"Sure, Ms. Blenk. Let me look in your uncle's chart and I can give you that information."



Medical Ethics

Notes

Protect Patient Records

Lock patient files when you are not in the clinic so no one else is able to read them.

Which DHA is protecting patient records?

“I was going to file the morning charts but I need a break! I’ll be right there. Order me my usual would you?”



Which DHA is not protecting patient records?

“I’d love to meet you for lunch. Let me secure my computer first.”



Medical Ethics

Notes

Professionalism

Professionalism is the respect and sensitivity toward the needs, culture, gender, age and disabilities of a patient. As a dental health aide, patients observe the way you act, dress, and speak. They will trust you if they see you acting in a professional manner.

Which DHA is demonstrating professionalism?

“Yes, this is the dental clinic.
What do you want?”



Which DHA is not demonstrating professionalism?

“Good morning, this is Angie at
the dental clinic. What can I do
for you today?”



Medical Ethics

Notes

Professionalism

Professionalism requires keeping patient's medical information confidential.

Which DHA is demonstrating professionalism?

“Did anything change in your medical history?”



Which DHA is not demonstrating professionalism?

“Did anything change in your medical history?”



Medical Ethics

The Community Health Aide Program Certification Board (CHAPCB) takes medical ethics and professionalism seriously.

**COMMUNITY HEALTH AIDE PROGRAM
CERTIFICATION BOARD
STANDARDS AND PROCEDURES
Amended January 22, 2015**

TABLE OF CONTENTS

In Chapter 4 of the CHAPCB, Standards and Procedures you can find the disciplinary actions if a health aide fails to comply with medical ethics and professionalism.

CHAPTER 4. DISCIPLINE, SUSPENSION OR REVOCATION OF A COMMUNITY HEALTH AIDE, COMMUNITY HEALTH PRACTITIONER, DENTAL HEALTH AIDE, BEHAVIORAL HEALTH AIDE OR BEHAVIORAL HEALTH PRACTITIONER CERTIFICATE.....63

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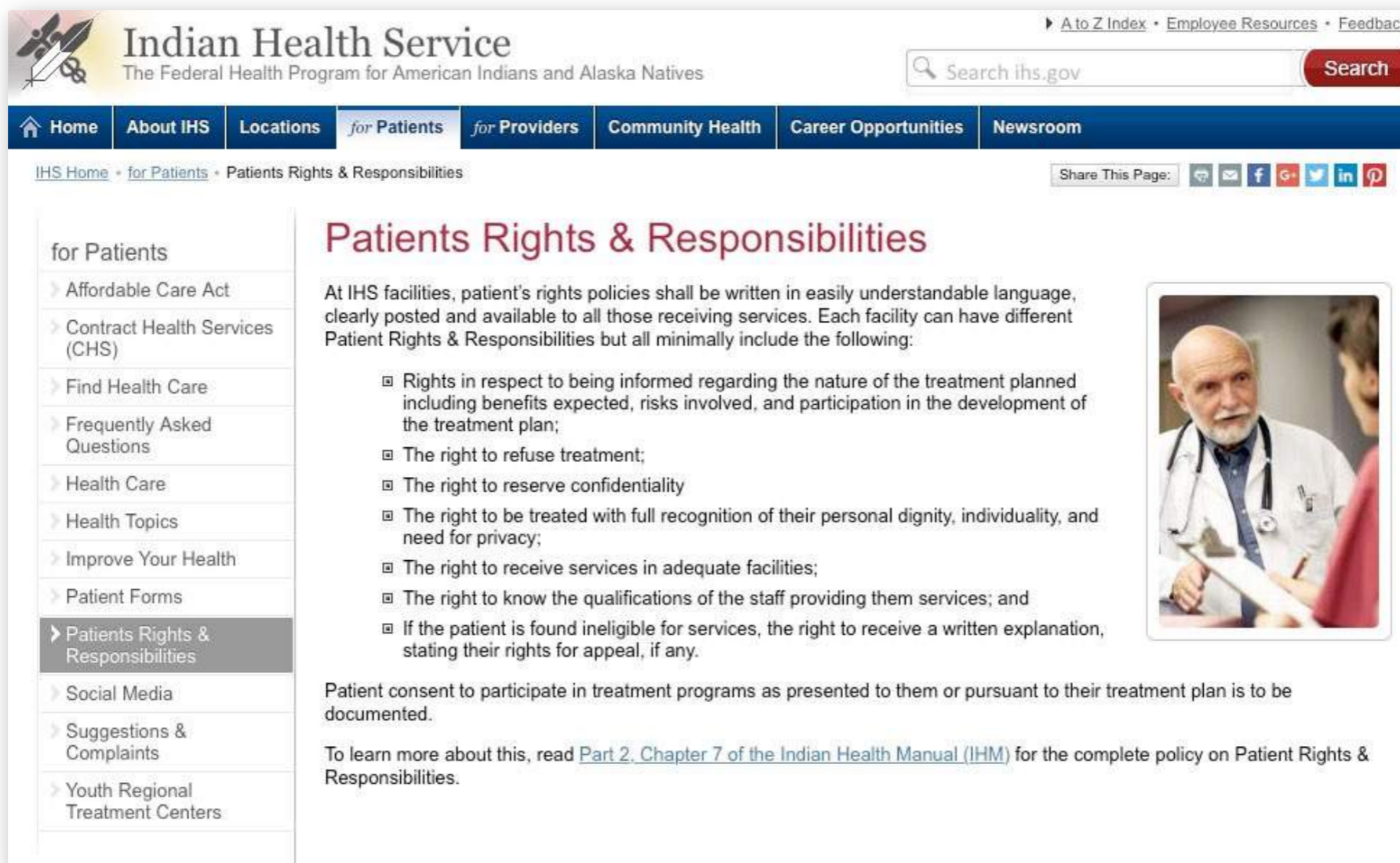
Sec. 4.10.130. Consistency.65

Medical Ethics

Patients Rights and Responsibilities

Notes

Patient's Rights are the legal and ethical policies that define the provider-patient relationship. This includes the patient's right to privacy, the right to quality medical care, and the right to make informed decisions about care and treatment.



The screenshot shows the Indian Health Service (IHS) website. The header includes the IHS logo, the text "Indian Health Service" and "The Federal Health Program for American Indians and Alaska Natives", a search bar, and navigation links for "A to Z Index", "Employee Resources", and "Feedback". The main navigation bar includes "Home", "About IHS", "Locations", "for Patients", "for Providers", "Community Health", "Career Opportunities", and "Newsroom". The breadcrumb trail reads "IHS Home > for Patients > Patients Rights & Responsibilities". The page title is "Patients Rights & Responsibilities". The main content area features a list of rights and responsibilities, a photograph of a doctor, and a link to the Indian Health Manual (IHM).

Indian Health Service
The Federal Health Program for American Indians and Alaska Natives

Search Search

Home About IHS Locations **for Patients** for Providers Community Health Career Opportunities Newsroom

IHS Home > for Patients > Patients Rights & Responsibilities

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- > Health Topics
- > Improve Your Health
- > Patient Forms
- > Patients Rights & Responsibilities**
- > Social Media
- > Suggestions & Complaints
- > Youth Regional Treatment Centers

Patients Rights & Responsibilities

At IHS facilities, patient's rights policies shall be written in easily understandable language, clearly posted and available to all those receiving services. Each facility can have different Patient Rights & Responsibilities but all minimally include the following:

- ▣ Rights in respect to being informed regarding the nature of the treatment planned including benefits expected, risks involved, and participation in the development of the treatment plan;
- ▣ The right to refuse treatment;
- ▣ The right to reserve confidentiality
- ▣ The right to be treated with full recognition of their personal dignity, individuality, and need for privacy;
- ▣ The right to receive services in adequate facilities;
- ▣ The right to know the qualifications of the staff providing them services; and
- ▣ If the patient is found ineligible for services, the right to receive a written explanation, stating their rights for appeal, if any.



Patient consent to participate in treatment programs as presented to them or pursuant to their treatment plan is to be documented.

To learn more about this, read [Part 2, Chapter 7 of the Indian Health Manual \(IHM\)](#) for the complete policy on Patient Rights & Responsibilities.

Medical Ethics

Notes

While each facility may have different patient rights and responsibilities policies, all have at a minimum the following:

- Rights in respect to being informed regarding the nature of the treatment planned including benefits expected, risks involved, and participation in the development of the treatment plan.
- The right to refuse treatment.
- The right to reserve confidentiality.
- The right to be treated with full recognition of their personal dignity, individuality, and need for privacy.
- The right to receive services in adequate facilities.
- The right to know the qualifications of the staff providing them services.
- If the patient is found ineligible for services, the right to receive a written explanation stating their rights to appeal, if any.

About your Protected Health Information YUKON-KUSKOKWIM HEALTH CORPORATION

Welcome and thank you for selecting the **Yukon-Kuskokwim Health Corporation (YKHC)** to assist you with your physical and mental health needs. While receiving services through any of our various programs or while visiting any of our facilities throughout the YK Delta Region, YKHC makes sure that necessary measures have been taken to protect the confidentiality and privacy of your **protected health information (PHI)** against improper uses or disclosures.

Federal and State laws and regulations provide guidelines that YKHC must follow. These include the Health Insurance Portability and Accountability Act (HIPAA), the Privacy Act, Freedom of Information Act, and Alcohol and Drug Confidentiality Regulations.

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please read and review it carefully.

Upon arrival at any of our facilities, personal information (such as your name, address, phone number, date of birth, social security number, insurance carrier(s), etc...) may be requested. This information is needed for future identification, billing, or health care purposes. Once received, YKHC has implemented policies and procedures and trained all staff members to assure that your PHI is properly used or disclosed. YKHC also assures that other organizations permitted to receive information about you are protecting it as well.

As a result of your visit, additional information may be created that relates to your symptoms, test results, diagnosis, treatment information, health information from other medical providers, and billing and payment information related to those services.

All individual employees are required to receive training to ensure that they understand that any access, uses, or disclosures of PHI are limited to a "Minimum Necessary" and "Need to Know" basis. This means the amount of PHI accessed, shared or released should be limited to the amount necessary for someone to do perform their job and only when required to know.


This Privacy Notice describes:

- How your information may be used or disclosed either with or without your permission;
- What rights you have in regards to the information;
- What responsibilities YKHC has regarding your medical information; and
- What to do if you feel you have concerns about your PHI.

If you have additional questions, comments, concerns, or you do not fully understand what is described within this Notice, you may contact the YKHC Privacy Officer at 1-800-478-3321 ext. 6995, or 907-543-6995, or you may email directly to: privacy_officer@ykhc.org

HOW INFORMATION MAY BE USED OR DISCLOSED

In most situations, it is required that a written authorization be obtained prior to any use or disclosure of your PHI. However, there are exceptions that permit YKHC and other covered entities to use (share) PHI with each other, or to disclose (release) the PHI after having provided you an opportunity to agree or object, or even without your authorization. The following uses and disclosures will be made only with your authorization: (i) most uses and disclosures of psychotherapy notes; (ii) uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this Notice.

Working Together to Achieve Excellent Health 

Medical Ethics

Notes

Ethical Principles and Code
of Professional Conduct for
Dental Health Aides

Medical Ethics

Ethical Case Questions

Notes

Case 1: Can you help my husband?

While you are at the school providing services to the students, you are approached by Ms. Molar, a teacher. She tells you that her husband needs to get a dental exam while the dentist is working in the clinic this week. She offers to give you a pair of beaded earrings for helping him get the appointment. Ms. Molar has always been very helpful in arranging school visits and getting the students to brush their teeth in the morning.

Answer the following questions for this ethical case.

1. What is the ethical dilemma/ conflict for the DHA in this case?
2. Which of the five (5) ethical principles apply to this case? (Note: there may be more than one.)
patient autonomy nonmaleficence beneficence justice veracity
3. What are some possible options for the DHA to consider if faced with this kind of ethical case?
4. If you were faced with this ethical dilemma as a DHA, which option would you take and why?

Medical Ethics

Ethical Case Questions

Notes

Case 2: Pull Them, Please

Mr. Toothache is a 19 year old man who lives in your village. He only comes to see you when he has dental pain. He tells you his family does not have good teeth. He wants to have all of his teeth pulled as soon as possible to prevent more toothaches.

You have provided care to Mr. Toothache before and know that he does not have good oral hygiene. But, you also know that he does not need all of his teeth extracted.

Answer the following questions for this ethical case.

1. What is the ethical dilemma/ conflict for the DHA in this case?
2. Which of the five (5) ethical principles apply to this case? (Note: there may be more than one.)
patient autonomy nonmaleficence beneficence justice veracity
3. What are some possible options for the DHA to consider if faced with this kind of ethical case?
4. If you were faced with this ethical dilemma as a DHA, which option would you take and why?

Case 3: Birthday Celebration

You and another DHA are working in the clinic. You both see patients and have a full schedule for the day, both in the clinic and at the school. This morning you noticed that Janie, the other DHA, smells of alcohol. You remember that she has been talking about celebrating her birthday all week.

Answer the following questions for this ethical case.

1. What is the ethical dilemma/ conflict for the DHA in this case?
2. Which of the five (5) ethical principles apply to this case? (Note: there may be more than one.)
patient autonomy nonmaleficence beneficence justice veracity
3. What are some possible options for the DHA to consider if faced with this kind of ethical case?
4. If you were faced with this ethical dilemma as a DHA, which option would you take and why?

Case 4: Supervisor Challenges

The DHA and the supervising dental provider have a disagreement or conflict. What can the DHA do? Consider these examples:

- a) The DHA feels her supervisor does not respect the information she provides regarding patient care. The supervisor does not even listen to her full patient presentation without interrupting.
- b) The DHA feels the supervising dental provider is asking him to perform duties outside his scope of practice.
- c) The DHA is seeing the same patient return to the clinic with a recurring problem. The patient has been treated by your supervisor and the problem has not been resolved after several visits. You feel your supervisor is not providing this patient the best care.

Answer the following questions for these ethical cases.

1. What is the ethical dilemma/ conflict for the DHA in this case?
2. Which of the five (5) ethical principles apply to this case? (Note: there may be more than one.)
patient autonomy nonmaleficence beneficence justice veracity
3. What are some possible options for the DHA to consider if faced with this kind of ethical case?
4. If you were faced with this ethical dilemma as a DHA, which option would you take and why?

Medical Ethics

Ethical Case Questions

Notes

Case 5: Consent for Treatment

Josie is an 8 year old patient who comes in for a dental cleaning. She has never been to your clinic before and does not have a dental chart. Josie comes in with her grandma who is not Josie's legal guardian. Grandma says she can fill out all the necessary paperwork for Josie's treatment.

Answer the following questions for this ethical case.

1. What is the ethical dilemma/ conflict for the DHA in this case?
2. Which of the five (5) ethical principles apply to this case? (Note: there may be more than one.)
patient autonomy nonmaleficence beneficence justice veracity
3. What are some possible options for the DHA to consider if faced with this kind of ethical case?
4. If you were faced with this ethical dilemma as a DHA, which option would you take and why?

Medical Ethics

Ethical Case Questions

Notes

Case 6: The Big Hole

A patient comes into your clinic with a large hole in her first molar and it is sensitive. Your dental supervisor will not be in the clinic until next week. You have seen your supervisor place temporary fillings before and think you can place one for this patient. Placing a temporary filling is not “really” within your scope of practice, but you really want to help this patient.

Answer the following questions for this ethical case.

1. What is the ethical dilemma/ conflict for the DHA in this case?
2. Which of the five (5) ethical principles apply to this case? (Note: there may be more than one.)
patient autonomy nonmaleficence beneficence justice veracity
3. What are some possible options for the DHA to consider if faced with this kind of ethical case?
4. If you were faced with this ethical dilemma as a DHA, which option would you take and why?

Medical Ethics

Ethical Case Questions

Notes

Case 7: It's OK Just This One Time

The end of the dental clinic fiscal year is this week. Your clinic is behind on the number of fluoride varnish applications it is supposed to provide for the year.

You have a trip planned for Head Start next week to provide fluoride varnish applications to the children, a total of 25. Your supervisor suggests that you go ahead and document the completed fluoride varnish applications on each of the Head Start children's dental records this week. That way, the Head Start applications will increase the total number of fluoride varnish applications for the year and help your clinic meet its goal.

Answer the following questions for this ethical case.

1. What is the ethical dilemma/ conflict for the DHA in this case?
2. Which of the five (5) ethical principles apply to this case? (Note: there may be more than one.)
patient autonomy nonmaleficence beneficence justice veracity
3. What are some possible options for the DHA to consider if faced with this kind of ethical case?
4. If you were faced with this ethical dilemma as a DHA, which option would you take and why?

Case 8: Standard Precautions

You are behind schedule and seat your patient in the operatory as quickly as possible after the last patient left the clinic. Your assistant calls you out of the operatory to tell you she did not have time to disinfect the operatory before you seated the patient. Your last patient was just a quick knee-to-knee exam on a 2 year old. You know you used the dental chair and operatory light, but you cannot remember what else you might have touched with your gloved hands.

Answer the following questions for this ethical case.

1. What is the ethical dilemma/ conflict for the DHA in this case?
2. Which of the five (5) ethical principles apply to this case? (Note: there may be more than one.)
patient autonomy nonmaleficence beneficence justice veracity
3. What are some possible options for the DHA to consider if faced with this kind of ethical case?
4. If you were faced with this ethical dilemma as a DHA, which option would you take and why?

Case 9: Keeping Secrets

During a dental cleaning appointment you notice that, Christy, a 14 year old patient, has severe enamel erosion on the lingual surfaces of her maxillary anterior teeth. You remember learning that erosion on these teeth can sometimes be due to a person having acid reflux or vomiting frequently. When you ask Christy if she has acid reflux or vomits, she looks up at you shyly. After thinking about her answer for a few seconds, Christy asks if you can keep a secret; then tells you that she is trying to lose weight and has been making herself throw-up after eating for the past year.

Answer the following questions for this ethical case.

1. What is the ethical dilemma/ conflict for the DHA in this case?
2. Which of the five (5) ethical principles apply to this case? (Note: there may be more than one.)
patient autonomy nonmaleficence beneficence justice veracity
3. What are some possible options for the DHA to consider if faced with this kind of ethical case?
4. If you were faced with this ethical dilemma as a DHA, which option would you take and why?

Medical Ethics

Review 3.1

Question 1 of 6

Harry and Sara are talking about a patient with their supervising dentist. Sara says she did perio probing; however Harry was assisting and knew that Sara did not do the periodontal probing.

Which ethical principle is being violated?

- A. Patient Autonomy
- B. Nonmaleficence
- C. Veracity
- D. Beneficence
- E. Justice



Check Answer



Medical Ethics

Notes

Review 3.2 Is this an example of maintaining patient confidentiality?

Question 1 of 5

“I saw it right there in her chart, she’s pregnant again.”



A. Yes

B. No



Check Answer



Medical Ethics

Notes

Review 3.3 Is this an example of professionalism?

Question 1 of 5

“I started flossing my teeth because I felt like a hypocrite teaching flossing to patients and not doing it myself.”



A. Yes

B. No



Check Answer

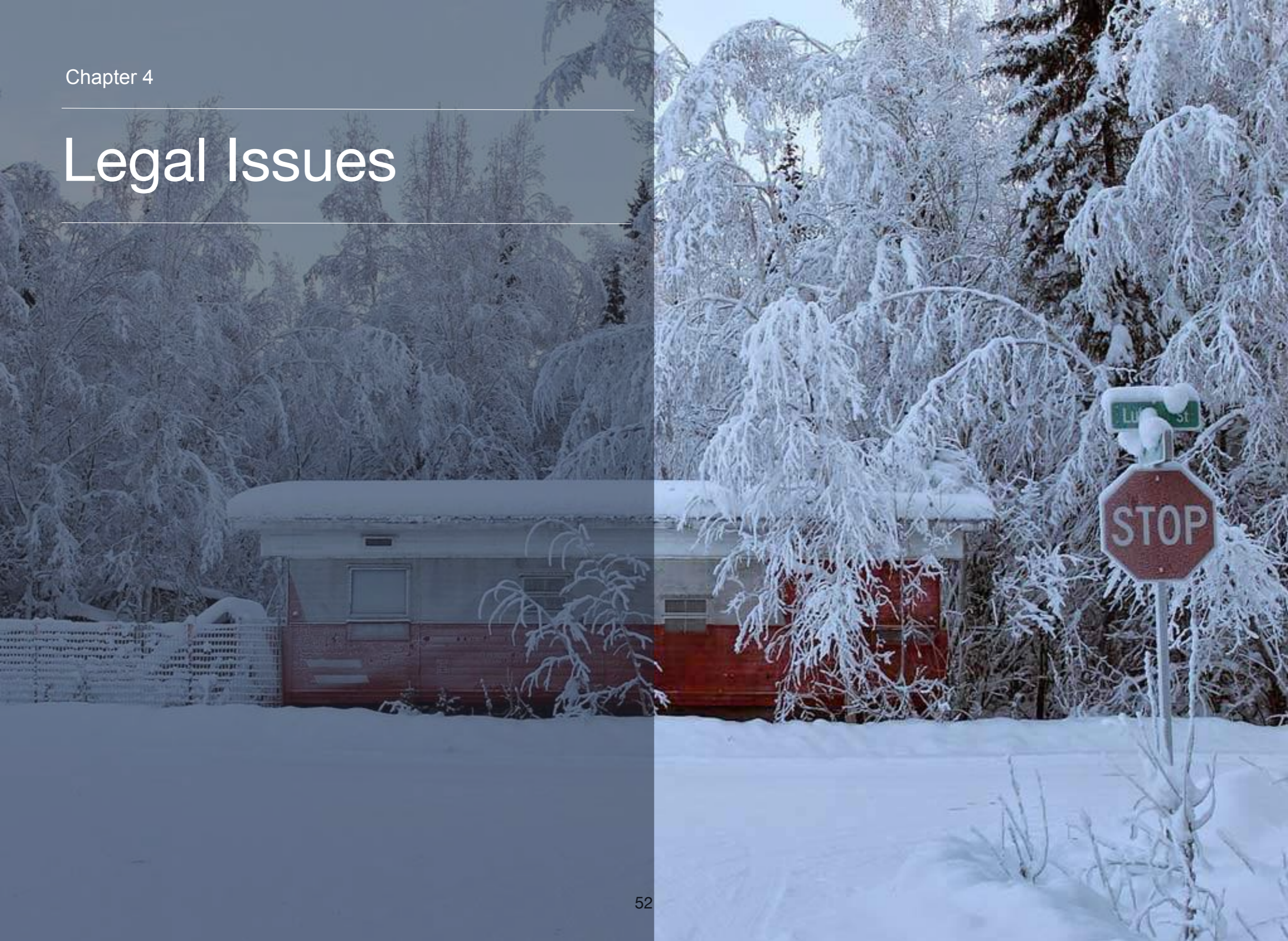


Medical Ethics

Resources

- Community Health Aide Program Standards and Procedures [http://www.akchap.org/resources/chap_library/CHAPCB Documents/CHAPCB Standards Procedures Amended 2015-01-22.pdf](http://www.akchap.org/resources/chap_library/CHAPCB_Documents/CHAPCB_Standards_Procedures_Amended_2015-01-22.pdf)
- Alaska Native Tribal Health Consortium/University of Kentucky College of Dentistry, Primary Dental Health Aide Training Manuals and PowerPoint Presentations.
- Bird, Doni L. and Robinson, Debbie S. Modern Dental Assisting. 10th ed. St. Louis, Missouri: Elsevier; 2012.

Legal Issues



Legal Issues



Terms to Know

Notes



Consent:

Voluntary acceptance or agreement to what treatment is planned.



Dental Practice Act:

The law in each state that defines the scope of dental practice, and the requirements that are necessary to practice dentistry.



Direct supervision:

The dentist or dental health aide therapist in the dental office, personally diagnoses the condition to be treated, personally authorizes the procedure, and before dismissal of the patient evaluates the performance of the dental health aide.



Federal Tort Claims Act:

Federal legislation that allows parties claiming to have been injured by negligent actions of employees of the United States to file claims against the federal government.



General supervision:

The dentist or dental health aide therapist has authorized the procedures and they are being carried out in accordance with standing orders issued to a specific dental health aide.



Health Insurance Portability and Accountability Act of 1996:

HIPAA specifies federal regulation ensuring privacy regarding a patient's healthcare information.



Indirect supervision:

A dentist or dental health aide therapist is in the facility authorizes the procedures, and remains in the dental facility while the procedures are being performed by the dental health aide.

Legal Issues



Terms to Know

Notes



Informed refusal:

Decision by a patient to refuse proposed treatment after a dental provider explains the procedure, alternatives, risks, and answers questions.



Law:

Enforceable rules that limit conduct of individuals.



Malpractice:

Professional negligence or failure to provide proper care and treatment.



Negligence:

Failure to provide proper care and treatment to a patient.



Patient of record:

An individual who has been examined and diagnosed by a dentist, and has a treatment plan.



Risk management:

Refers to the procedures and practices that are used to avoid lawsuits.



Scope of work:

Description of the services that can be provided by a dental provider.



Standard of care:

Level of knowledge, skill, and care provided is comparable with that of other dental providers who are treating similar patients under similar conditions.

Legal Issues



Terms to Know

Notes



Standing order:

A written authorization for the provision of specific services authorized by the Alaska Community Health Aide Program Certification Board (CHAPCB). Standing orders are based on the individual level of training and experience of the dental health aide. The supervising dentist or the DHAT and the dental health aide involved with the standing orders must be available to each other for communication and consultation regarding patient care as needed.



Supervision:

Conditions under which a patient of record may be treated by a DHA.



Tort:

Civil wrongdoing involving an act that brings harm to a person or damage to property.



Treatment Plan:

A written description of procedures recommended by the dentist to restore the patient to good oral health.

Legal Issues



Notes

Learning Objectives

- Identify the role of the Community Health Aide Program Certification Board (CHAPCB)
- Describe scope of work
- Identify different types of supervision for DHAs
- Define standing orders
- Describe the Federal Tort Claims Act
- Discuss HIPPA

As a dental health aide, you need an understanding of how laws affect the practice of dentistry.



Legal Issues

Community Health Aide Program Certification Board (CHAPCB)

The federally authorized Community Health Aide Program Certification Board (CHAPCB) was created in 1998. The CHAPCB is responsible for maintaining dental health aide training and practice standards and policies. The CHAPCB certifies training centers and individual health aides.

Alaska Community Health Aide Program Search

Home About CHAP Calendar CHAPCB CHAM Distance Learning Resources Library

Community Health Aide Program Certification Board
The federally authorized Community Health Aide Program Certification Board (CHAPCB) was created in 1998 by the federal government and charged with formalizing the process for maintaining community health aides/practitioners, dental health aides and behavioral health aides/practitioners training and practice standards and policies.

As the governing board of the Community Health Aide, Dental Health Aide and Behavioral Health Aide programs, its function is to certify training centers and individual health aides at all levels of training. Members represent the Indian Health Service, State of Alaska, CHAP training, CHAP directors, medicine, dentistry, behavioral health and community health aides.

- [DHA - Certification Board Documents](#)
- [CHAP - Certification Board Documents](#)
- [BHA - Certification Board Documents](#)

CHAP Certification Board Standards and Procedures
[click here for CHAPCB Standards and Procedures, amended January 22, 2015](#)

CHAP Certification Board Applications
The next CHAP Certification Board meeting is scheduled for **June 29-30, 2016**. The deadline for accepting applications is **June 22, 2016**.

[click here for Behavioral Health Aide/Practitioner Applications](#)
[click here for Community Health Aide/Practitioner Applications](#)
[click here for Dental Health Aide Application](#)

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Popular Pages

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- [Community Health Aide Manual](#)
- [Online Resource Library](#)
- [Committee Member Login](#)

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Alaska CHAP, Office of Statewide Services
Alaska Native Tribal Health Consortium
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Legal Issues



Notes

Community Health Aide Program Certification Board (CHAPCB)

The CHAPCB assures patients receive a good standard of care. This means that all DHAs have the same level of knowledge, skill, and provide care comparable with other DHAs who are treating similar patients under similar conditions.



Legal Issues

Scope of Work

Scope of work describes the services that can be provided by Dental Health Aides (DHAs), and the type of supervision required.

The Scope of Work for Dental Health Aides

PRIMARY DENTAL HEALTH AIDE I (PDHA I)

General Scope of Work: Provide oral hygiene instruction, diet education, and topical fluoride applications.

The information in the table provides a general outline; it is not all-inclusive. The Community Health Aide Program Standards and Procedures should be referenced for more detailed information. This document is updated periodically. To obtain a current copy of the Community Health Aide Program Standards and Procedures go to the following web address:

http://www.akchap.org/resources/chap_library/CHAPCB_Documents/CHAPCB_Standards_Procedures_Amended_2015-01-22.pdf

Pre-Requisites	Dental Supervision	Training/Education	Preceptorship with Direct Supervision	Competencies	Certification/ Recertification with an unlapsed certificate
None	Direct, indirect or general supervision of a Dentist or Dental Health Aide Therapist	Pre-session – DHA Core Curriculum Primary Oral Health Promotion & Disease Prevention Course Basic Dental Procedures Course Basic Life Support Certification	Direct supervision must be under a dentist, DHAT. Delivery of a minimum number of fluoride treatments Delivery of a minimum number of oral hygiene sessions with patients of various ages	Satisfactory performance of the following skills (not inclusive): <ul style="list-style-type: none"> • use of CHAM • general medical history taking • patient education including, oral hygiene instruction, diet education, and explanation of prevention strategies, including fluoride and sealants • toothbrush prophylaxis • providing topical fluorides • clean/ sterile techniques • universal precautions • handwashing 	Certification – Applicants are required to complete and submit the Community Health Aide Program Certification Board Application for Dental Health Aide Certification. The application can be found at http://www.akchap.org/html/chapcb/dha---certification-board-documents.html Recertification with an unlapsed certificate requires: <ul style="list-style-type: none"> • DHA competency documented by direct supervision of a minimum of 80 hours of satisfactory performance of procedures or by a minimum of 8 of each procedure

Legal Issues



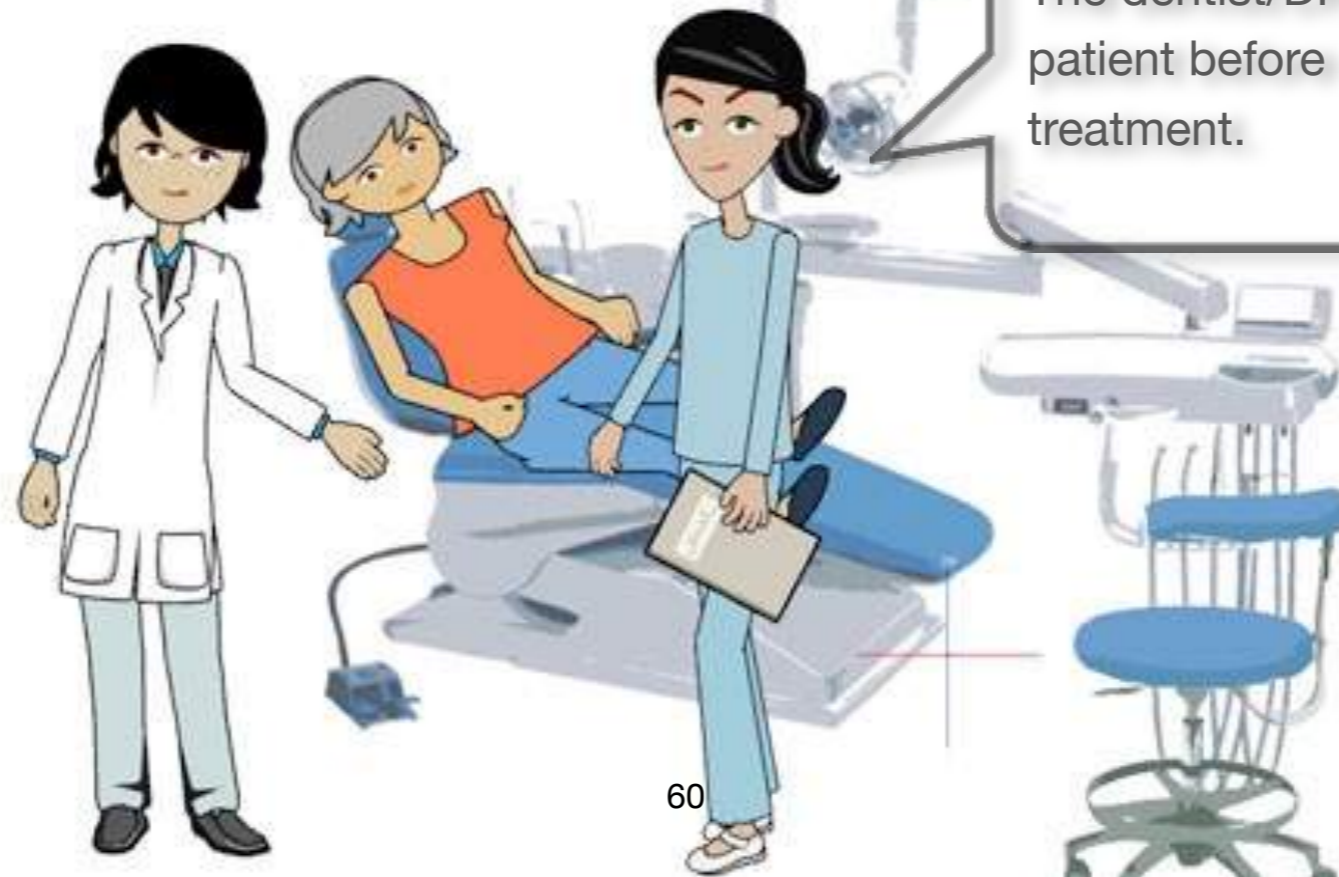
Notes

Direct Supervision

The dentist or dental health aide therapist in the dental office, personally diagnoses the condition to be treated, personally authorizes the procedure, and before dismissal of the patient evaluates the performance of the dental health aide.

Example

- Dentist or DHAT goes into operator with DHA; checks patient; tells DHA what to do.
- DHA completes work on patient.
- Dentist or DHAT goes into operator with DHA and checks



Legal Issues



Notes

General Supervision

The dentist or dental health aide therapist has authorized the procedures and they are being carried out in accordance with standing orders issued to a specific dental health aide.

Example

- DHA in operatory with a patient.
- DHA reviews patient's treatment plan.
- DHA provides treatment, and dismisses patient.

I work in a village. The dentist authorized a treatment plan, and I follow standing orders.



Legal Issues

Indirect Supervision

A dentist or dental health aide therapist is in the facility authorizes the procedures, and remains in the dental facility while the procedures are being performed by the dental health aide.

Example

- Dentist is treating a patient.
- DHAs are treating patients in the same facility, but different operatories.
- Both dismiss patients.



Legal Issues

Notes

Standing Orders

Written authorization for the provision of specific services authorized by the Alaska Community Health Aide Program Certification Board (CHAPCB).

Standing orders are based on the individual level of training and experience of the dental health aide. The supervising dentist or the DHAT and the dental health aide involved with the standing orders must be available to each other for communication and consultation regarding patient care as needed.

Standing Order Declaration

(Name of the DHA and Level of Certification)

is authorized to perform the following services as authorized by the
Alaska Community Health Aide Program Certification Board (CHAPCB),
and by the _____.
(Name of Dental Clinic)

(The level of DHA certification)

and the supervising dentist or Dental Health Aide Therapist (DHAT)
must initial and date each procedure requested and approved.

Procedures	DHA Requested	Date	Supervising Dentist/DHAT Approved	Date
Apply topical fluoride				
Apply/ re-apply sealants				
Other:				

The following services may be provided to patients, and do not require the prior authorization of the supervising dentist:

- Oral health education and instruction
- Nutritional counseling
- Tobacco cessation education and referral

Legal Issues



Review

Let's see what you remember about scope of work, different types of supervision, and standing orders.

Notes

Review: 4.1 Scope of Work

Question 1 of 10

The dentist or dental health aide therapist in the dental office, personally diagnoses the condition to be treated, personally authorizes the procedure, and before dismissal of the patient evaluates the performance of the dental health aide.

- A. Indirect Supervision
- B. Direct Supervision
- C. General Supervision
- D. Standing Orders



Check Answer



Legal Issues



Notes

Malpractice

Malpractice is professional negligence or failure to provide sufficient care to a patient.

Common Malpractice Claims:

- Extraction of the wrong tooth
- Failure to diagnose a problem
- Lack of informed consent



Federal Tort Claims Act (FTCA)

The Federal Tort Claims Act (FTCA) covers dental health providers who are employees of the federal government, and are working within their scope of work.

What's a tort?

A tort is a civil wrong that causes an injury for which a victim may seek damages. These damages are usually in the form of money paid by the alleged wrongdoer to the injured person.



Legal Issues



Notes

If a dental provider is covered by FTCA and there is a malpractice suit, the patient sues the federal government not the provider. This means that if the patient wins a malpractice suit, the federal government pays the damages, and not the dental provider.



If a dental provider is not covered by FTCA and there is a malpractice suit, the patient sues the provider. This means that if the patient wins a malpractice suit, the dental provider pays the damages.



Legal Issues

Review

Notes

Review: 4.2 Federal Tort Claims

Question 1 of 4

DHA performs ART without having a certificate. Federal Tort Claims Act will not cover the DHA.

T

F



Check Answer



Legal Issues

The Health Insurance Portability and Accountability Act of 1996

- HIPPA is a federal law that sets rules about who can look at and receive a patient's health information:
- Gives patients the right to review health information and decide when and with whom it can be shared.
- Requires doctors, dentists, pharmacists, other health care professionals, and health plan providers to explain to patients their rights and how health information can be used or shared.

Movie 4.1 HIPAA



Legal Issues

Review

Notes

Review: 4.3 HIPAA

Question 1 of 3

According to HIPAA, a patient has the right to review his/her health information.

T

F



Check Answer



Legal Issues

Notes

Drag & Drop 4.1 Legal Issues

MATCHING

Legal Issues

Resources

- Community Health Aide Program Standards and Procedures [http://www.akchap.org/resources/chap_library/CHAPCB Documents/CHAPCB Standards Procedures Amended 2015-01-22.pdf](http://www.akchap.org/resources/chap_library/CHAPCB_Documents/CHAPCB_Standards_Procedures_Amended_2015-01-22.pdf)
- Alaska Native Tribal Health Consortium/University of Kentucky College of Dentistry, Primary Dental Health Aide Training Manuals and PowerPoint Presentations.
- Bird, Doni L. and Robinson, Debbie S. Modern Dental Assisting. 10th ed. St. Louis, Missouri: Elsevier; 2012.
- <http://www.house.gov/content/vendors/leases/tort.php>

Chapter 5

Consent for Treatment



Consent for Treatment

Terms to Know

Notes



Alternatives of treatment: Explanation of different treatment options and what to expect if treatment is refused.



Benefits of treatment: Description of what to expect during a procedure and the beneficial expected outcome.



Consequences of treatment: Explanation of what would happen if a patient accepts or refuses treatment.



Informed consent: An educated decision by a patient before the dental provider can begin treatment. Informed consent involves a discussion between the dental provider and a patient about treatment using terms and words the patient understands. The discussion should be culturally and age appropriate, and there needs to be sufficient time for the patient to ask questions.



Informed consent for a minor: Permission granted by a parent, custodial parent, or legal guardian to provide treatment to a patient who is under the age of 18.



Informed refusal: Decision by a patient to refuse proposed treatment after a dental provider explains the procedure, alternatives, risks, and answers questions.



Minor: Child who is under the age of 18 years.

Consent for Treatment

Terms to Know

Notes



PARQ:

The abbreviation to document the informed consent discussion between the dental provider and the patient is PARQ (Procedure, Alternatives, Risk and Questions).



Risk:

Description of potential consequences associated with having the treatment completed or not having the treatment completed.



Witness:

A person who acknowledges the dental provider explained treatment risk, benefits, and consequences, and whether a patient agreed or refused treatment.

Consent for Treatment

Learning Objectives

- Explain informed consent
- Identify who can authorize informed consent for minors
- Describe how to manage informed consent by phone



Consent for Treatment

Informed Consent

Patients have the right to know all the important facts about a proposed procedure before agreeing to treatment. Informed consent is an educated decision by a patient before the dental provider can begin treatment.

Informed consent involves a discussion between the dental provider and a patient about treatment using terms and words the patient understands. The discussion should be culturally and age appropriate, and have sufficient time for the patient to ask questions.

Understanding is key to a patient being able to make a decision about whether to agree or refuse treatment. If a patient truly understands the proposed treatment he/she is able to tell the provider what is going to happen.

The parts of an informed consent discussion include:

- **Procedure:** details about the treatment planned.
- **Alternatives:** explanation of other options that the patient could choose, including no treatment.
- **Risk:** description of potential consequences associated with having the treatment completed or not having the treatment completed.
- **Questions:** time to answer any concerns.

After a patient receives this information then either a consent to or refusal for treatment can be made.

Consent for Treatment

Notes

Whether treatment is accepted or refused, an informed consent decision is documented in a patient's record. The abbreviation used to document the discussion between the dental provider and the patient is PARQ.

Procedure

Alternatives

Risk

Questions



Consent for Treatment

Reviewing Informed Consent

Notes

Gallery 5.1 Swipe to read the story.

Ms. Jones, I see you are scheduled for some fillings today.



Swipe to read the story

1 of 12

Consent for Treatment

Informed Consent for a Minor

Notes

A parent, custodial parent or legal guardian must consent and authorize treatment for minors (children under the age of 18).

Review 5.1 Who can give informed consent for a minor?

Question 1 of 6

Divorced Dad who has custody of son?

A. Yes

B. No



Check Answer



Consent for Treatment

Notes

How to manage informed consent over the phone:

- Introduce self with title.
- Introduction and identification of an individual who will be a witness to the phone conversation.
- Discussion about proposed treatment explaining risk, benefits, and consequences.
- The witness is able to hear the discussion and the patient's decision to agree or refuse treatment.
- The decision is documented including witness information, and kept in the patient's dental record.

Tell their story...



Consent for Treatment

Notes

Review: Informed Consent

Question 1 of 10

A mother can refuse to have sealants put on her daughter's teeth even after the dentist has explained that sealants will prevent tooth decay.

T

F



Check Answer



Consent for Treatment

Resources

- Alaska Native Tribal Health Consortium/University of Kentucky College of Dentistry, Primary Dental Health Aide Training Manuals and PowerPoint Presentations.
- Bird, Doni L. and Robinson, Debbie S. Modern Dental Assisting. 10th ed. St. Louis, Missouri: Elsevier; 2012.

State of Alaska Reporting Requirements



State of Alaska Reporting Requirements

Terms to Know

Notes



Abuse:

Hurting an individual, mentally, emotionally, or physically.



Child abuse:

Physical injury, neglect, mental injury, sexual abuse, sexual exploitation or other maltreatment of a child that harms the health or welfare of a child.



Legal liability:

Obligation and responsibility set by law with consequences if not followed.



Mandated reporters:

Requirement by law that health care providers must report suspected abuse if they observe signs of abuse or if they have reasonable suspicion of abuse.



Vulnerable adult:

A person 18 years of age or older who, because of incapacity, mental illness, mental deficiency, physical illness or disability, advanced age, chronic use of drugs, chronic intoxication, fraud, confinement, or disappearance, is unable to meet the person's own needs or to seek help without assistance.



It's the law!

State of Alaska Reporting Requirements

Learning Objectives:

- Describe child and vulnerable adult abuse
- State who is a mandated reporter
- Explain Alaska reporting requirements regarding child and vulnerable adult abuse



State of Alaska Reporting Requirements

Notes

Health professionals are mandated by law to report abuse.

Alaska, like all other states, requires by law that health care providers report child abuse and neglect to the Department of Health and Social Services, Office of Children's Services. This is to protect the child.

Child Abuse

A child is defined as anyone who is 18 years of age or younger. Child abuse is defined as physical injury, neglect, mental injury, sexual abuse, sexual exploitation or other maltreatment of a child that harms the health or welfare of a child.

Emergency Situation

If there is an emergency situation and the Department of Health and Social Services cannot be reached, the statute allows a person to make the report to a law enforcement officer who is then required to take action and notify the Department of Health and Social Services as soon as possible.

Office of Children's Services

There may be times when you wonder whether something constitutes abuse or neglect, or if your suspicions are adequate to warrant reporting. Contact the Office of Children's Services to discuss those questions. It is not your responsibility to determine whether your suspicions are correct, or to investigate those suspicions.



It's the law!


State of Alaska Reporting Requirements

Notes

The State of Alaska Children's Justice Act Task Force developed an interactive CD to educate mandated reporters on the signs and symptoms of child abuse. Additionally, the CD explains how to respond to a disclosure of abuse.




Children's Justice Act Task Force: Reporting Abuse Presentation



State of Alaska, Children's Justice Act Task Force
presents

REPORTING CHILD ABUSE IN ALASKA

Start the Presentation 

This project was supported by Grant No. G-0301AKC-JA1 awarded by the Children's Bureau, Office on Child Abuse and Neglect, Administration for Children and Families, Department of Health and Human Services. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Health and Human Services.



It's the law!

State of Alaska Reporting Requirements

Notes

Vulnerable Adult

A vulnerable adult is a person 18 years of age or older who, because of incapacity, mental illness, mental deficiency, physical illness or disability, advanced age, chronic use of drugs, chronic intoxication, fraud, confinement, or disappearance, is unable to meet the person's own needs or to seek help without assistance.

The State of Alaska requires by law health care providers to report vulnerable adult abuse and neglect to the Department of Health and Social Services, Senior and Disabilities Services. This is to protect the vulnerable adult.



State of Alaska Reporting Requirements

Notes

Who are mandated reporters?

The following persons who, in the performance of their professional duties, have **reasonable cause to suspect** that a child or vulnerable adult has suffered harm as a result of abuse or neglect, must **immediately** (as soon as reasonably possible-no later than 24 hours) report that information to the nearest office of the state's Department of Health & Social Services, Office of Children's Services or Office of Senior and Disabilities Services:

Practitioners of the healing arts

Practitioners of the healing arts, including chiropractors, mental health counselors, social workers, **dentists, dental hygienists, health aides**, nurses, nurse practitioners, certified nurse aides, occupational therapists, occupational therapy assistants, optometrists, osteopaths, naturopaths, physical therapists, physical therapy assistants, physicians, physician assistants, psychiatrists, psychologists, psychological associates, audiologists, speech-language pathologists, hearing aid dealers, marital and family therapists, religious healing practitioners, acupuncturists, and surgeons.



It's the law!

State of Alaska Reporting Requirements

Notes

Other Mandated Reporters

Administrative officers of institutions, including public and private hospitals or other facilities for medical diagnosis, treatment or care;

Paid employees of domestic violence and sexual assault prevention programs, and crisis intervention and prevention programs;

Paid employees of an organization that provides counseling or treatment to individuals seeking to control their use of drugs or alcohol;

School teachers and school administrative staff members, including athletic coaches, of public and private schools;

Peace officers and officers of the state Department of Corrections;

Child care providers, including foster parents, day care providers and paid staff.

Members of a child fatality review team established under AS 12.65.015 (e) or 12.65.120 or members of a multidisciplinary child protection team created under AS 47.14.300



It's the law!

State of Alaska Reporting Requirements

Notes

What is my legal liability?

According to state law, a person who, in good faith, makes a report, permits an interview, or who participates in judicial proceedings related to abuse/neglect reports submitted is immune from any civil or criminal liability which might otherwise be incurred or imposed.

A person required by law to file a report of abuse or neglect who willfully or knowingly fails or refuses to do so is guilty of a class B misdemeanor.



State of Alaska Reporting Requirements

Notes

Review 6.1

Question 1 of 5

Obligation and responsibility set by law with consequences if not followed.

- A. Child abuse
- B. Vulnerable adult
- C. Legal liability
- D. Mandated reporters
- E. Abuse



Check Answer



State of Alaska Reporting Requirements

Notes

Resources

Alaska Department of Health and Social Services, Office of Children's Services: <http://dhss.alaska.gov/ocs/Pages/default.aspx>

Alaska Department of Health and Social Services, Senior and Disabilities Services: <http://dhss.alaska.gov/dsds/Pages/aps/default.aspx>

<http://dhss.alaska.gov/ocs/Pages/childrensjustice/reporting/default.aspx>



Health and Disease



Health and Disease

Terms to Know



Bacteria:

Microscopic living organisms that can cause disease.



Disease:

A disorder caused by microorganisms that produces specific signs or symptoms in a body system.



Health:

Having physical, spiritual, mental and emotional well-being.



Immune system:

The body's defense against infectious organisms. The immune system is responsible for attacking organisms that invade body systems and cause disease.



Infectious disease:

Disorders caused by microorganisms such as bacteria, viruses, fungi or parasites, and can be transmitted to others.



Non-infectious disease:

A medical condition that is caused by genetics, environment or life style, and not by disease-causing organisms.



Signs:

Physical manifestation of injury, illness or disease. Signs are objective in the sense that they can be felt, heard or seen. A high temperature, a rapid pulse, low blood pressure, open wound and bruising are considered signs.

Health and Disease

Terms to Know

Notes



Symptoms:

What a patient experiences. Symptoms are subjective in the sense that they are not outwardly visible to others. It is only the patient who perceives and experiences the symptoms. Chills, shivering, fever, nausea, shaking and vertigo are considered symptoms.



Virus:

A microorganism that is smaller than bacteria that cannot grow or reproduce apart from a living cell. It invades living cells to live and replicate.



Wellness:

Active process of becoming aware of and making choices toward a healthy and fulfilling life.

Health and Disease

Learning Objectives

- Define health and wellness
- Discuss the role of the Alaska Health Aide in promoting wellness
- Describe the differences between infectious and non-infectious diseases
- Explain the difference between the signs and symptoms of a disease



Health and Disease

Health

Notes

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

Good health is more than not having disease. It is having physical, spiritual, mental and emotional well-being. Wellness comes from understanding, respecting and strengthening each of these. Wellness is the active process of becoming aware of and making choices toward a healthy and fulfilling life.

There is a role for both traditional Native medicine and modern medicine in helping people stay healthy. Partnerships between patients, families and health care providers promote wellness. The strength of the community as a whole can help individual community members be as healthy as possible.



Health and Disease

Health

Notes

- Alaska Health Aides promote wellness by:
- Educating patients
- Doing health surveillance
- Talking to families and patients about the importance of prevention
- Understanding and respecting Native traditions
- Serving as a leader and role model in the community
- Organizing community-wide health and wellness activities
- Recognizing the nonphysical (spiritual, mental and emotional) aspects of good health
- Referring patients and families for services when needed.



Health and Disease

Infectious Diseases

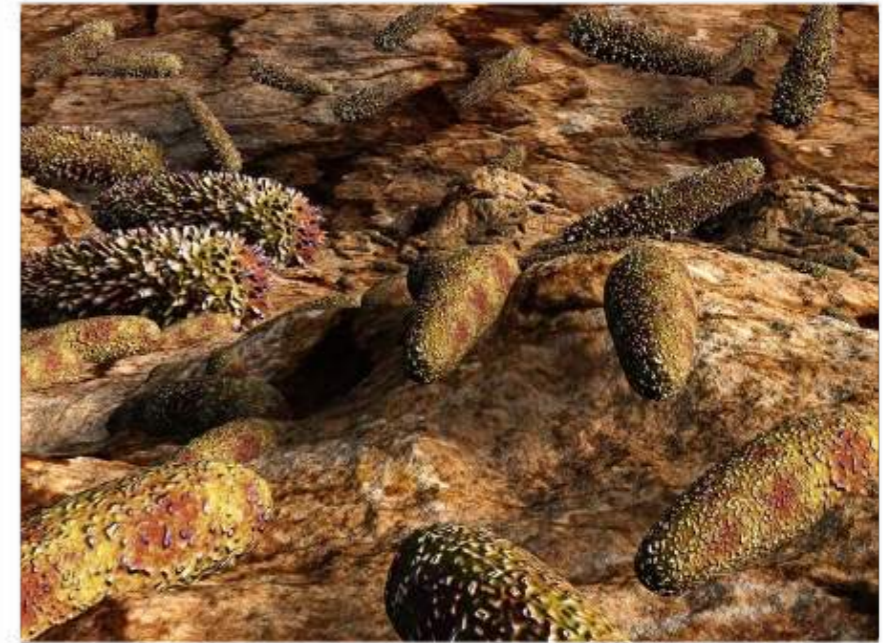
Notes

Health problems may be classified as infectious diseases or non-infectious diseases.

Infectious Diseases

Illnesses that can spread from one person to another are called infectious. Germs that can only be seen through a microscope cause infectious diseases. Germs are found almost everywhere. They can enter our bodies when we eat food, drink water or breathe air that has disease-producing germs in it. Germs also get into our bodies through insect bites, breaks in the skin (cuts or scratches) or by having sex with someone who has an infectious disease.

Disease producing germs are found in “dirty places” such as the honey bucket or unwashed hands, dishes and clothes, and in discharge from the body such as mucus from the nose or chest when a person coughs. To protect others and ourselves from getting sick it is important to wash hands often with soap and water, and keep our buildings and villages very clean.



Health and Disease

Notes

Examples of Infectious Diseases

Bacteria and Viruses

Bacteria and viruses are two types of germs that cause diseases. Most people that you take care of will have an infection caused by a bacteria or virus.

Bacteria are tiny living things that can live inside our bodies, in food we eat, on the tundra, or any place where they can find food and water. Some bacteria that live in our body help us stay healthy. For example, bacteria in our stomach and intestines help us digest our food. Bacteria can be easily killed by drying, cooking and freezing.

Viruses are smaller than bacteria. They can only live when they are inside other living plants, animals or people. A virus has a tough protective coating that helps them resist being killed by heat and drying. Viruses are generally harmful.

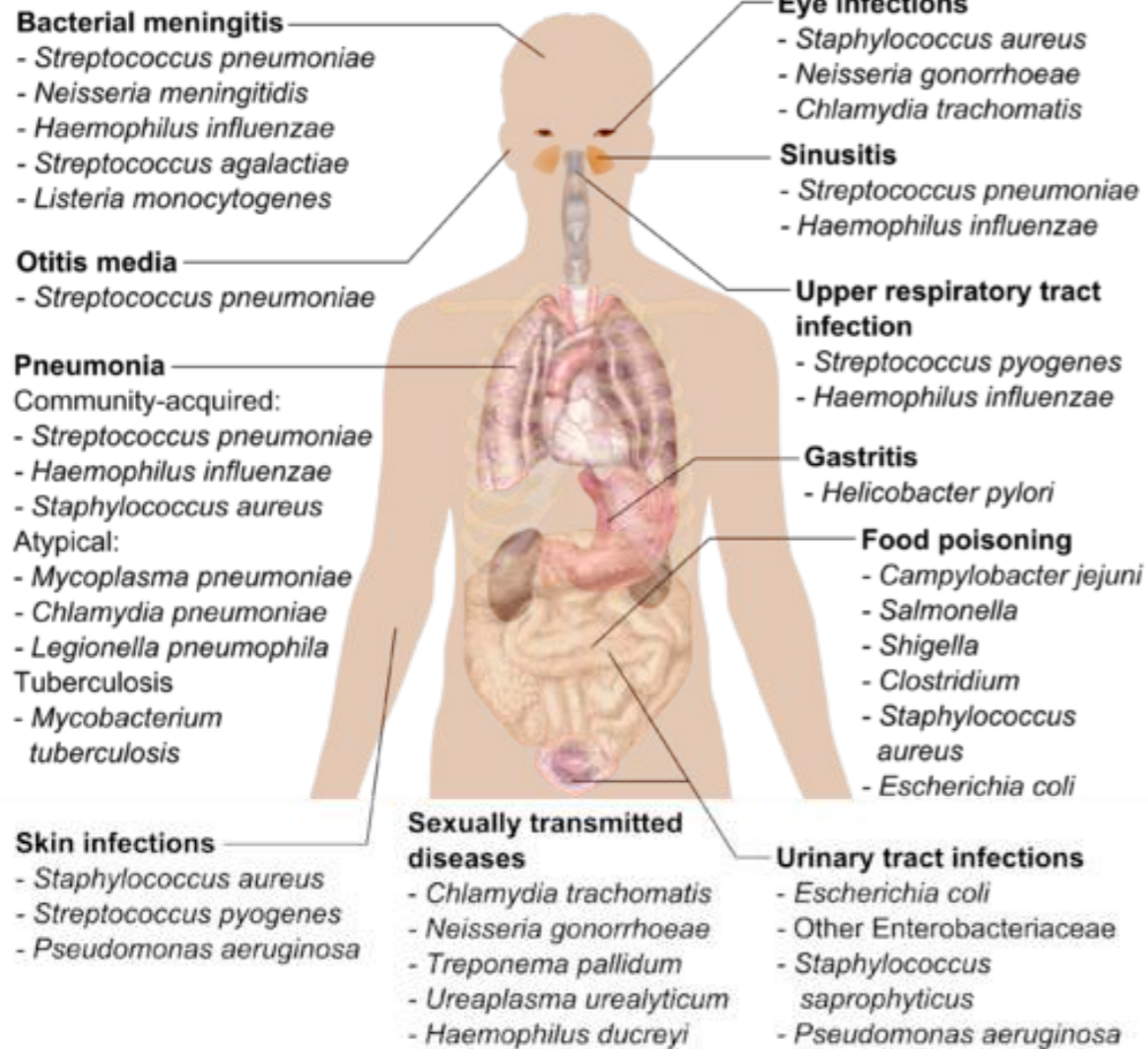
Bacterial
Disease
Examples

Viral
Disease
Examples

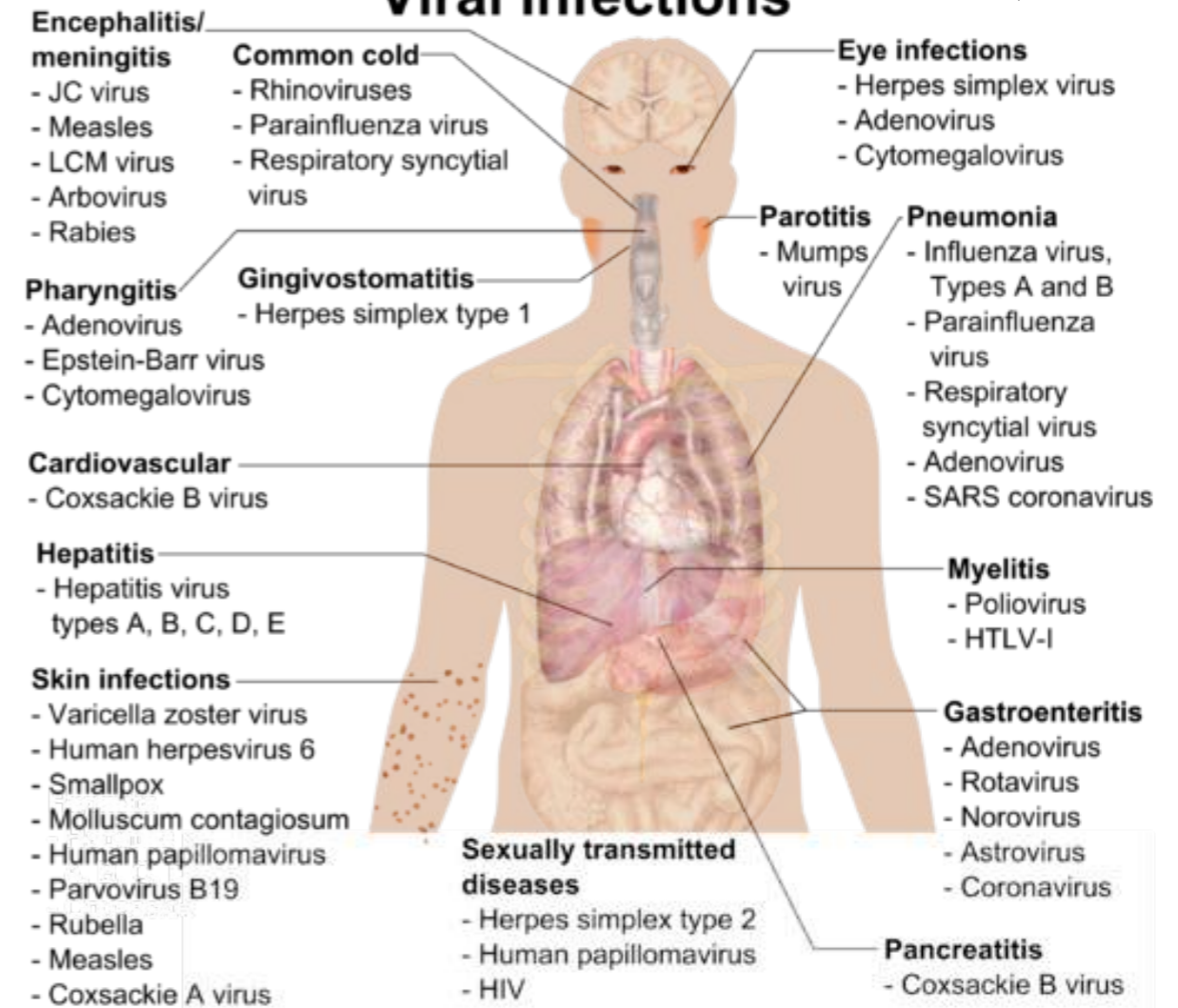
Health and Disease

Notes

Overview of Bacterial infections



Overview of Viral infections



Health and Disease

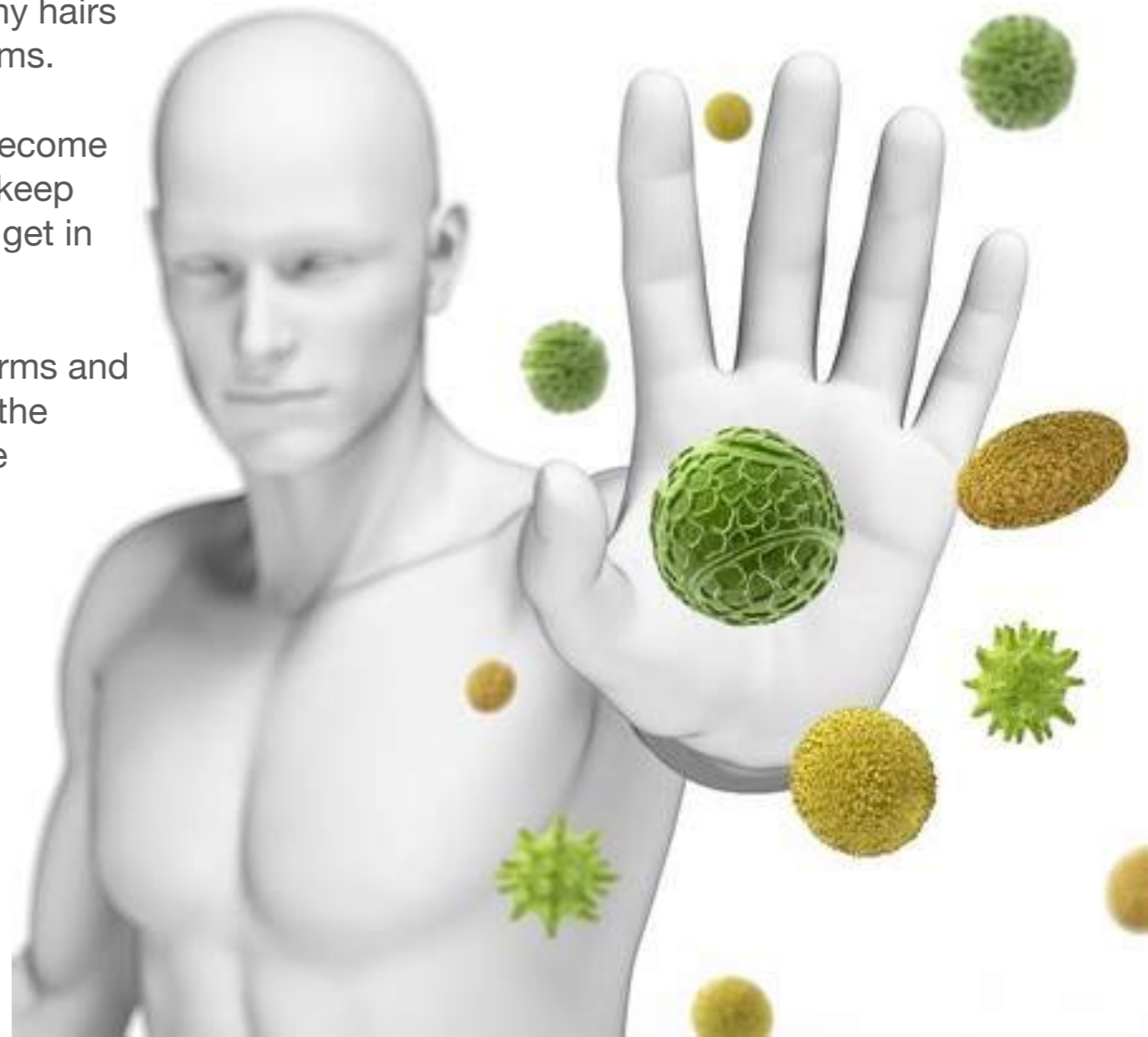
Immune System

Notes

Most people are healthy, even though there are germs all around them. That is because the body has ways to protect itself and keep germs out. Our skin and tiny hairs in our nose and ears are good barriers against germs.

If germs do get in the body, certain body organs become active to fight the germs. Some trap the germs to keep them in one place, while others produce cells that get in the blood, find the germs, and try to kill them.

Most of the time the body is able to control the germs and keep the person from getting sick. Together, all of the body's methods of controlling germs are called the immune system.



Health and Disease

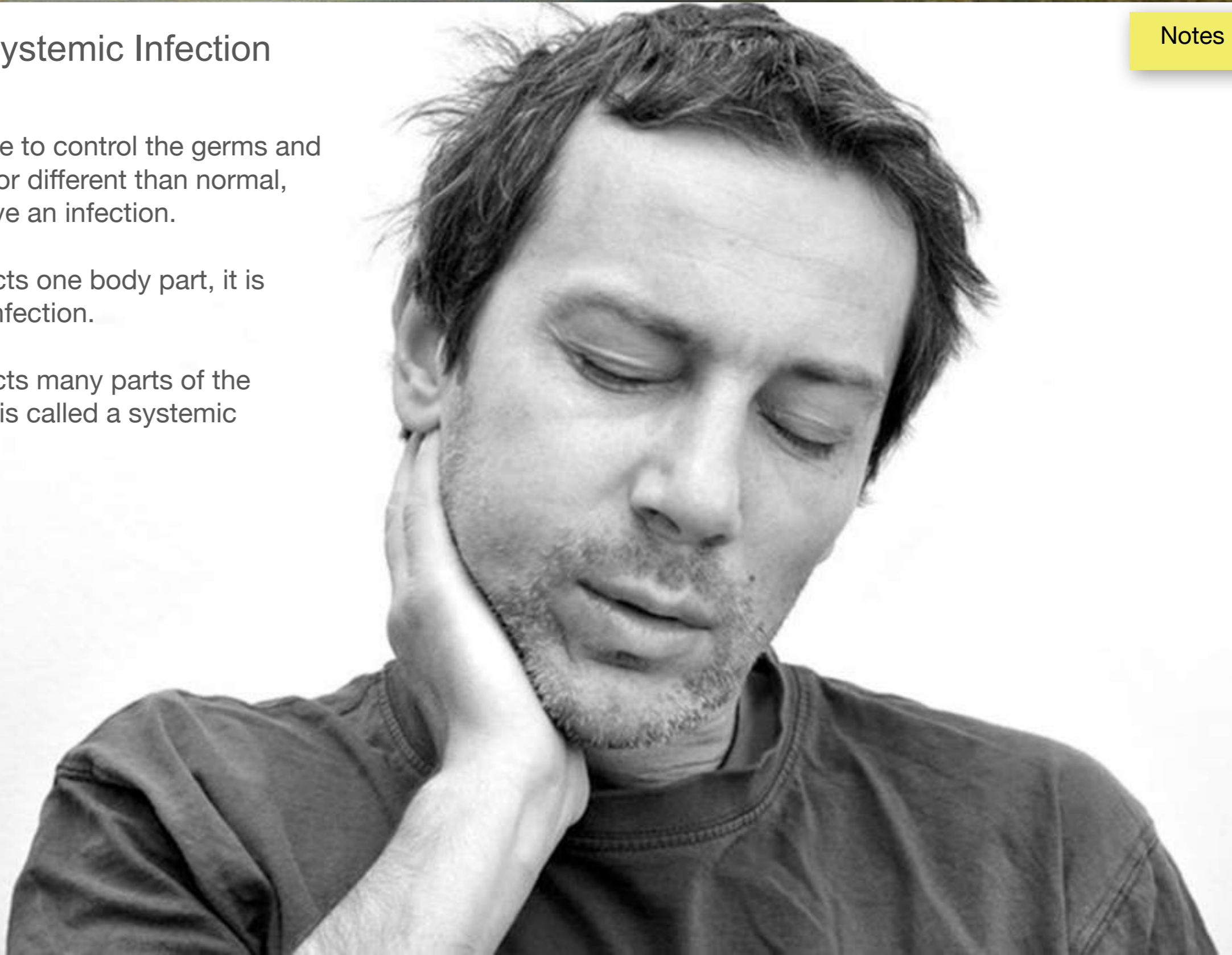
Notes

Localized or Systemic Infection

If the body is unable to control the germs and the person feels ill or different than normal, they are said to have an infection.

If the infection affects one body part, it is called a localized infection.

If the infection affects many parts of the body, the infection is called a systemic infection.



Health and Disease

Signs and Symptoms

Notes

A person with a bacterial or viral infection may feel tired, often has a fever, and may have pain, redness or swelling of some body part. These are all signs that the body is trying to fight an infection. Often the body alone is able to take care of the germs causing illness, but it may take several days to several weeks for the person to feel better.

Health care providers give a person who has a bacterial or viral infection certain advice and some medications that will help him or her feel better while their body fights the germs that are causing the infection. These include drinking lots of fluids, and may include taking Tylenol or aspirin and cough syrups.

If an infection is caused by bacteria, and is serious or systemic, the doctor will prescribe an antibiotic like penicillin, erythromycin or Septra. Antibiotics are a type of medication that kills bacteria. Antibiotics cannot kill viruses. Therefore, antibiotics are not given to people with viral infections.



Do you know the difference between signs and symptoms? Click to find out.

[Signs](#)

[Symptoms](#)

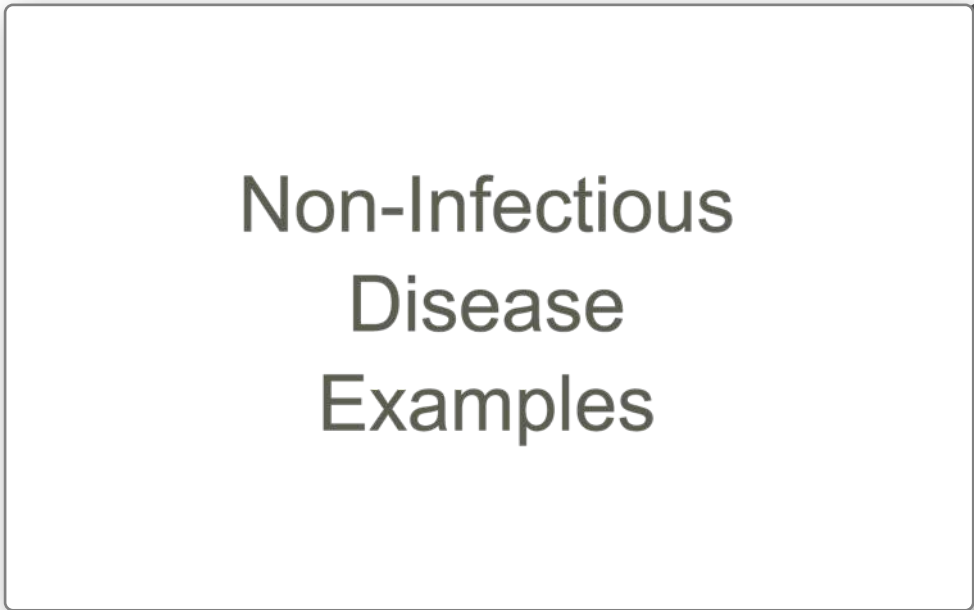
Health and Disease

Non-Infectious Diseases

Illnesses that are not caused by germs are called non-infectious diseases. Non-infectious diseases are medical conditions that are caused by genetics, environment or life style, and not by disease-causing organisms.

Examples of non-infectious diseases are when an individual is born with a genetic problem. A person can also become ill when not protecting him/herself from the weather or from injury by accident. Using harmful substances (chews snuff, substance abuse, or smokes cigarettes) cause illnesses that are non-infectious.

Antibiotics or medications that fight germs do not cure non-infectious diseases. Treatment of non-infectious diseases depends on the cause of the problem.



Non-Infectious
Disease
Examples

Health and Disease

Non-Infectious Diseases

Notes

Problems caused by something outside the body that harms or irritates the body:

- Allergies
- Asthma
- Poisons
- Alcoholism or drug abuse
- Hypothermia (frostbite)
- Cough from smoking
- Injuries from accidents or violence

Problems caused by lack of something the body needs:

- Anemia
- Malnutrition (disease caused by eating the wrong kinds of food, or not enough of the right kinds or food).

Problems people are born with:

- Cleft lip / cleft palate
- Birthmarks
- Seizures (some kinds)
- Developmentally delayed

Problems that begin in the mind (mental illness):

- Fears that something is harmful when it is not
- Uncontrolled fear
- Nervous worry
- Severe depression

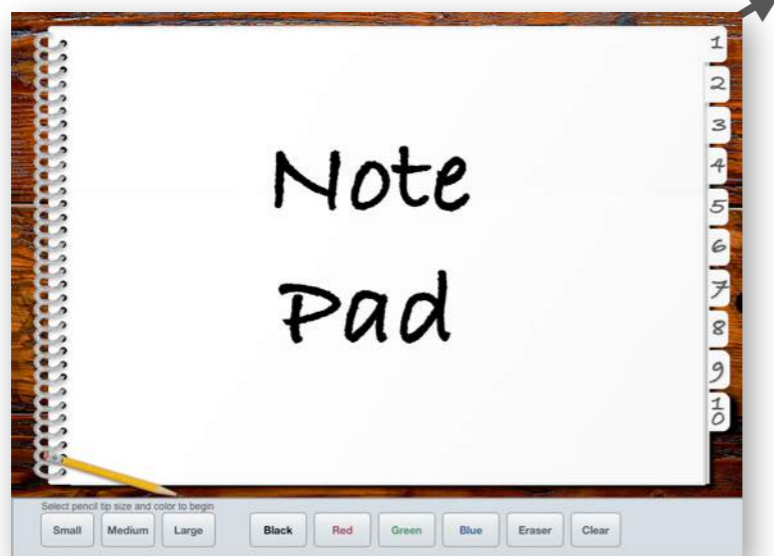
Health and Disease

Think About It...

Notes

1. Along with a healthy body (physical health), what else is included in wellness?
2. What are some ways that a Health Aide can promote wellness?
3. What other people or things in your community can promote wellness?
4. Who are responsible for maintaining habits that promote health?
5. Think about how wellness works in your family and community. Write some ideas you have for promoting wellness in your family and community in the future.

Note Pad 7.1 Think About It...



Write your answers in the Note Pad.



Health and Disease

Review 7.1

Question 1 of 16

Signs are what a provider sees, symptoms are what a patient experiences.

<p>T</p> <input checked="" type="radio"/>	<p>F</p> <input type="radio"/>
---	--------------------------------



Check Answer



Health and Disease

Resources

- Community Health Aide/Practitioner Program, Alaska Native Tribal Health Consortium, Anchorage, AK.
- Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.
- www.medicinenet.com

Infectious Disease Process



Infectious Disease Process

Terms to Know

[Notes](#)**Bacteria:**

Microscopic living organisms that can cause disease.

**Direct contact:**

Requires physical contact between an infected person and a susceptible person, and the physical transfer of microorganisms. Direct contact includes touching an infected individual, kissing, sexual contact, contact with oral secretions, or contact with body lesions.

**Disease:**

A disorder caused by microorganisms that produces specific signs or symptoms in a body system.

**Fungi:**

Plural of fungus; spore-producing organisms feeding on organic matter, including molds, yeast, mushrooms, and toadstools.

**Indirect contact:**

Refers to situations where a susceptible person is infected from contact with a contaminated surface.

**Infectious disease:**

Disorders caused by microorganisms such as bacteria, viruses, fungi or parasites, and can be transmitted to others.

**Parasite:**

An organism that lives in or on another organism (its host) and benefits by deriving nutrients at the host's expense.

Infectious Disease Process

Terms to Know

Notes



PPE

Personal Protection Equipment (gloves, facemask or shield, protective eyewear and clothing) shield a provider's hands, face, eyes and nose from disease-causing germs.



Virus

A microorganism that is smaller than bacteria that cannot grow or reproduce apart from a living cell. It invades living cells to live and replicate.

Infectious Disease Process

Learning Objectives:

- List four types of disease-causing organisms
- Describe the differences between direct and indirect disease transmission
- Discuss different ways to prevent the transmission of infectious diseases



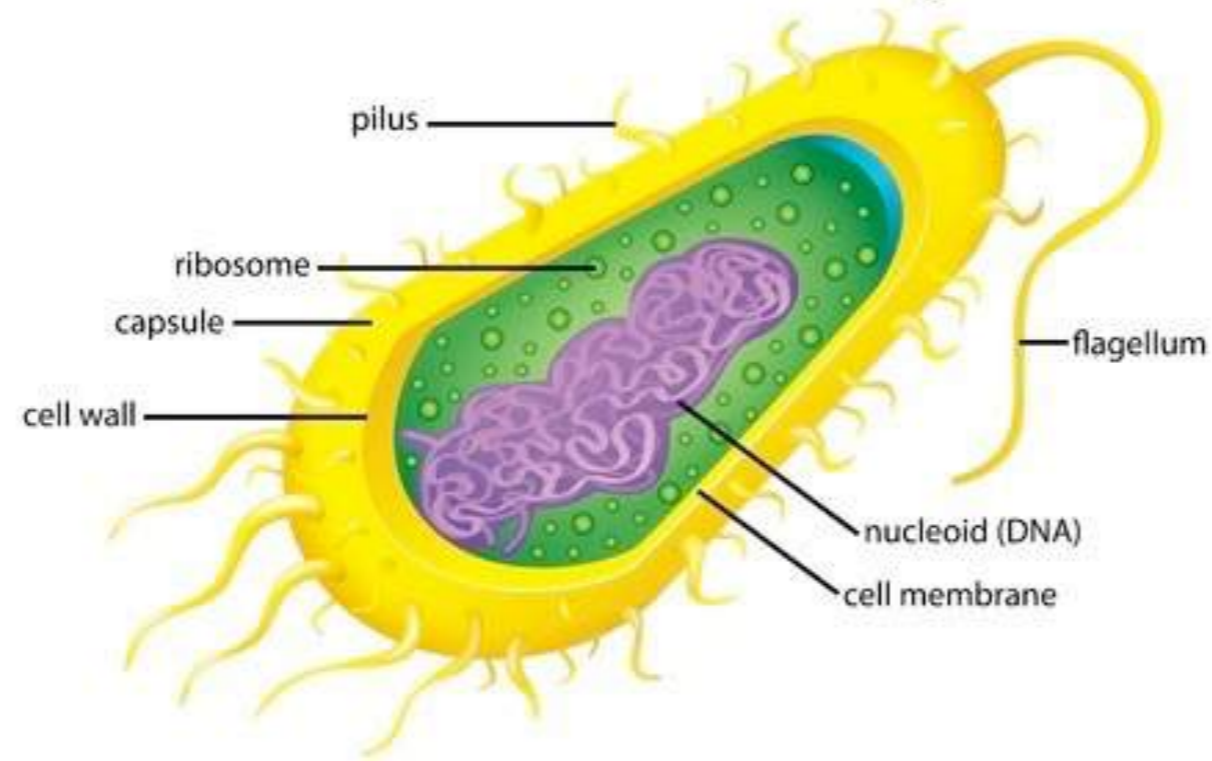
Infectious Disease Process

Infectious diseases can be caused by:

- **Bacteria**

These one-cell organisms are responsible for illnesses, such as strep throat, urinary tract infections and tuberculosis.

Bacteria Cell Anatomy



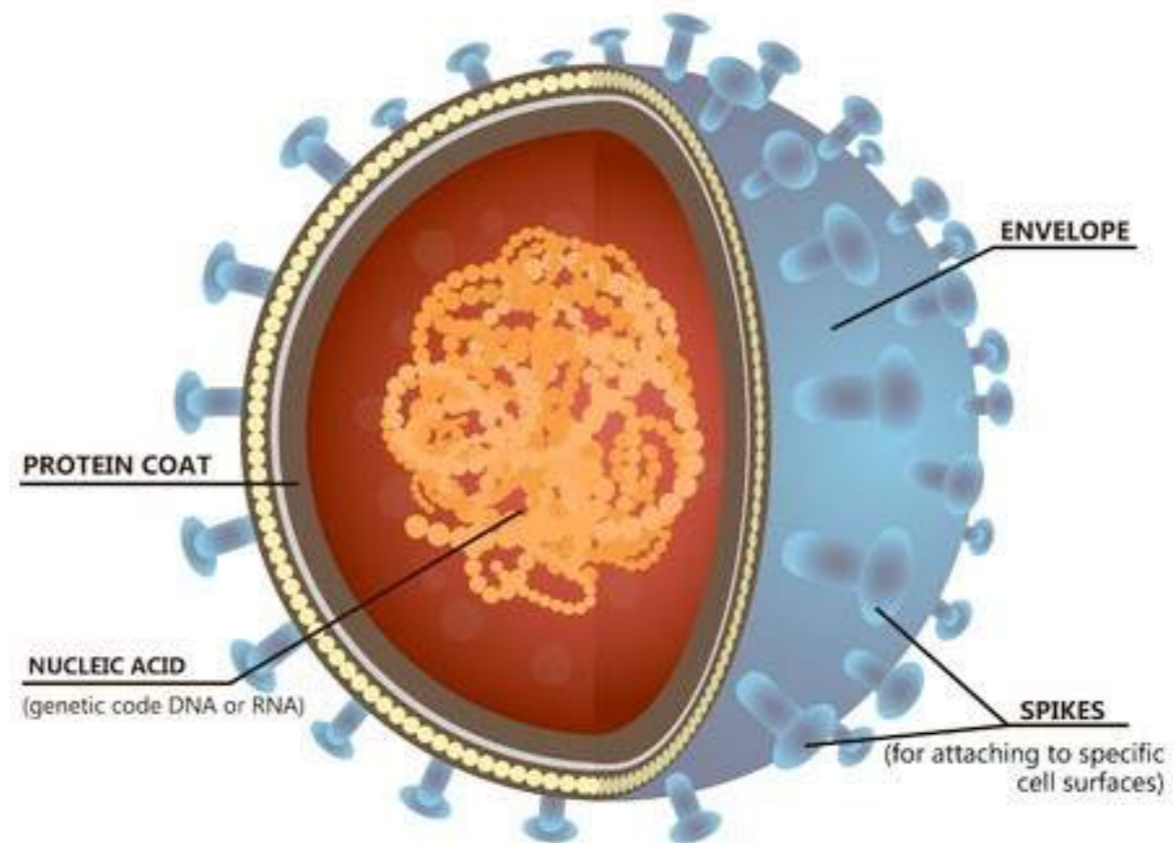
Infectious Disease Process

Notes

- **Viruses**

Even smaller than bacteria, viruses cause a multitude of diseases.

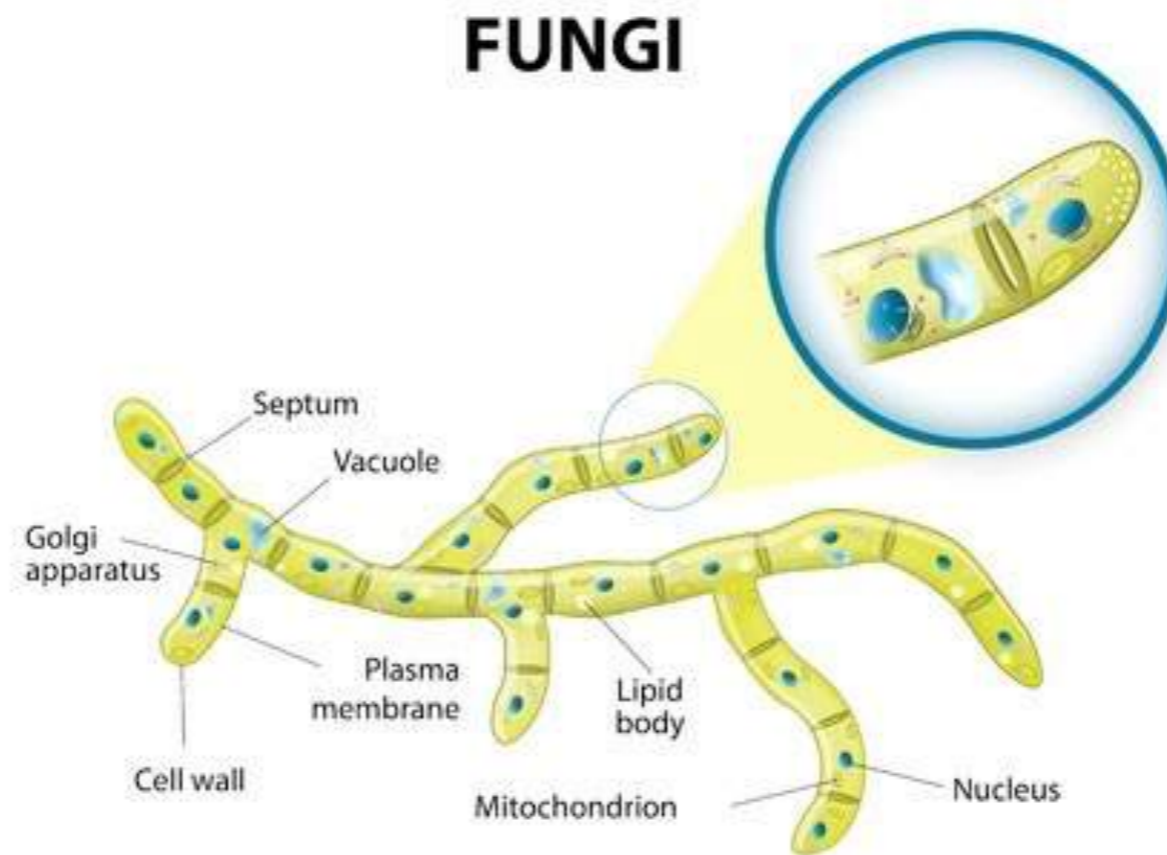
VIRUS STRUCTURE



Infectious Disease Process

- **Fungi**

Many skin diseases, such as ringworm and athlete's foot, are caused by fungi. Other types of fungi can infect your lungs or nervous system.

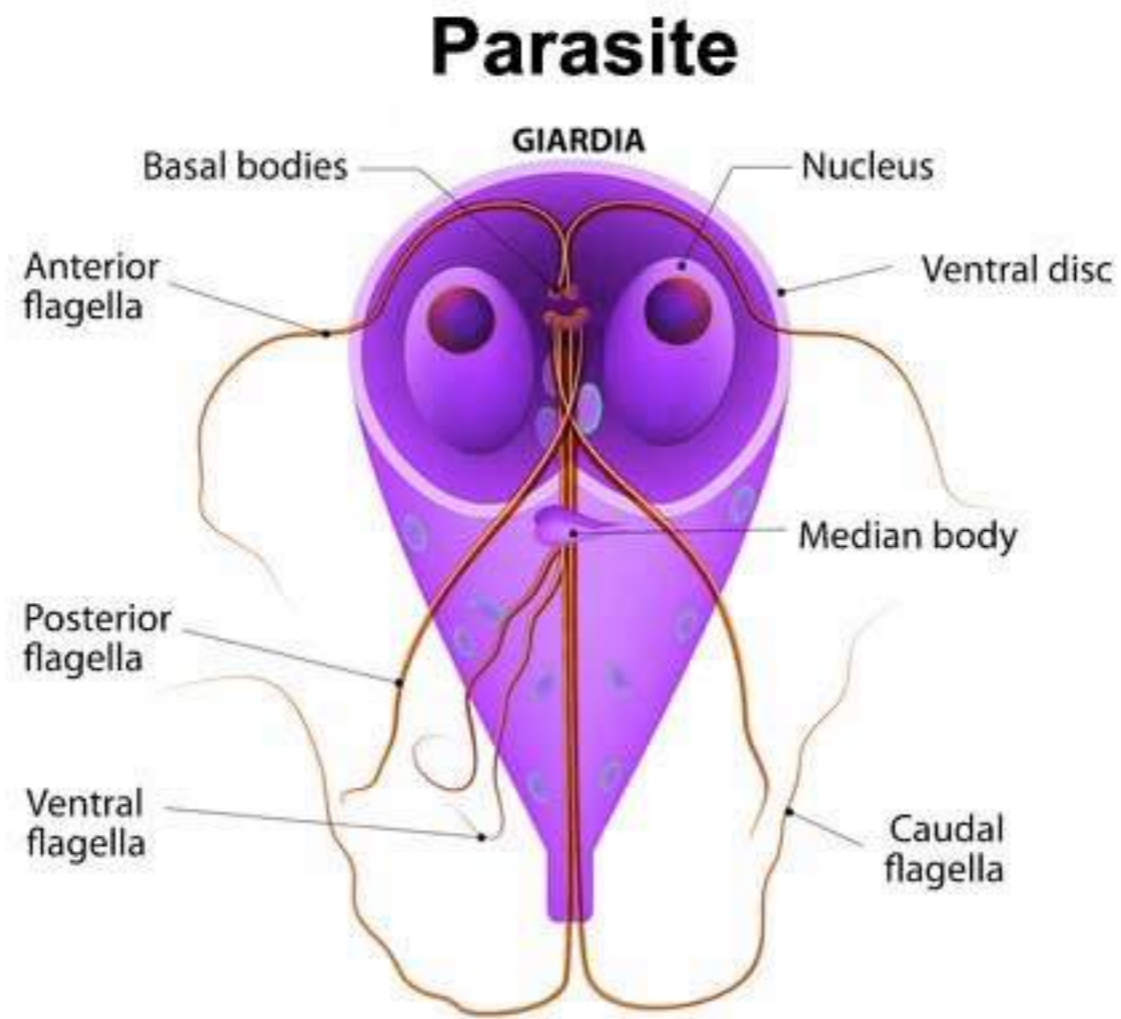


Infectious Disease Process

Notes

- **Parasites**

Malaria is caused by a tiny parasite that is transmitted by a mosquito bite. Other parasites may be transmitted to humans from animal feces.



Infectious Disease Process

Direct contact

Notes

Infectious diseases are often spread through direct contact. Three ways infectious diseases can be spread through direct contact are:

- Person to person. A common way for infectious diseases to spread is through the direct transfer of bacteria, viruses or other germs from one person to another. This can occur when an individual with the bacterium or virus touches, sneezes, coughs on or kisses someone who is not infected. These germs can also spread through the exchange of body fluids from sexual contact or a blood transfusion. The person who passes the germ may have no symptoms of the disease, but may simply be a carrier.
- Animal to person. Being bitten or scratched by an infected animal — even a pet — can make you sick and, in extreme circumstances, can be fatal. Handling animal waste can be hazardous, too. For example, you can acquire a toxoplasmosis infection by scooping your cat's litter box.
- Mother to unborn child. A pregnant woman may pass germs that cause infectious diseases to her unborn baby. Some germs can pass through the placenta. Germs in the vagina can be transmitted to the baby during birth.



Infectious Disease Process

Notes

Indirect contact

Disease-causing organisms also can be passed by indirect contact. Many germs can linger on an inanimate object, such as a tabletop, doorknob or faucet handle.

When you touch a doorknob handled by someone ill with the flu or a cold, for example, you can pick up the germs he or she left behind. If you then touch your eyes, mouth or nose before washing your hands, you may become infected.



Infectious Disease Process

Female Mosquito



Notes

Insect bites

Some germs rely on insect carriers — such as mosquitoes, fleas, lice or ticks — to move from host to host. These carriers are known as vectors. Mosquitoes can carry the malaria parasite or West Nile virus, and deer ticks may carry the bacterium that causes Lyme disease.

Food contamination

Another way disease-causing germs can infect you is through contaminated food and water. This mechanism of transmission allows germs to be spread to many people through a single source. *E. coli*, for example, is a bacterium present in or on certain foods — such as undercooked hamburger or unpasteurized fruit juice.

Infectious diseases can be transmitted via contaminated food and water. *E. coli* is often transmitted through improperly handled produce or undercooked meat. Improperly canned foods can create an environment ripe for *Clostridium botulinum*, which causes botulism.



Infectious Disease Process

How to Prevent Disease Transmission

A few simple precautions can prevent some disease transmission. The most important of these is to wash your hands thoroughly and often.

Hand Washing

Hand washing is easy to do and it's one of the most effective ways to prevent the spread of many types of infection and illness in all settings.

Vaccinations

Stay up to date on vaccinations, and get an annual flu shot. These immunizations support your immune system to protect you.

Personal Protection Equipment (PPE)

When working in the dental clinic, gloves, mask, protective eyewear and clothing shield your hands, face, eyes and nose from disease-causing germs.



Infectious Disease Process

Notes

Illness

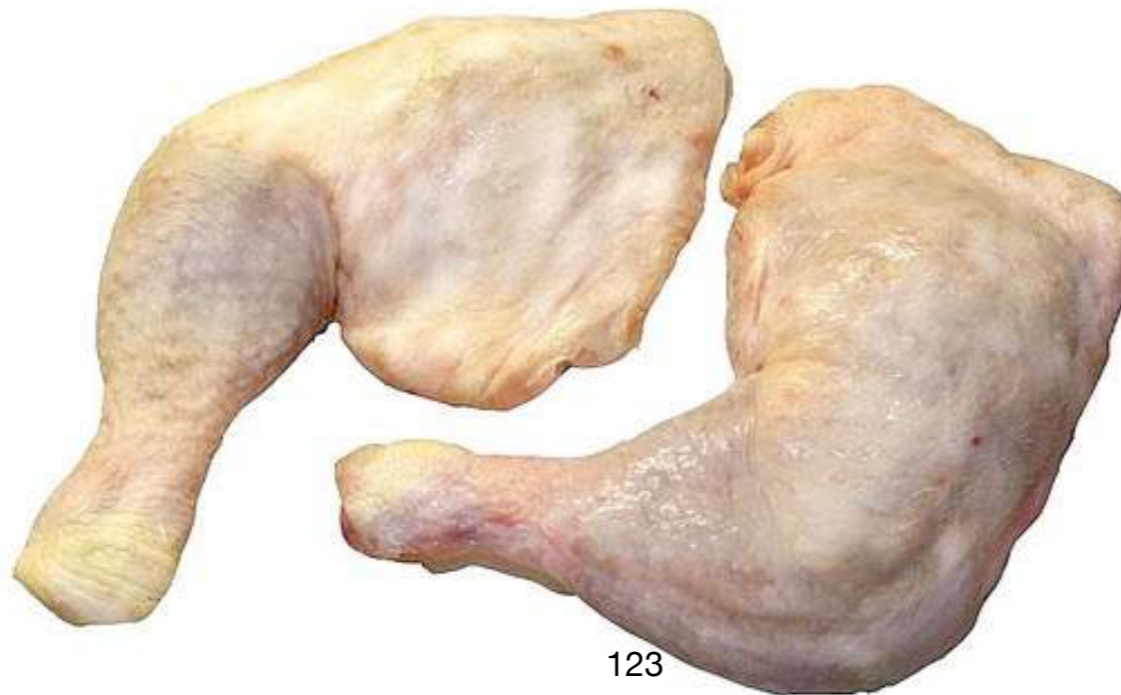
When you have a contagious illness, try to avoid direct contact with other people. Cover your nose and mouth when you sneeze and cough. When caring for an ill person, use disposable gloves and wash your hands frequently.

Foodborne Illness

Dangerous organisms can thrive in improperly prepared food. Avoid cross-contamination by keeping raw meats and produce separate. Use different preparation surfaces and wash surfaces and utensils thoroughly. Freeze or refrigerate perishable foods and leftovers promptly.

Insects and Animals

When camping or enjoying wooded areas, wear long pants and long sleeves. Use insect repellent and mosquito netting. Don't touch animals in the wild.

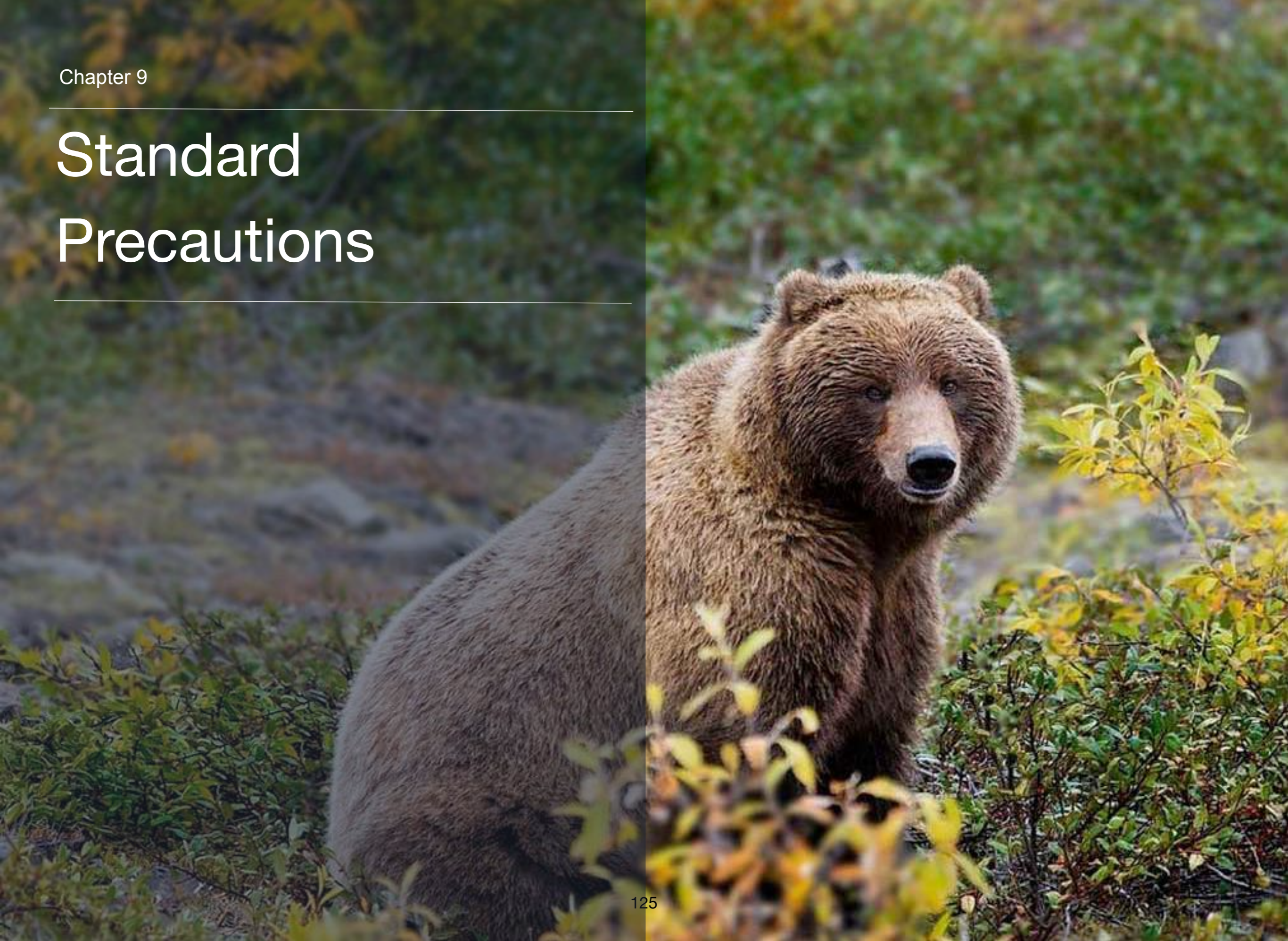


Infectious Disease Process

Resources

- Community Health Aide/Practitioner Program, Alaska Native Tribal Health Consortium, Anchorage, AK.
- www.healthline.com

Standard Precautions



Standard Precautions

Terms to Know

[Notes](#)**Contamination:**

The presence of microorganisms (usually those capable of causing disease or infection) on living or inanimate surfaces.

**Decontamination:**

The process of removing disease-causing microorganisms.

**Infectious disease:**

Disorders caused by microorganisms such as bacteria, viruses, fungi or parasites, and can be transmitted to others.

**PPE:**

Personal Protection Equipment (gloves, facemask or shield, protective eyewear and clothing) shield a provider's hands, face, eyes and nose from disease-causing germs.

**Sharps container:**

Made from rigid plastic with a special opening to dispose sharps. The container is marked with a line that indicates when the container should be considered full and properly disposed of.

**Standard precautions:**

A set of infection control practices used to prevent transmission of diseases that can be acquired by contact with blood, body fluids, non-intact skin (including rashes), and mucous membranes. Standard precautions are to be used when providing care to all individuals, regardless of their medical history or whether they appear infectious or symptomatic.

Standard Precautions

Notes

Learning Objectives

- Define standard precautions.
- Describe when protective clothing and equipment should be used.
- List ways to prevent injuries from needles and sharp instruments.
- Describe the correct actions to take if there is an injury from a needle or sharp instrument.



Standard Precautions

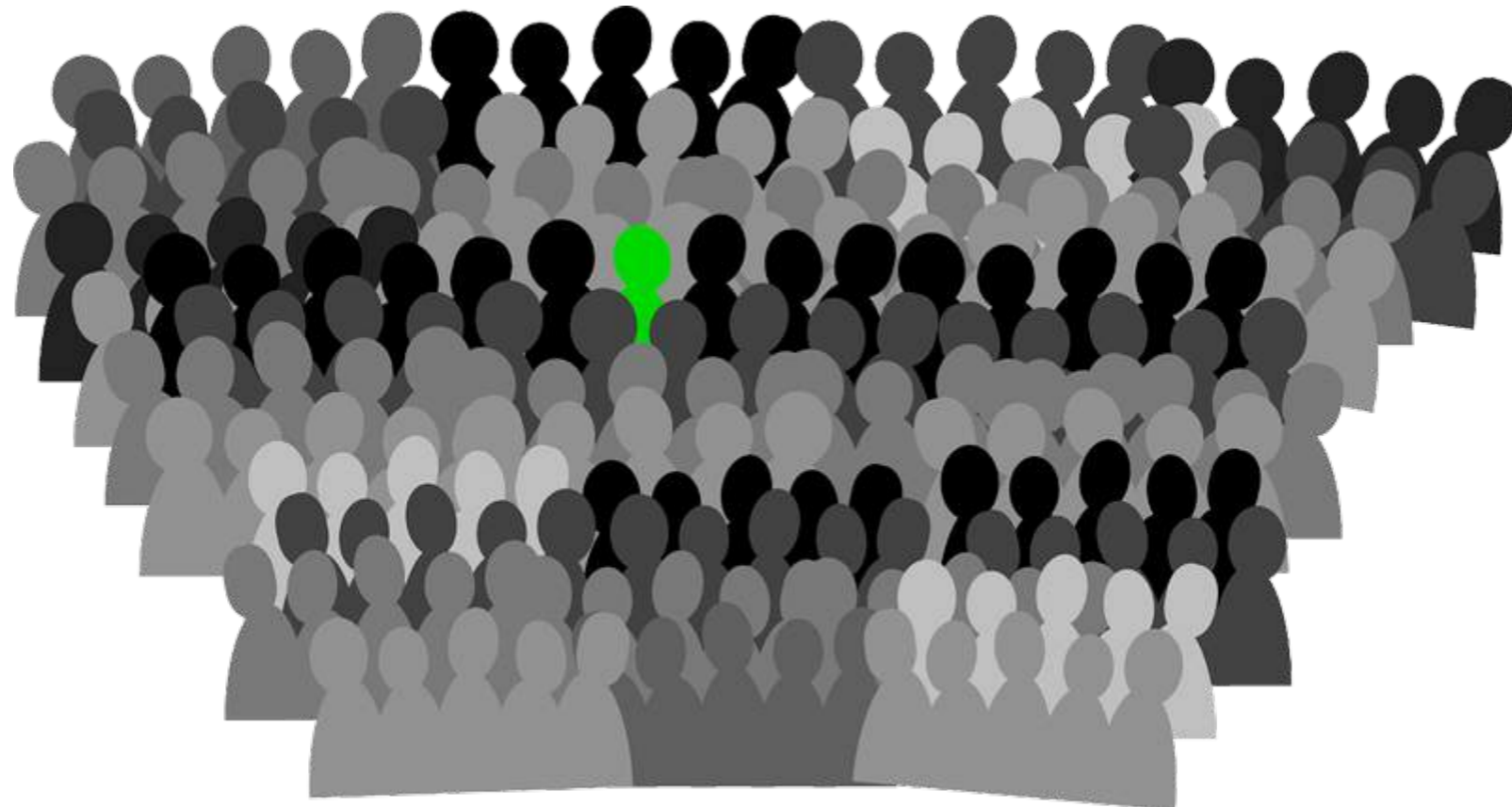
Notes

Use Consistently For All Patients

Because medical history, physical exam and lab tests cannot reliably identify all patients infected with HIV or other harmful virus or bacteria, blood and body fluid precautions should be used consistently for all patients.

All health care workers should routinely use appropriate infection control practices to prevent skin and mucous membrane exposure to blood or body fluids of a patient.

The set of infection control practices used to prevent transmission of diseases that can be acquired by contact with blood, body fluids, non-intact skin (including rashes), and mucous membranes is called standard precautions.



Standard Precautions



Protective Clothing and Equipment

Notes

Gloves: If it's wet, wear gloves.

- Worn for touching blood and body fluids, mucous membranes, or broken skin of all patients.
- Worn for handling items or surfaces soiled with blood or body fluids and for drawing blood (venipuncture) and starting intravenous fluids (IVs).
- Gloves should be changed after contact with each patient.
- Use sterile gloves for sterile procedures.
- Regular household rubber gloves can be used for cleaning if they are cleaned with a 10% bleach solution (1 part bleach to 10 parts water).



Standard Precautions

Notes

Masks, protective eyewear, and gowns:

- Should be worn during procedures that are likely to produce droplets of blood or other body fluids.
- Should be worn to prevent exposure to the mucous membranes of your mouth, nose, and eyes.
- Gowns should be worn during procedures that are likely to generate splashes of blood or other body fluids.



Standard Precautions

Proper Use of Standard Precautions:

- Be sure to use correct equipment and/or clothing for each procedure.
- In emergencies, such as accidents: wear gloves, mask, protective eyewear and gown. For starting IVs and venipuncture: wear gloves at a minimum.
- For suturing: wear gloves, mask and protective eyewear. If there is a lot of bleeding, wear a gown.
- In taking care of a wound: wear gloves, mask and protective eyewear. If there is a lot of blood or the wound needs to be scrubbed, wear a gown. Wear gloves when giving shots.
- During dental procedures, wear gloves, protective eyewear, mask, and gown.
- For any procedure or medical condition where you may be exposed to vomitus, urine, feces, blood, breast milk, saliva, tears, or genital secretions, wear gloves as a minimum.
- When doing mouth-to-mouth resuscitation, use a one-way mask or ambu bag and protective eyewear. For a choking victim or when performing Basic Life Support (BSL), you may want to use gloves and gown as well.

Standard Precautions

Removal and Decontamination of Contaminated Materials

All health care workers should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures, when cleaning used instruments, during disposal of used needles and when handling sharp instruments after procedures.

To prevent needle stick injuries:

Generally, needles **SHOULD NOT** be recapped, purposefully bent or broken by hand, or be removed from disposable syringes. However, there are techniques (one-hand scoop) and devices (holders) to be able to safely recap a needle.

After disposable syringes, needles, scalpel blades, and other sharp items are used, they should be placed in a puncture resistant container for disposal. This includes glass items that could break, such as blood drawing tubes.



Standard Precautions

Notes

Decontamination of Materials:

- Decontamination of blood spills can be done with 10% bleach (1 part bleach to 9 parts water).
- Decontamination of surfaces and instruments is done with the solution or product designated by your employer for this purpose.
- For disposal of gowns, masks and gloves, follow your usual method for isolation and burning.
- Work gloves can be decontaminated with 10% bleach solution.



9 parts water

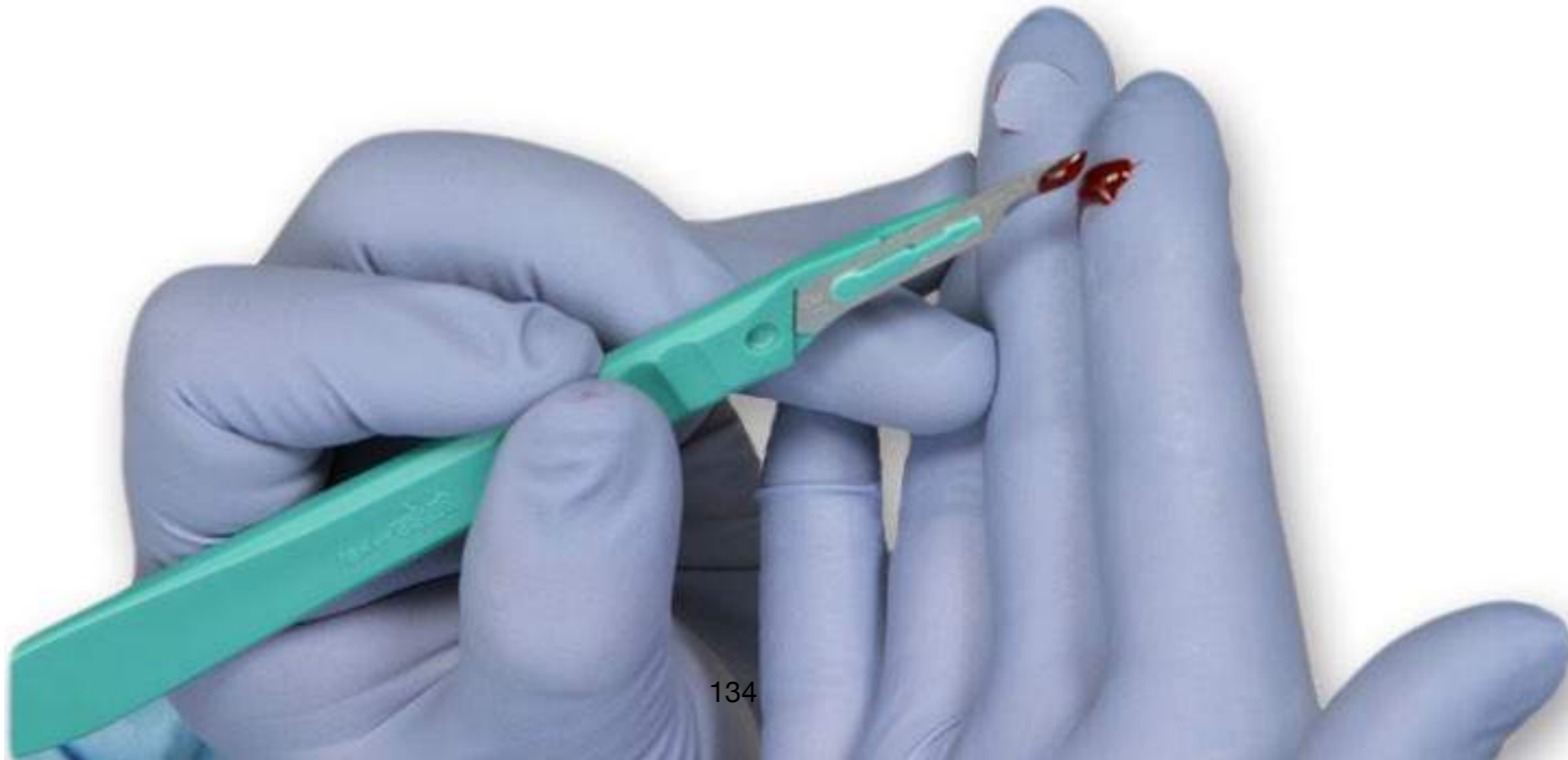
1 part bleach

Standard Precautions

Notes

Limitations of Protective Equipment:

Gloves can be pierced by sharp needles and instruments and cause a puncture in your skin. If you have open cuts or sores (dermatitis) it is an open entryway for germs to get into your bloodstream.

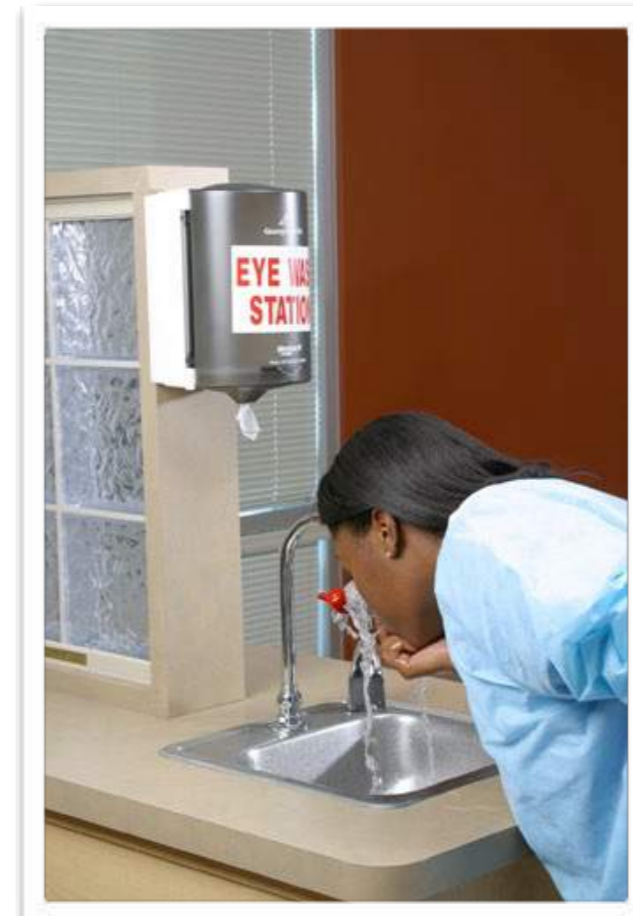


Standard Precautions

Notes

Correct Action to Take in an Event of Contamination or Exposure:

- If you are contaminated with blood or body fluids, your hands and other skin surfaces should be washed immediately and thoroughly using plenty of soap or disinfectant (e.g. Betadine).
- Hands should always be washed or sanitized immediately after removing gloves, in case contamination has occurred. Wash soiled clothing in hot, soapy water.



Standard Precautions

Notes

Reporting On-the-Job Injuries

Follow the policy of your employer, using designated forms. Any injury involving contamination with body fluids such as a needle stick must be reported.

- Reporting may be done by phone.
- Contact your supervisor and report the incident.



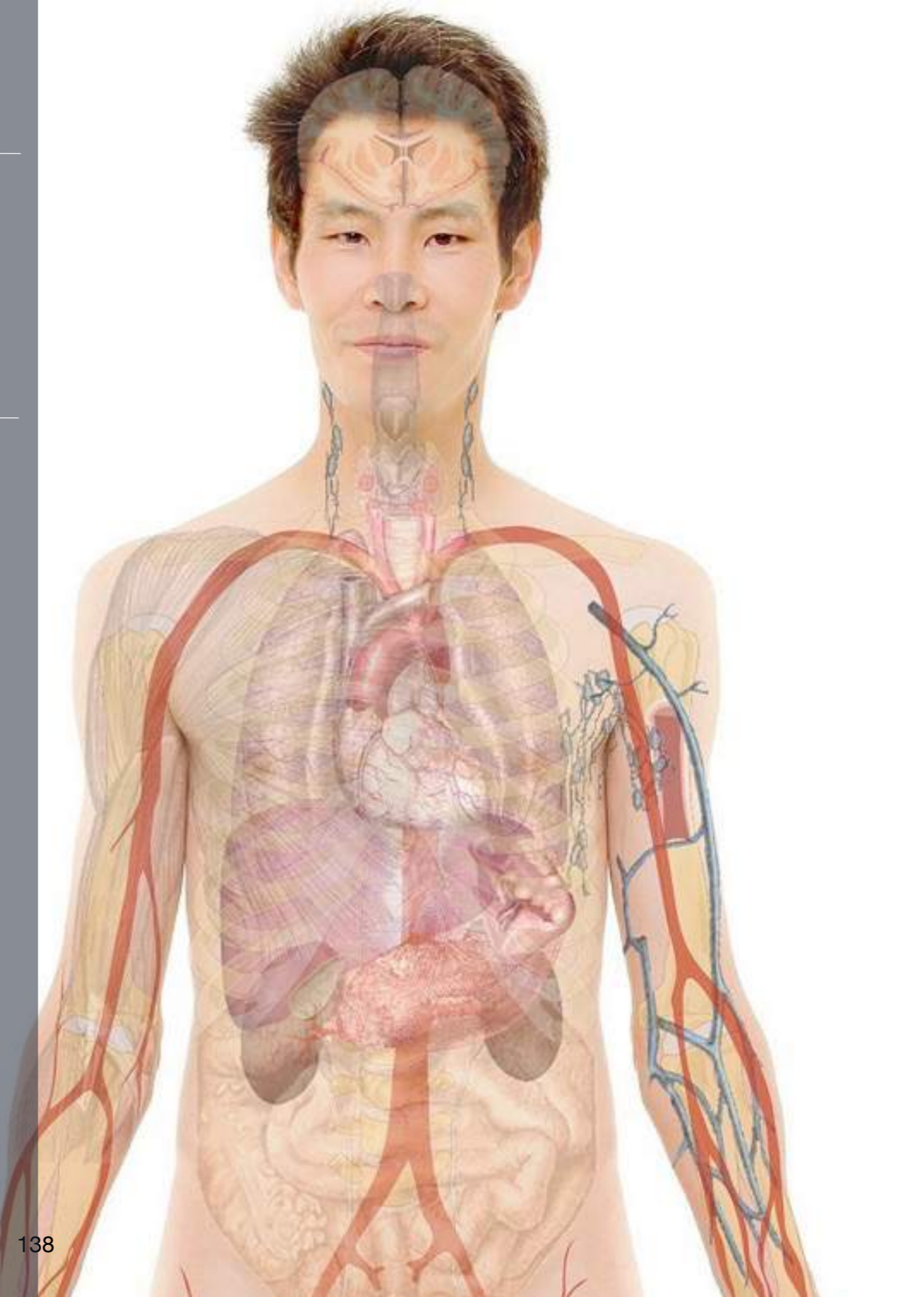
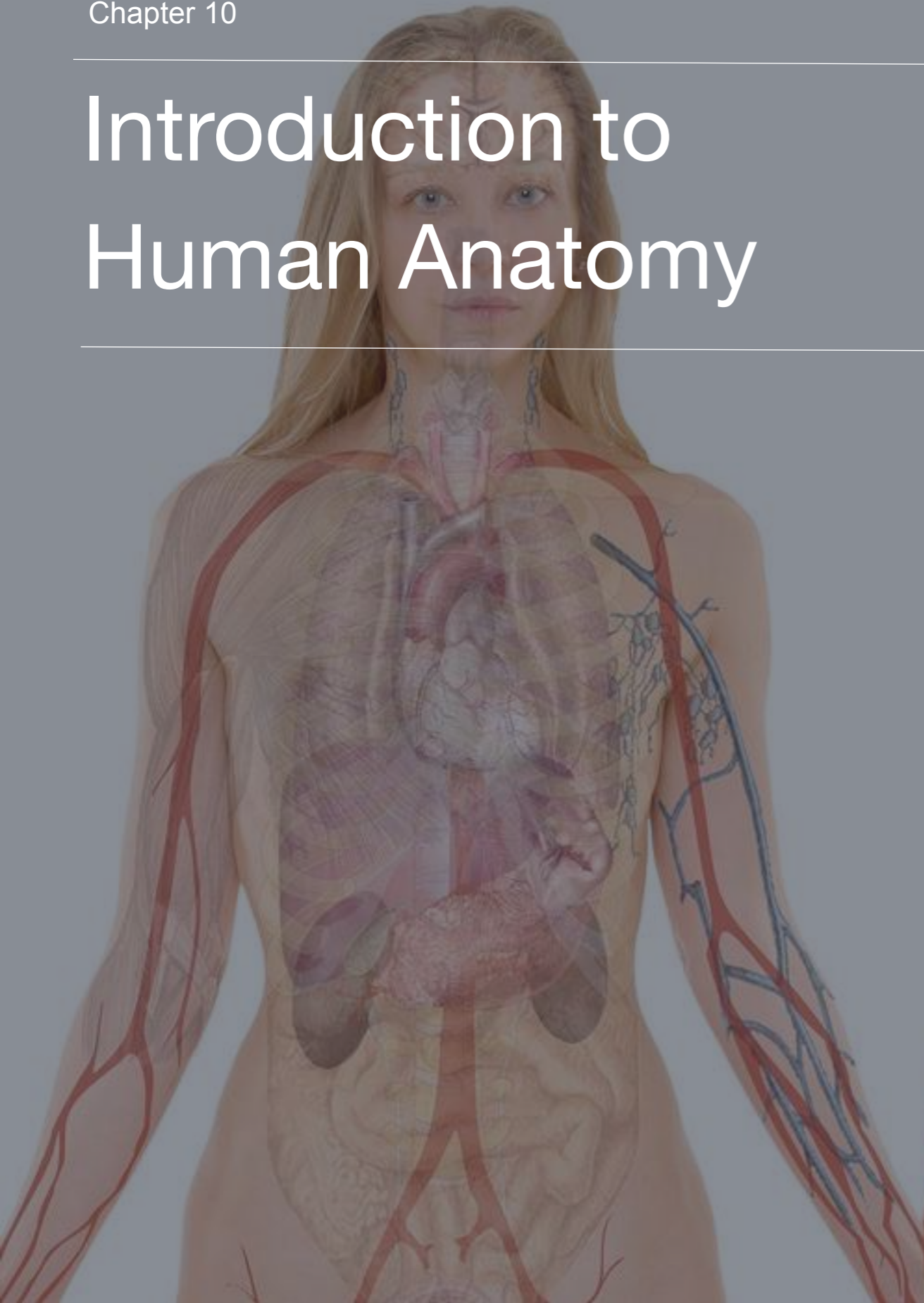
Standard Precautions

Notes

Resources

- Community Health Aide/Practitioner Program, Alaska Native Tribal Health Consortium, Anchorage, AK.
- <http://www.cdc.gov/oralhealth/infectioncontrol/index.htm>

Introduction to Human Anatomy



Introduction to Human Anatomy

Terms to Know

[Notes](#)**Addiction:**

A physical or psychological need for a habit-forming substance, such as a drug or alcohol.

**Anatomic response:**

Part of the immune system that physically prevents threatening substances from entering the body. Examples include the mucous membranes and the skin.



Autonomic Nervous System: (ANS) Regulates involuntary action in the body such as the heartbeat and digestion. Includes the sympathetic (fight or flight) and parasympathetic (rest and digest) functions.

**Cardiac muscle:**

Type of involuntary muscle found only in the heart.

**Central Nervous System:**

(CNS) Consists of the brain and spinal cord, and sends out nerve impulses from the sense organs, which tell the brain about things that can be seen, heard, smelt, tasted and felt.

**Circulatory System:**

Made up of the heart, veins, and arteries to transport blood throughout the body.

**Digestive System:**

Made up of the mouth, pharynx, esophagus, stomach, and intestines, which take in foods and break them down into small absorbable components to generate energy, provide the body with nutrients, and eliminate waste.

Introduction to Human Anatomy

Terms to Know

Notes



Endocrine System:

Made up of a group of glands (pituitary, thyroid, parathyroid, adrenal, thymus, pineal, pancreas, ovaries, and testes) that produce hormones that control body functions, such as metabolism, growth, and sexual development.



Immune System:

Provide defense against infection and disease by destroying harmful microorganisms.



Inflammatory response:

Works by excreting microorganisms from the body. Sneezing, runny noses, and fever are examples of the inflammatory response at work.



Integumentary System:

Consists of skin, hair, and nails that protect the body from chemicals, disease, UV light, and physical damage.



Involuntary muscles:

Type of muscle that the nervous system and hormones control automatically, such as in the stomach, heart, and intestines.



Motor neurons:

Nerve cells that send impulses from the brain or spinal cord to a muscle or gland.



Muscular System:

Enables the body to stand erect and move.



Nervous System:

Made up of the brain, the spinal cord, and nerves, and is the body's control system.

Introduction to Human Anatomy

Terms to Know

Notes



Parasympathetic Nervous System: Part of the autonomic nervous system that is responsible for the rest and digest response.



Peripheral Nervous System (PNS): Includes the craniospinal nerves that branch off from the brain and the spinal cord, and carries the nerve impulses from the central nervous system to the muscles and glands.



Reproductive System: Responsible for the production of new life.



Respiratory System: Brings air into the body and removes carbon dioxide. It includes the nose, trachea, and lungs.



Sensor neurons: Nerve cells that transmit sight, sound, feeling, smell, and touch to the brain or spinal cord.



Skeletal muscles: Type of muscles that help the body move.



Skeletal System: Made up of bones, ligaments and tendons. It shapes the body and protects organs. The skeletal system works with the muscular system to help the body move.



Smooth muscles: Type of involuntary muscles located inside organs, such as the stomach and intestines.

Introduction to Human Anatomy

Terms to Know

Notes



Sympathetic nervous system:

Part of the autonomic nervous system that is responsible for the fight or flight response.



Voluntary muscles:

Type of muscle whose action is normally controlled by an individual's will.

Introduction to Human Anatomy

Notes

Learning Objectives:

- Name each of the body systems
- List the components for each of the body systems
- List the major functions for each of the body systems



Introduction to Human Anatomy

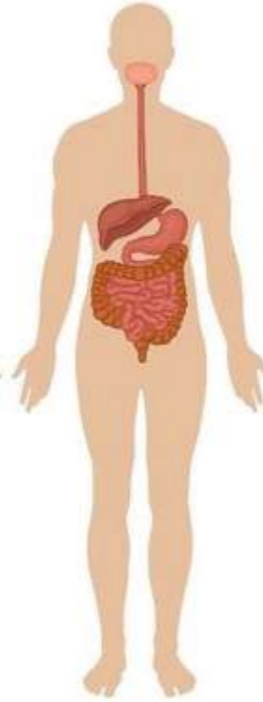
Notes

Human Body Systems

Nervous System



Digestive System



Muscular System



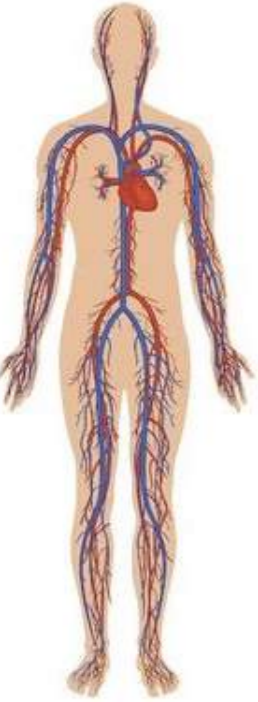
Immune System



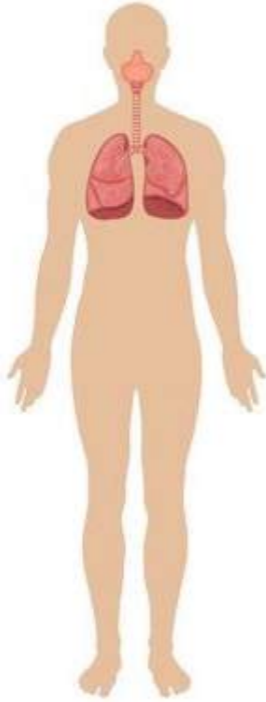
Reproductive System



Circulatory System



Respiratory System



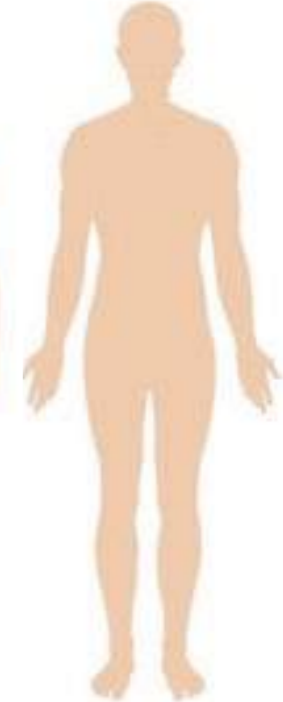
Skeletal System



Endocrine System



Integumentary System



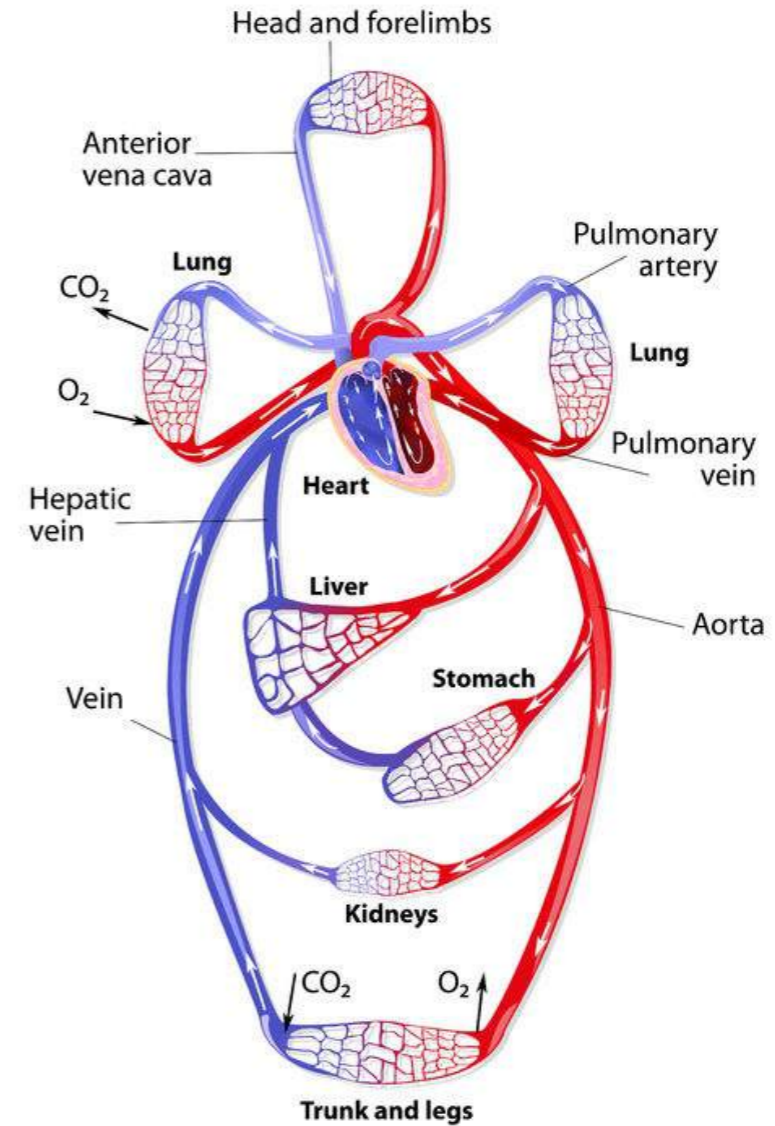
Introduction to Human Anatomy



Circulatory System

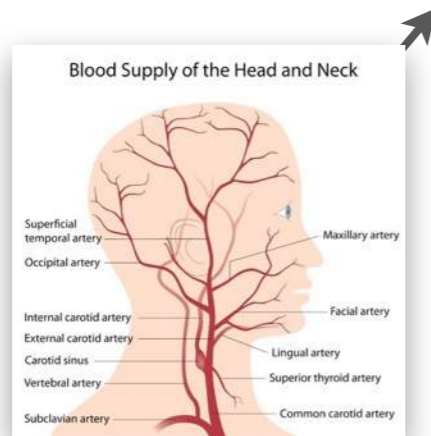
Notes

HUMAN CIRCULATORY SYSTEM



Circulatory System

The circulatory system is the body's transport system. It is made up of a group of organs that transport blood throughout the body. The heart pumps the blood and the arteries and veins transport it. Oxygen-rich blood leaves the left side of the heart and enters the biggest artery, called the aorta. The aorta branches into smaller arteries, which then branch into even smaller vessels that travel all over the body. When blood enters the smallest blood vessels, which are called capillaries, and are found in body tissue, it gives nutrients and oxygen to the cells and takes in carbon dioxide, water, and waste. The blood, which no longer contains oxygen and nutrients, then goes back to the heart through veins. Veins carry waste products away from cells and bring blood back to the heart that pumps it to the lungs to pick up oxygen and eliminate waste carbon dioxide.

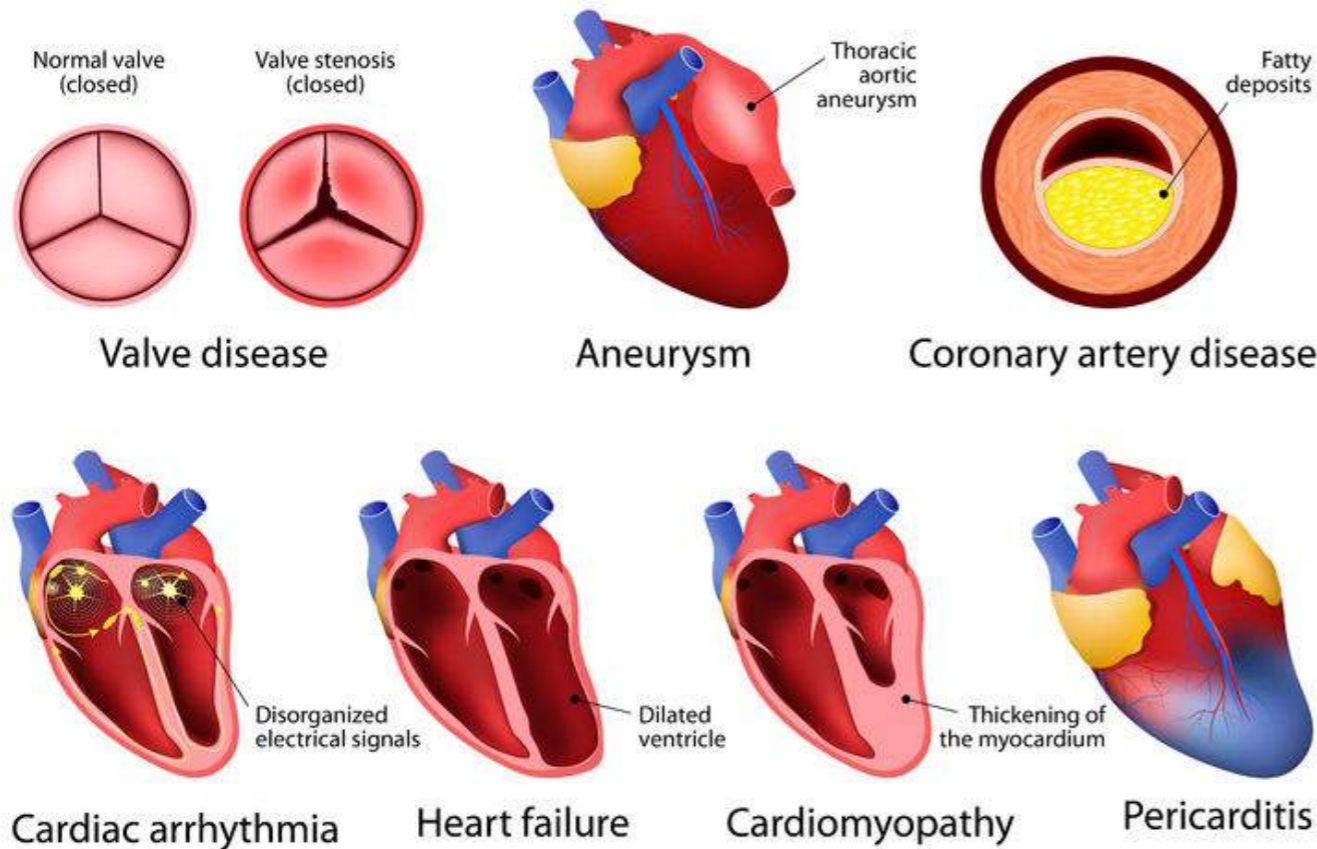


Introduction to Human Anatomy

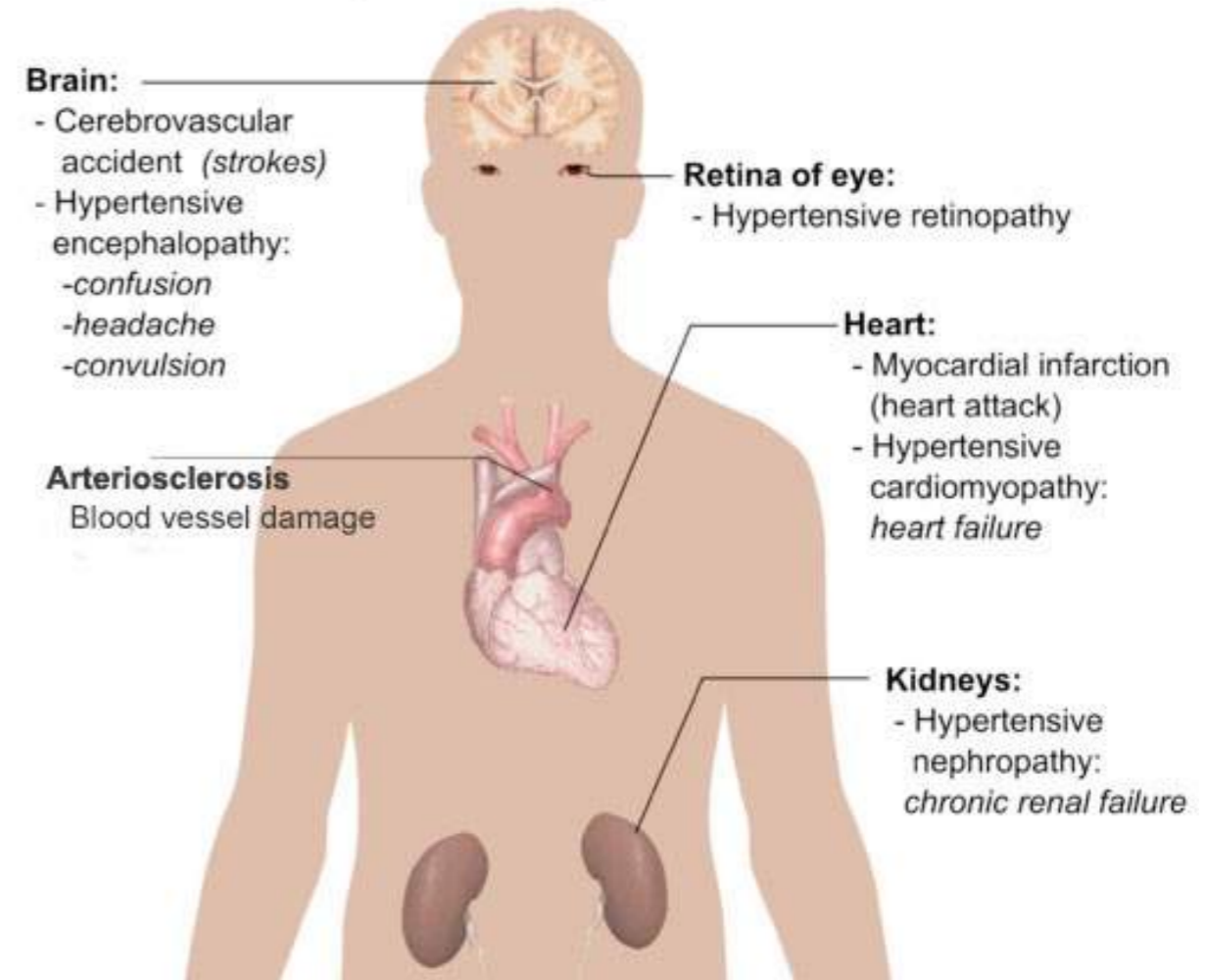
Notes

Examples of Circulatory System Disease

Types of heart disease



Main complications of persistent High blood pressure



Introduction to Human Anatomy



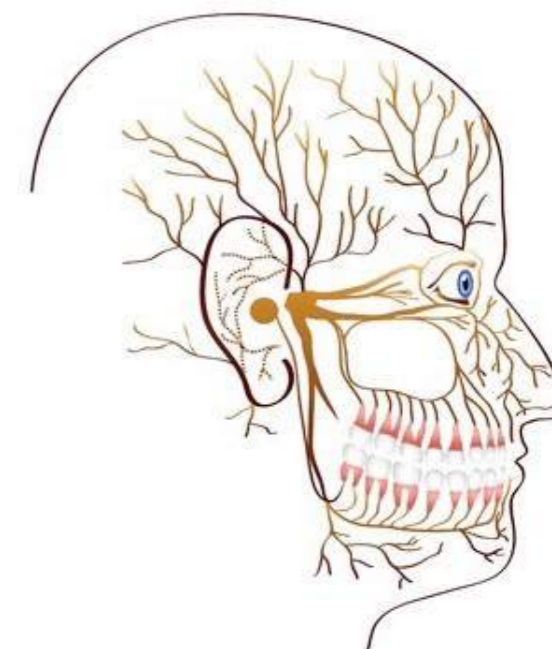
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Nervous System

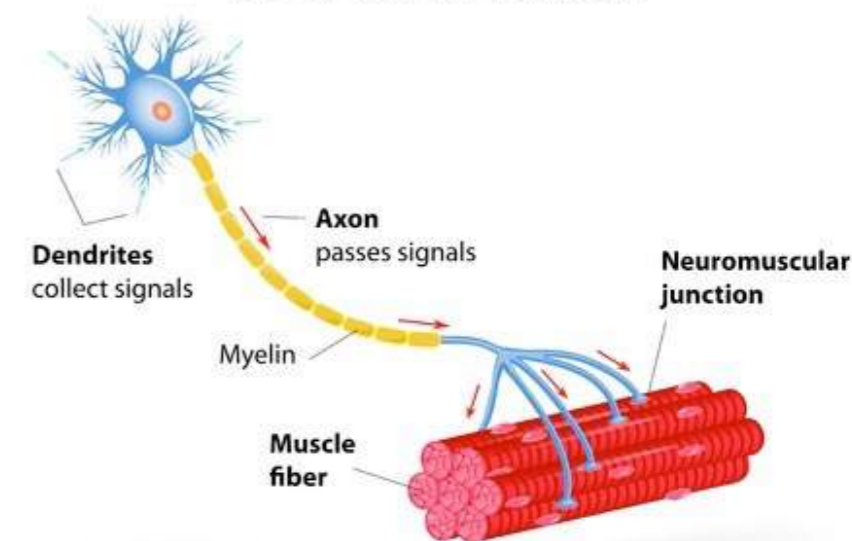
The nervous system is made up of the brain, the spinal cord, and nerves. It is the body's control system. It sends, receives, and processes nerve impulses throughout the body. These nerve impulses tell the muscles and organs what to do and how to respond to the environment. For example, motor neurons typically control stimulus of the muscles and movement, and sensory neurons typically transmit senses, such as hot, cold, hard, soft, pain, or pleasure. There are three parts to the nervous system that work together: the central nervous system, the peripheral nervous system, and the autonomic nervous system.

1. The central nervous system consists of the brain and spinal cord. It sends out nerve impulses and analyzes information from the sense organs, which tell the brain about things you see, hear, smell, taste and feel.
2. The peripheral nervous system includes the craniospinal nerves that branch off from the brain and the spinal cord. It carries the nerve impulses from the central nervous system to the muscles and glands.
3. The autonomic nervous system regulates involuntary action in the body, such as the heartbeat and digestion. It includes the sympathetic (fight or flight) and parasympathetic (rest and digest) functions.

Sensory Neurons



MOTOR NEURON

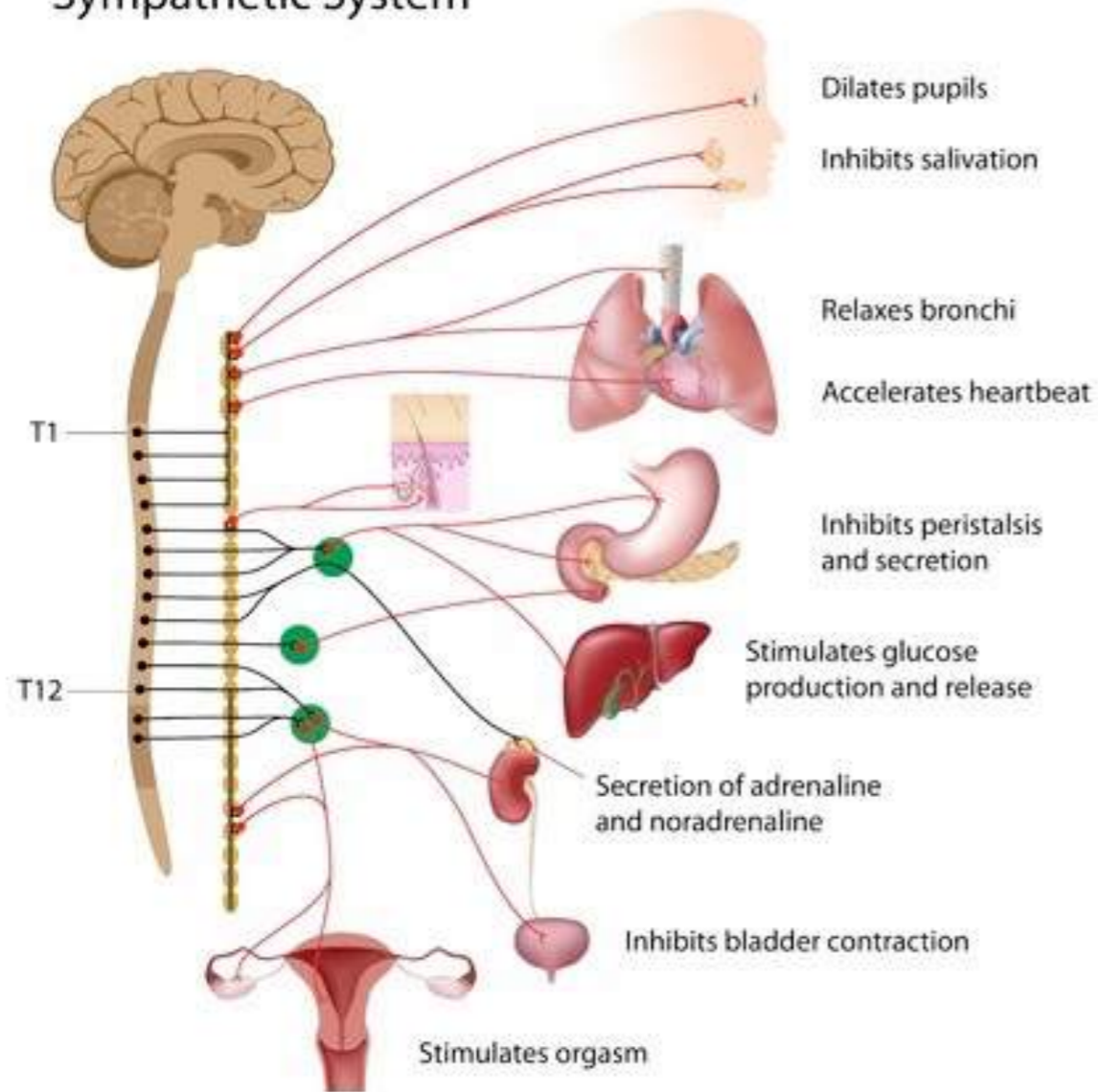


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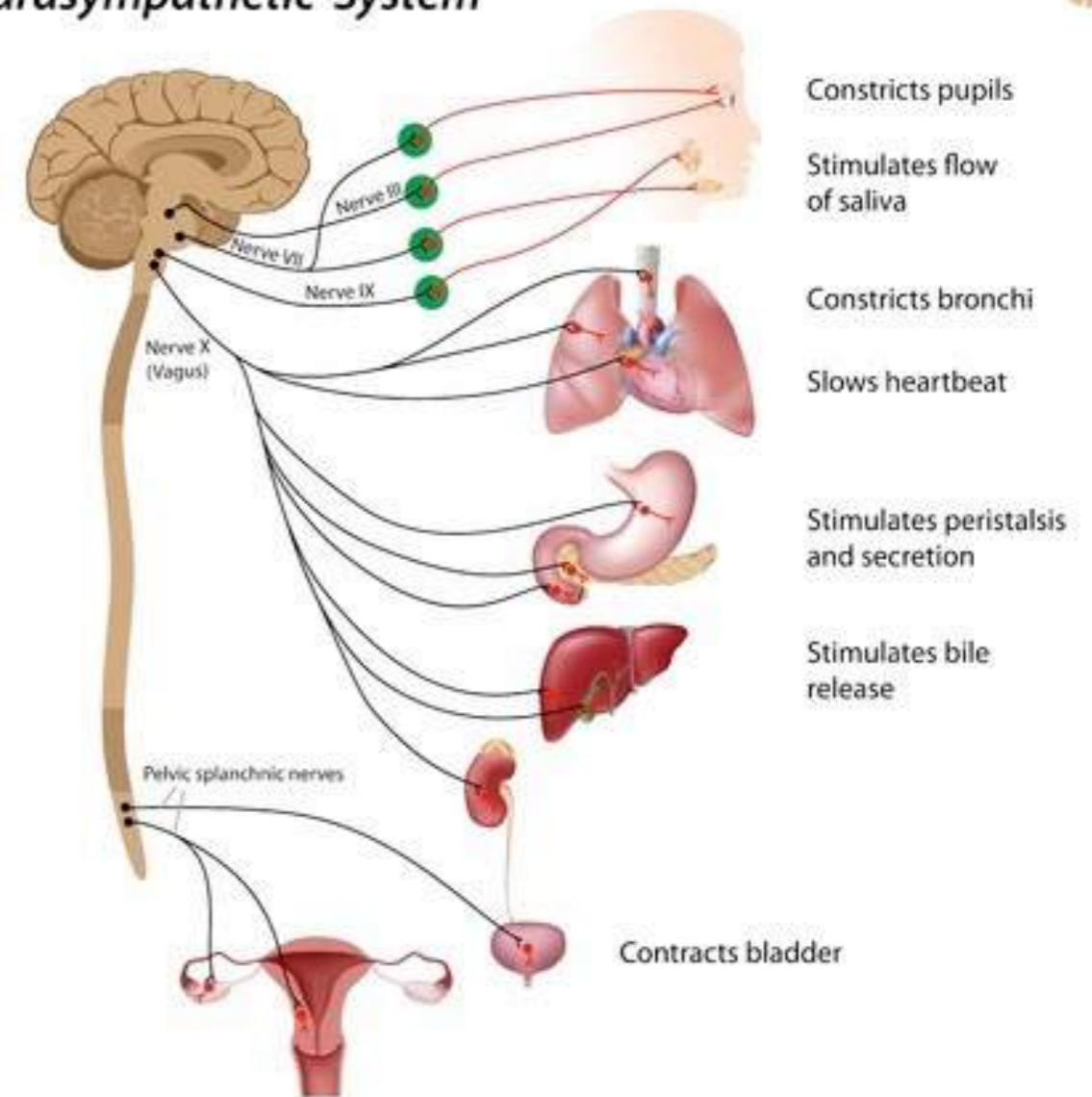


Notes

Sympathetic System



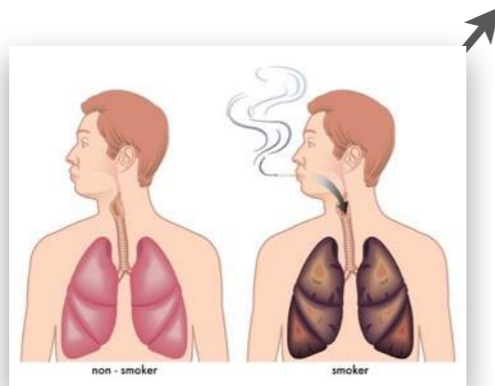
Parasympathetic System



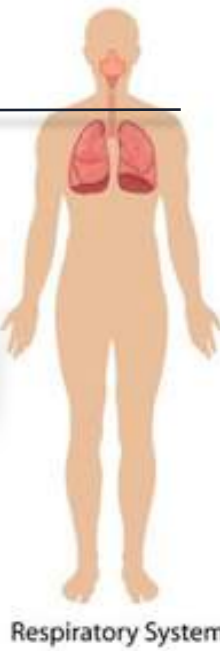
Introduction to Human Anatomy

Respiratory System

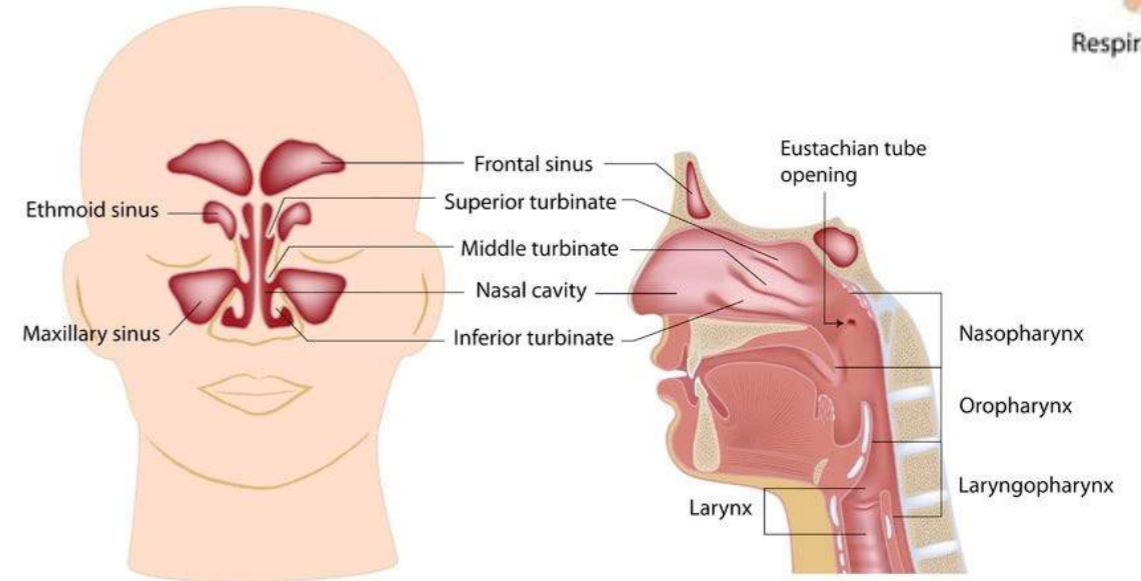
The respiratory system brings air into the body and removes carbon dioxide. It includes the nose, trachea, and lungs. When a person breathes in, air enters the nose or mouth and goes down a long tube called the trachea. The trachea branches into two bronchial tubes, or primary bronchi, which go to the lungs. The primary bronchi branch off into even smaller bronchial tubes, or bronchioles. The bronchioles end in the alveoli, or air sacs. Oxygen follows this path and passes through the walls of the air sacs and blood vessels and enters the blood stream. At the same time, carbon dioxide passes into the lungs and is exhaled.



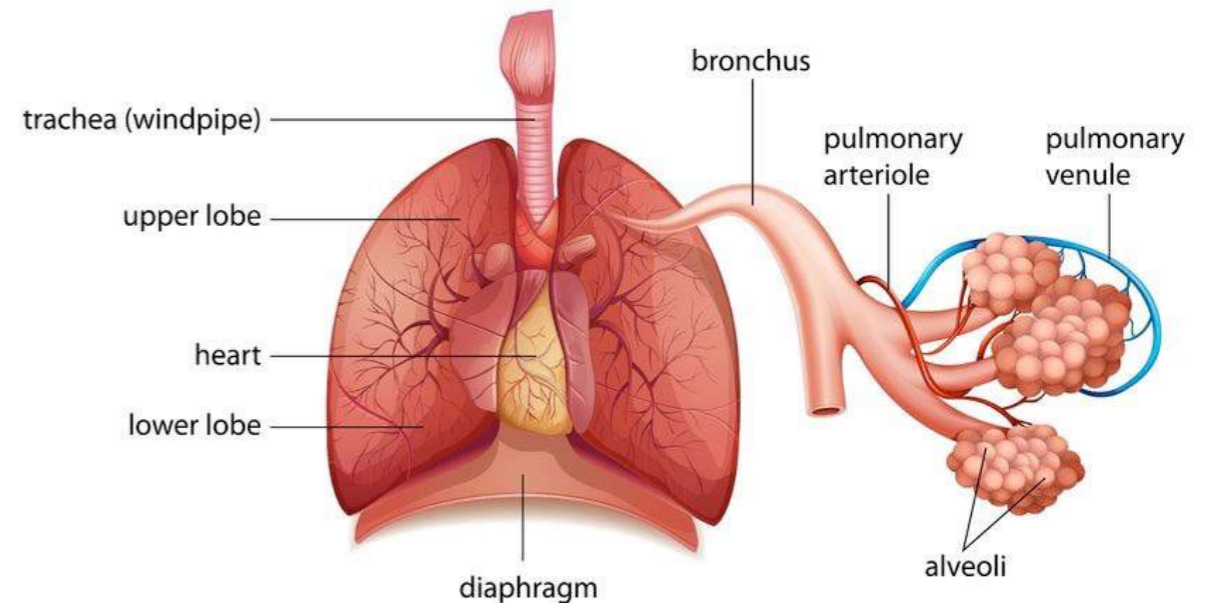
Notes



Anatomy of the Nose



Human Respiratory System



Introduction to Human Anatomy

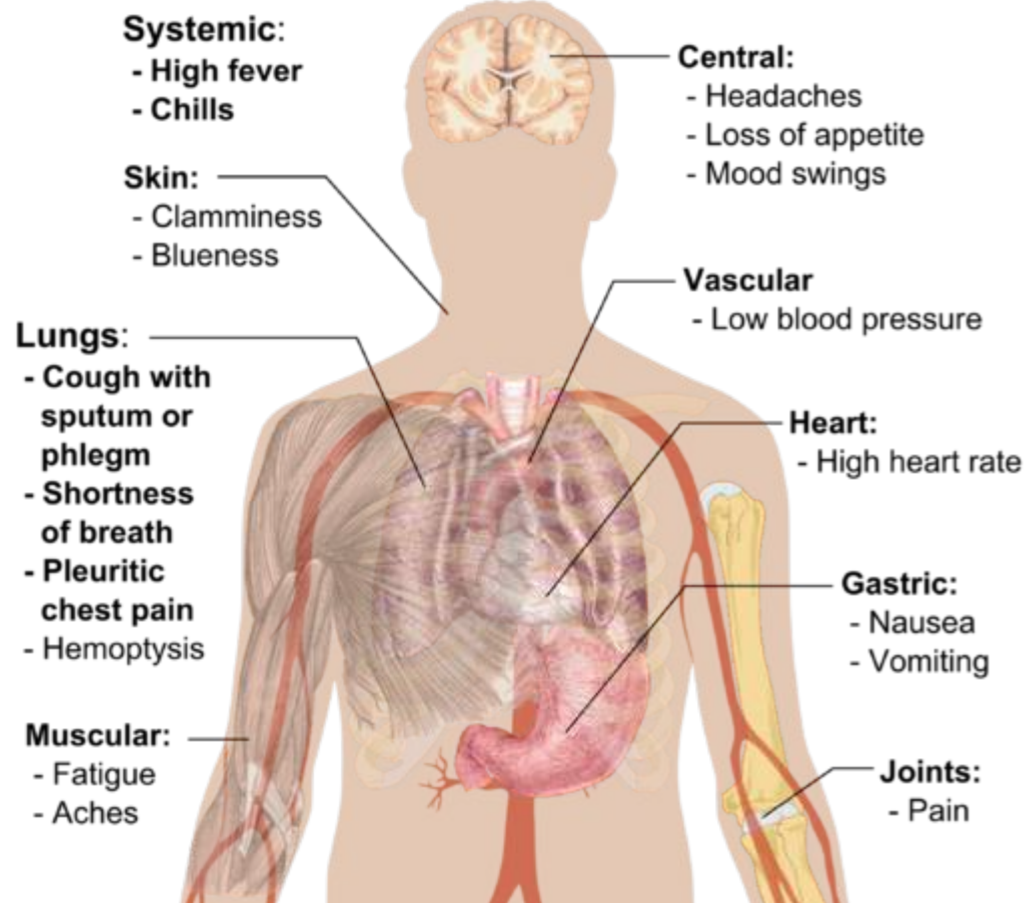
Examples of Respiratory System Disease

Notes

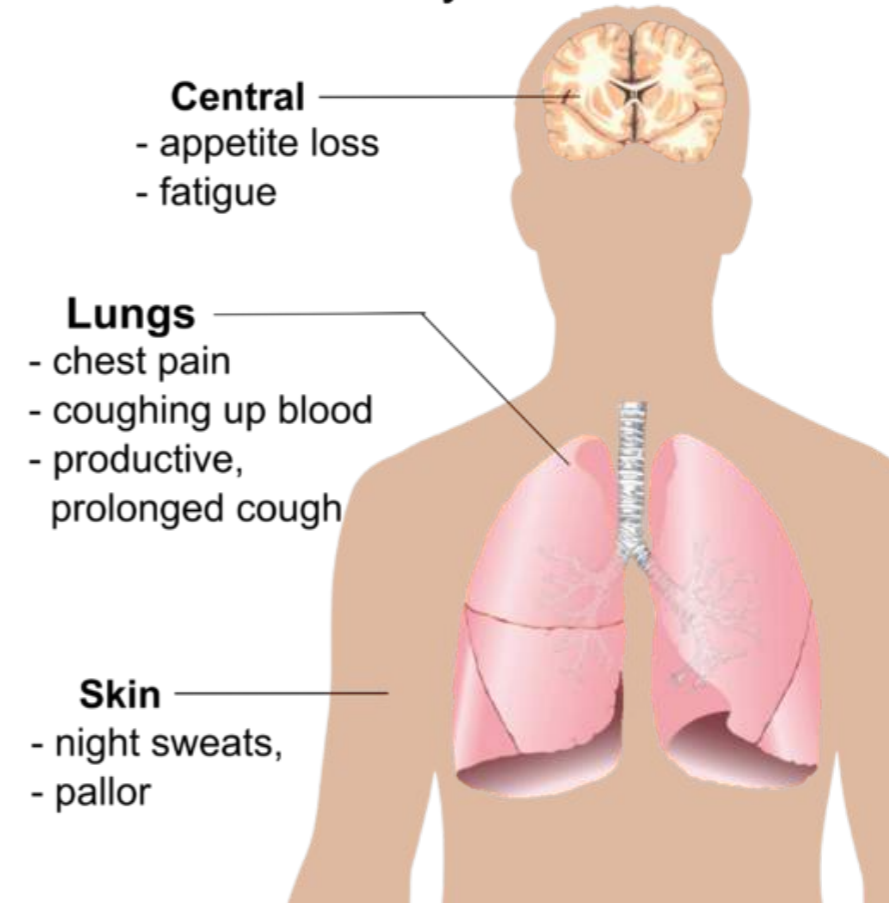


Respiratory System

Main symptoms of infectious Pneumonia



Main symptoms of Pulmonary tuberculosis

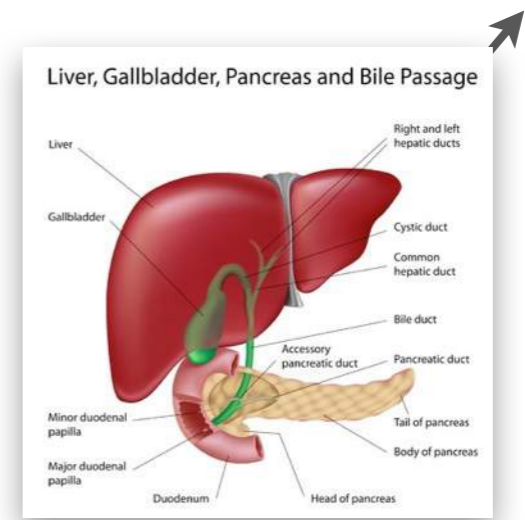
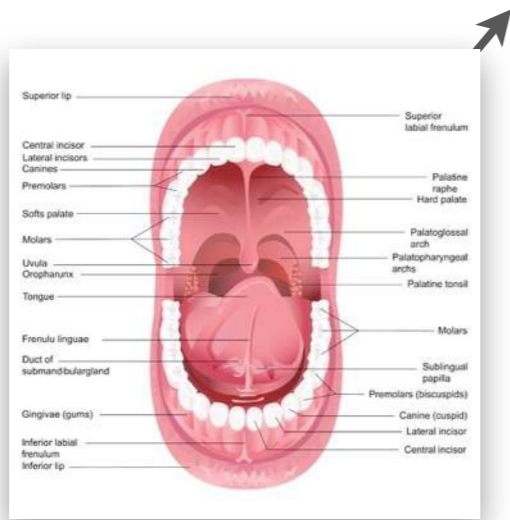
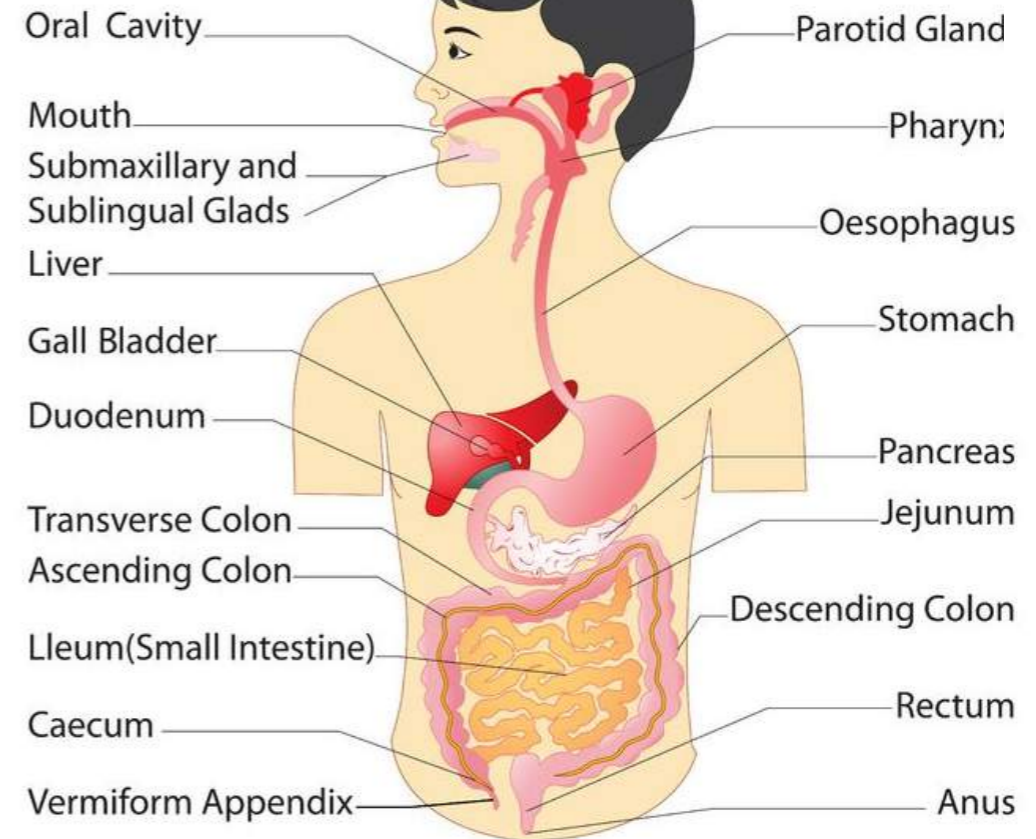


Introduction to Human Anatomy

Digestive System

The digestive system is made up of organs that break down food into protein, vitamins, minerals, carbohydrates, and fats, which the body needs for energy, growth, and repair. After food is chewed and swallowed, it goes down the esophagus and enters the stomach, where powerful stomach acids further break it down. From the stomach the food travels into the small intestine. This is where the food is broken down into nutrients that can enter the bloodstream through tiny hair-like projections. The excess food that the body does not need or cannot digest is turned into waste and is eliminated from the body.

Notes

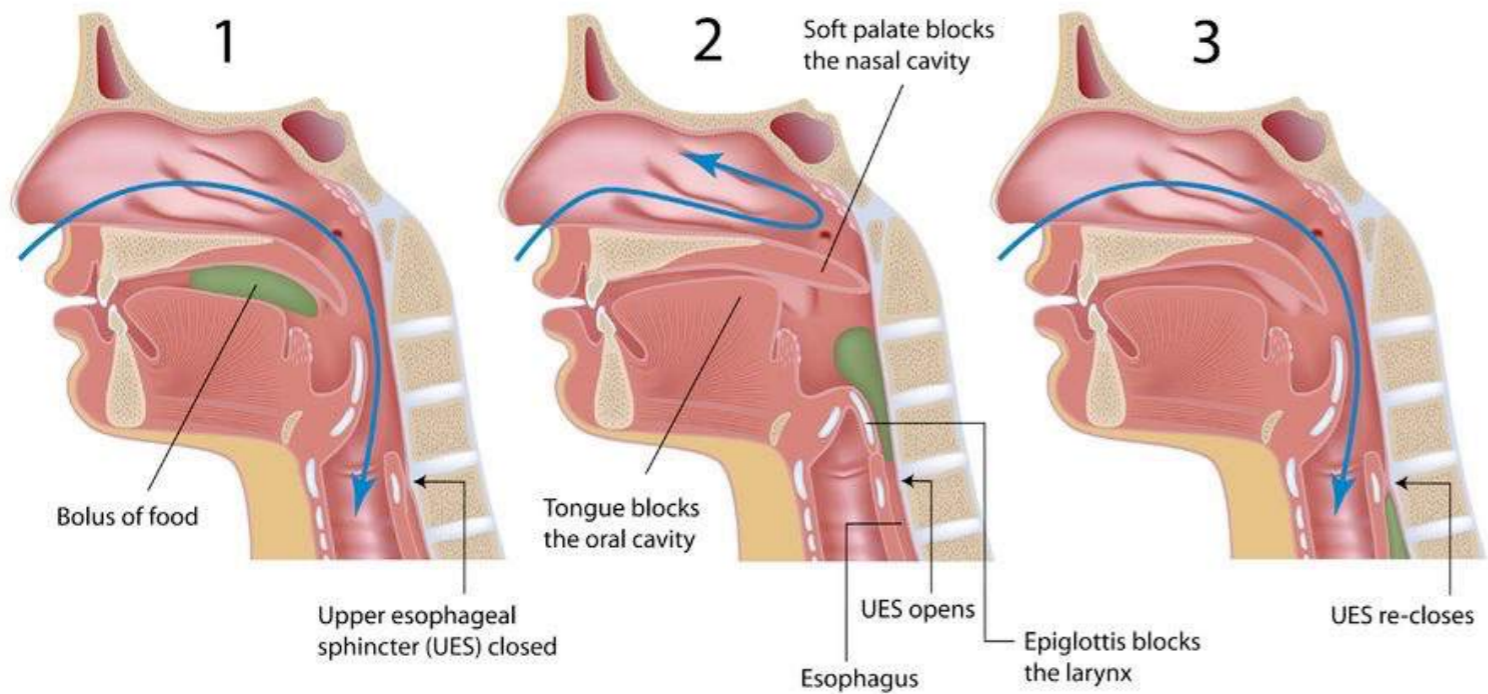


Introduction to Human Anatomy

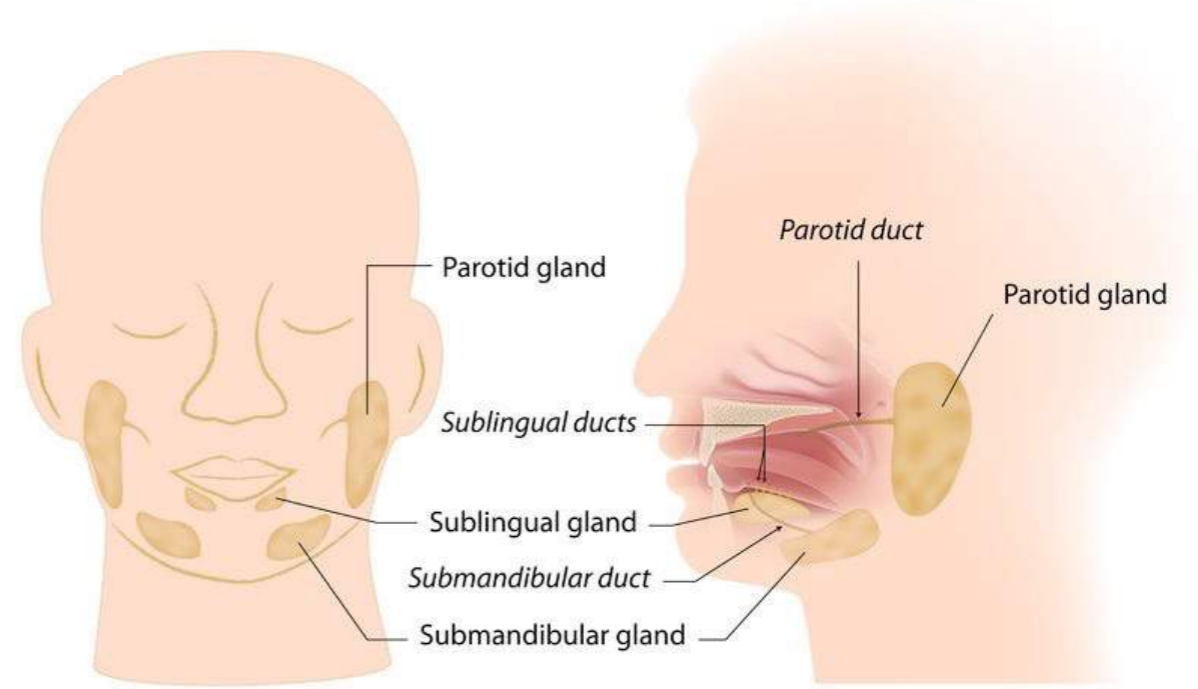


Notes

Swallowing



The Salivary Glands

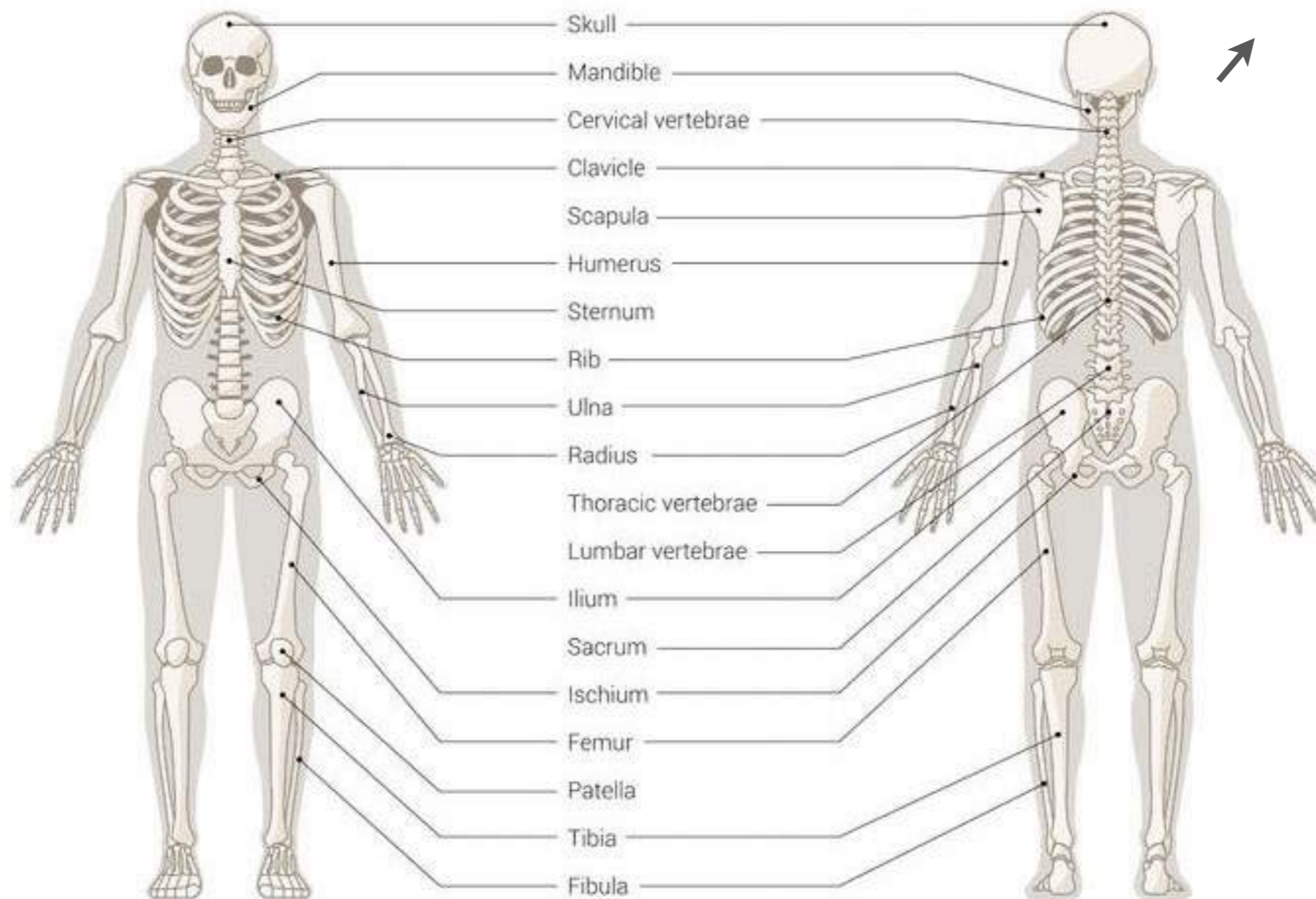


Introduction to Human Anatomy

Notes

Skeletal System

The skeletal system is made up of bones, ligaments and tendons. It shapes the body and protects organs. The skeletal system works with the muscular system to help the body move. Marrow, which is soft, fatty tissue that produces red blood cells, many white blood cells, and other immune system cells, is found inside bones.



Skeletal System

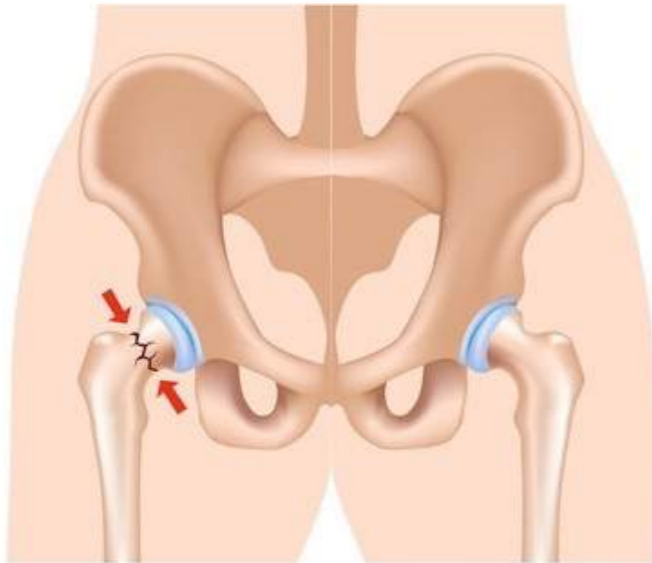
Introduction to Human Anatomy

Examples of Skeletal System Diseases

Notes



Hip Fracture



Healthy hip joint

Rheumatoid arthritis



Normal



Rheumatoid Arthritis



← Normal Disc

← Degenerative Disc

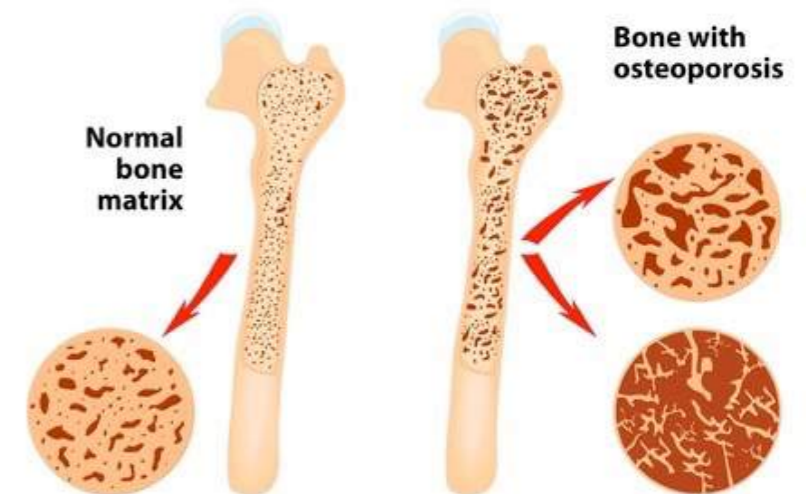
← Bulging Disc

← Herniated Disc

← Thinning Disc

← Disc Degeneration with Osteophyte formation

Osteoporosis



Normal bone matrix

Bone with osteoporosis

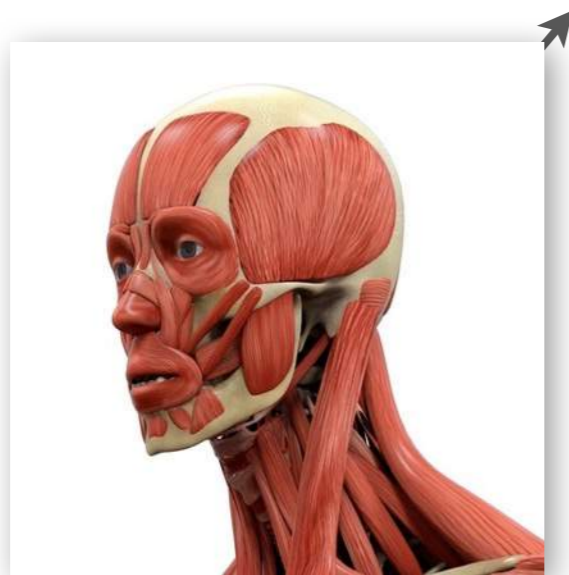
Introduction to Human Anatomy

Muscular System

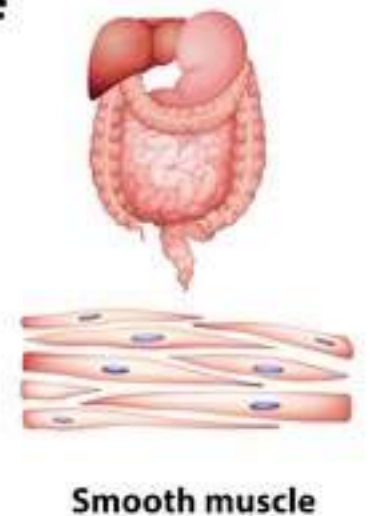
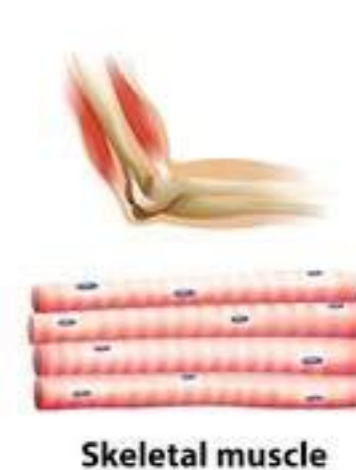
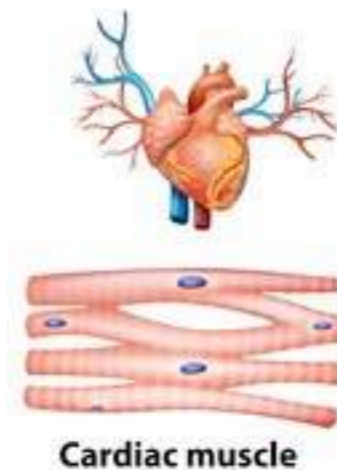
[Notes](#)

The muscular system is made up of tissues that work with the skeletal system to control movement of the body. Some muscles—like the ones in the arms and legs—are voluntary, meaning that a decision is made when to move them. Other muscles, like the ones in the stomach, heart, intestines and other organs, are involuntary. This means that the nervous system and hormones control them automatically. The body is made up of three types of muscle tissue: skeletal, smooth and cardiac. Each of these has the ability to contract and expand, which allows the body to move and function:

1. Skeletal muscles help the body move.
2. Smooth muscles, which are involuntary, are located inside organs, such as the stomach and intestines.
3. Cardiac muscle is found only in the heart. Its motion is involuntary.



Types of Muscle



Introduction to Human Anatomy

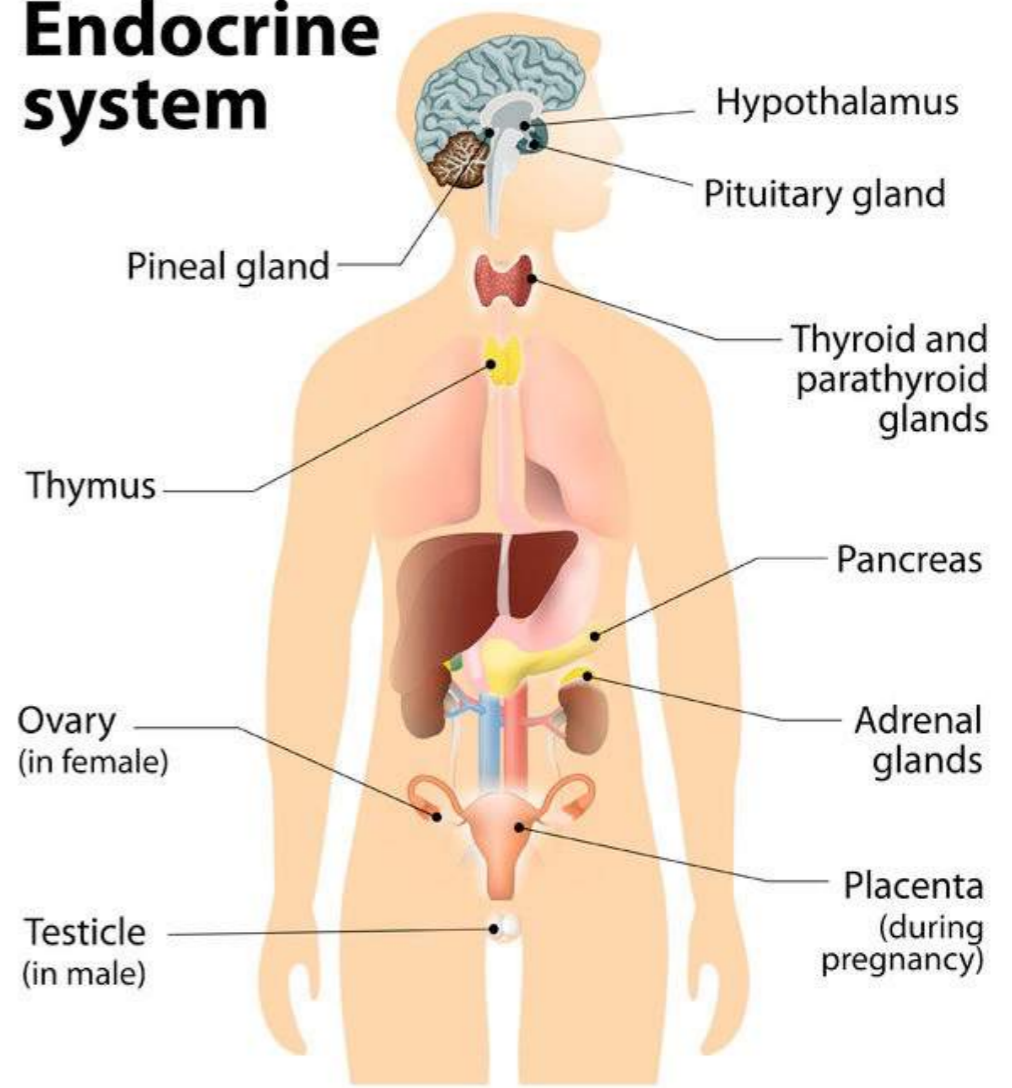
Endocrine System

The endocrine system is made up of a group of glands that produce the body's long-distance messengers, or hormones. Hormones are chemicals that control body functions, such as metabolism, growth, and sexual development. The glands, which include the pituitary gland, thyroid gland, parathyroid glands, adrenal glands, thymus gland, pineal body, pancreas, ovaries, and testes, release hormones directly into the bloodstream, which transports the hormones to organs and tissues throughout the body.

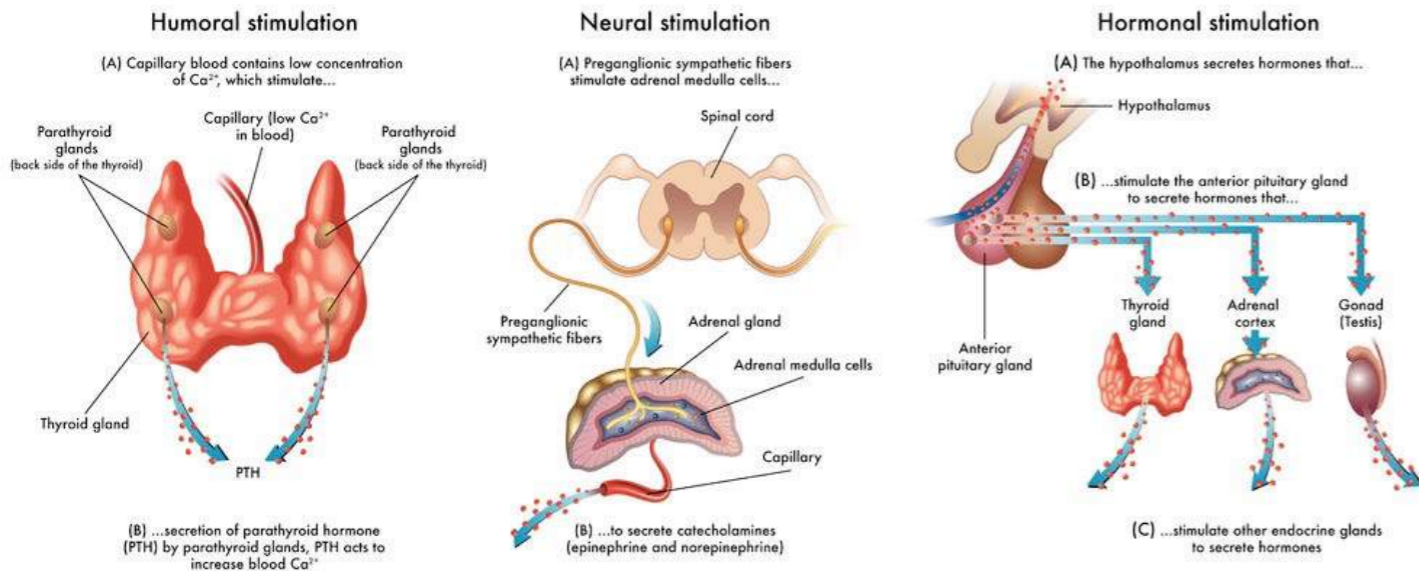
Notes



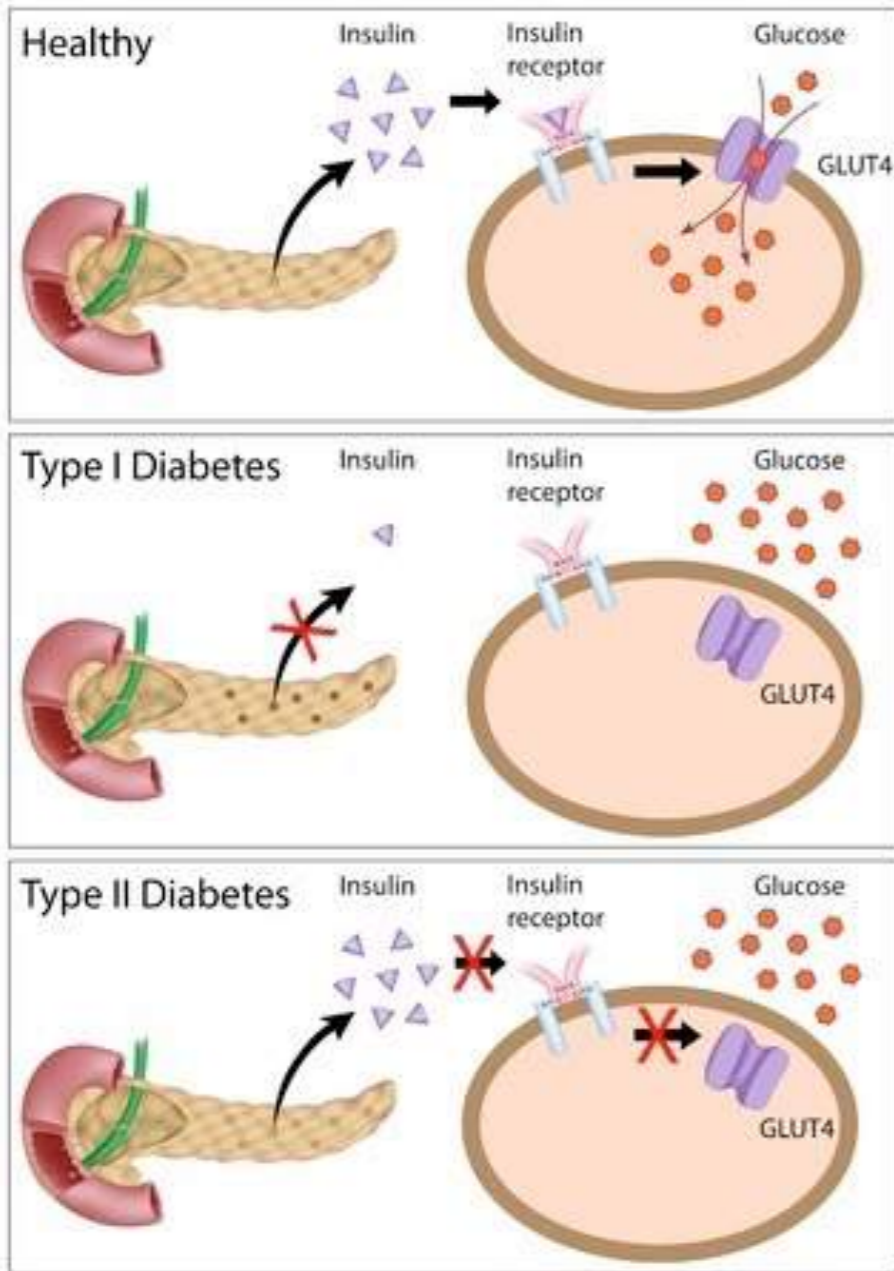
Endocrine system



Endocrine Secretions



Introduction to Human Anatomy



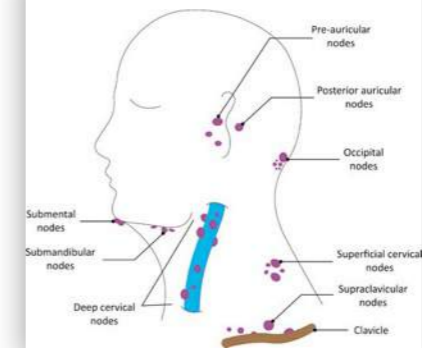
Introduction to Human Anatomy

Immune System

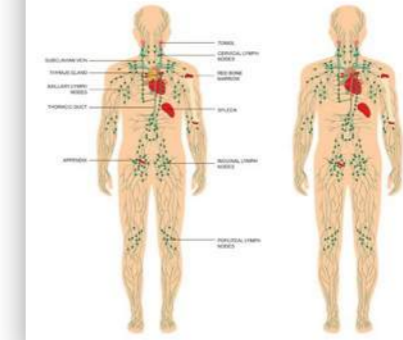
The immune system is the body's defense system against infections and diseases. Organs, tissues, and cells work together to respond to dangerous organisms (like viruses or bacteria) and substances that may enter the body from the environment. There are three types of response systems in the immune system: the anatomic response, the inflammatory response, and the immune response.

1. The anatomic response physically prevents threatening substances from entering the body. Examples of the anatomic system include the mucous membranes and the skin. If substances do get by, the inflammatory response goes on attack.
2. The inflammatory system works by excreting the invaders from the body. Sneezing, runny noses, and fever are examples of the inflammatory system at work.
3. When the inflammatory response fails, the immune response goes to work. This is the central part of the immune system and is made up of white blood cells, which fight infection by gobbling up antigens. About a quarter of white blood cells, called the lymphocytes, migrate to the lymph nodes and produce antibodies, which fight disease.

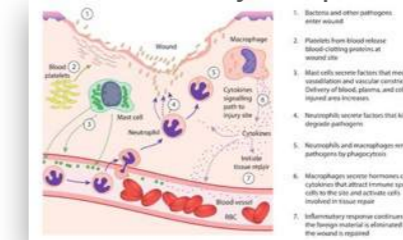
Lymph Nodes of the Head and Neck



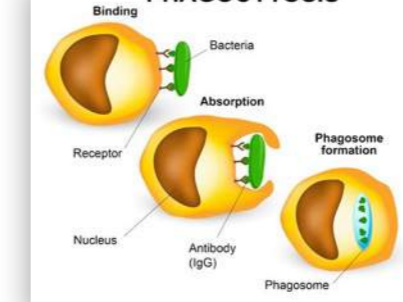
LYMPHATIC SYSTEM



Inflammatory Response



PHAGOCYTOSIS



Notes

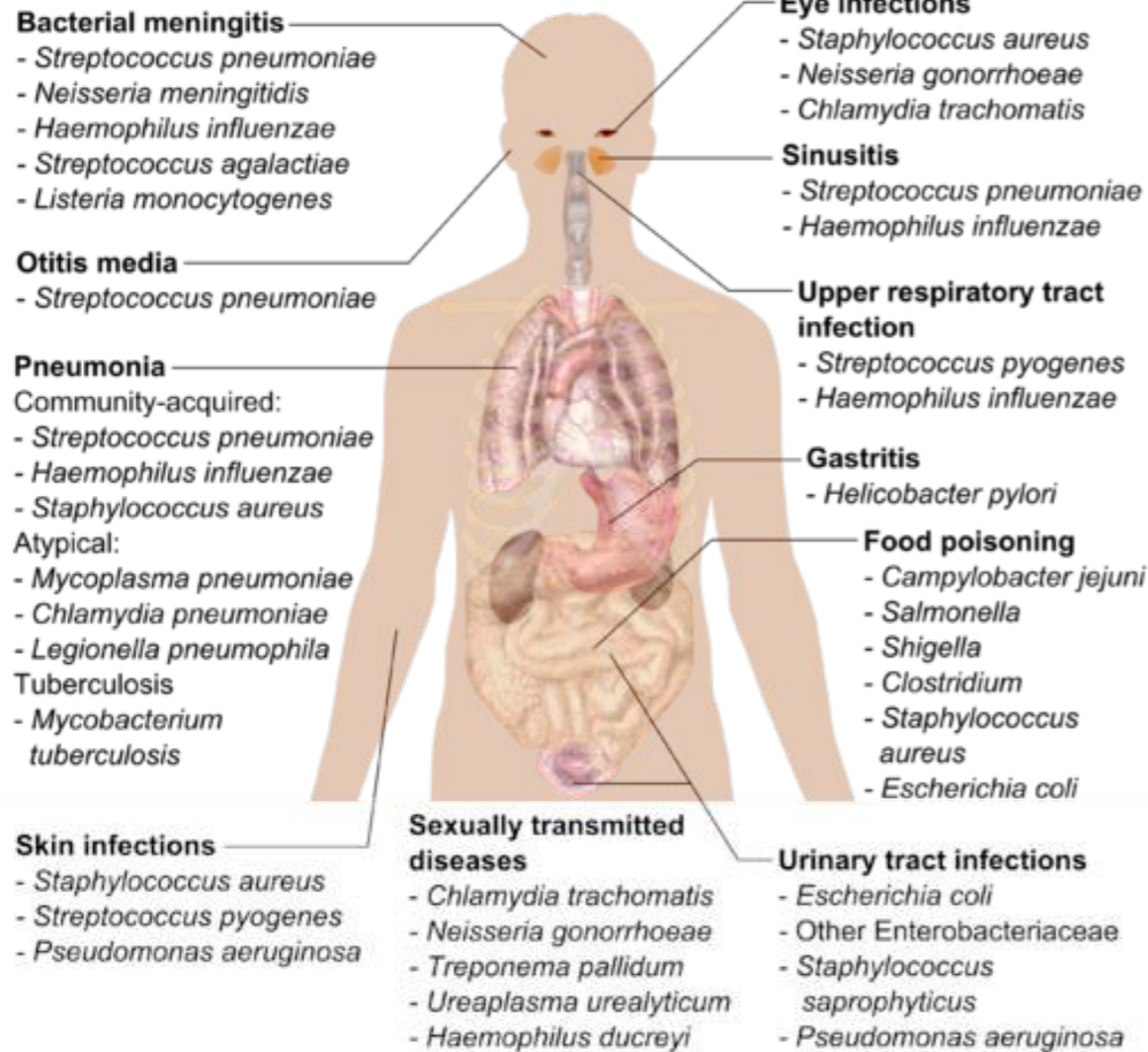


Introduction to Human Anatomy

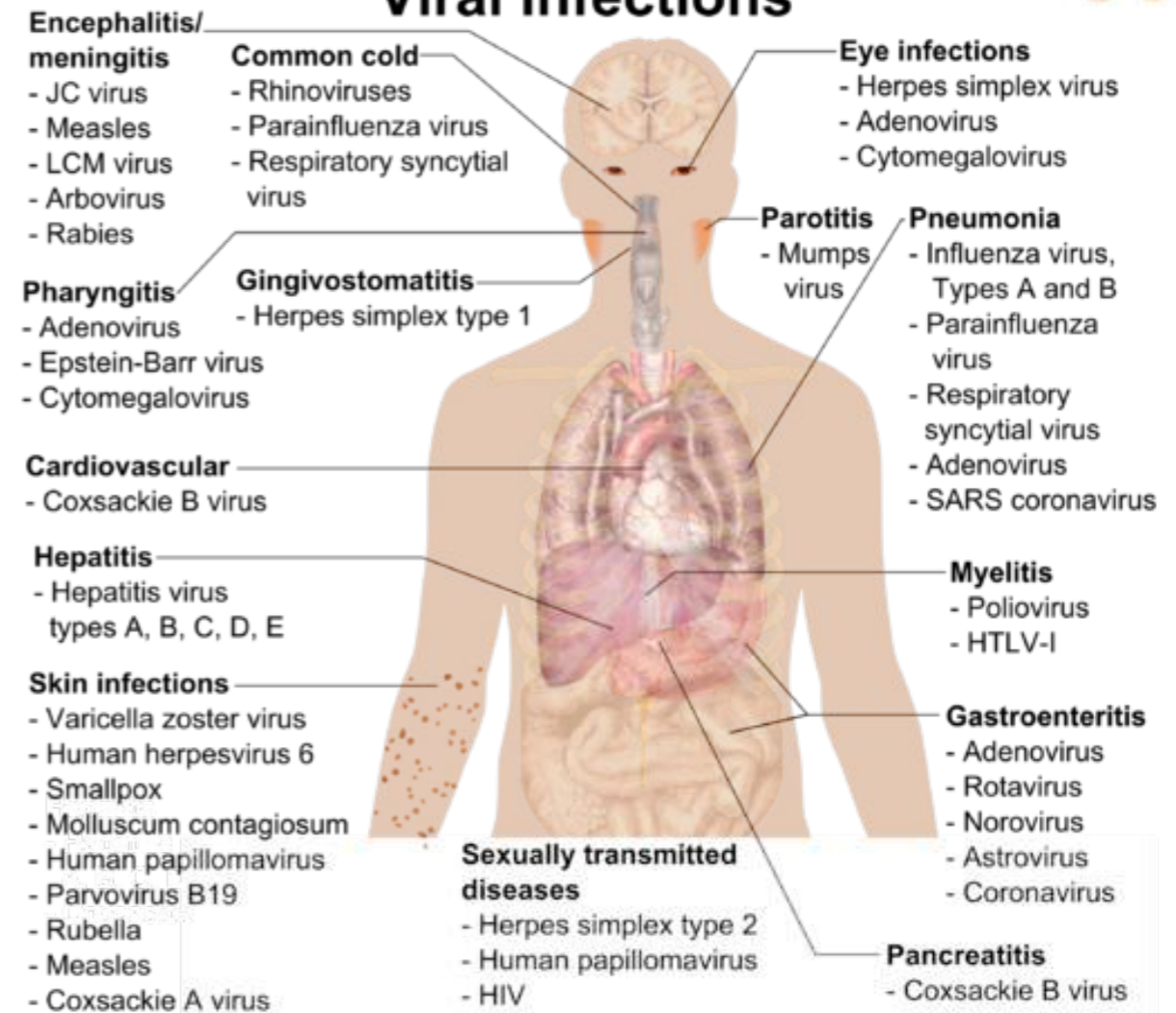
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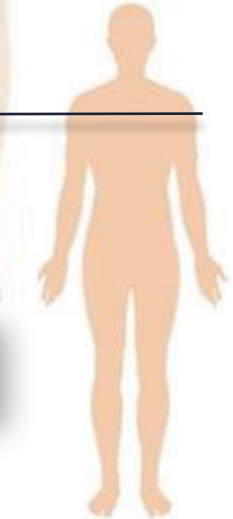
Overview of Bacterial infections



Overview of Viral infections



Introduction to Human Anatomy



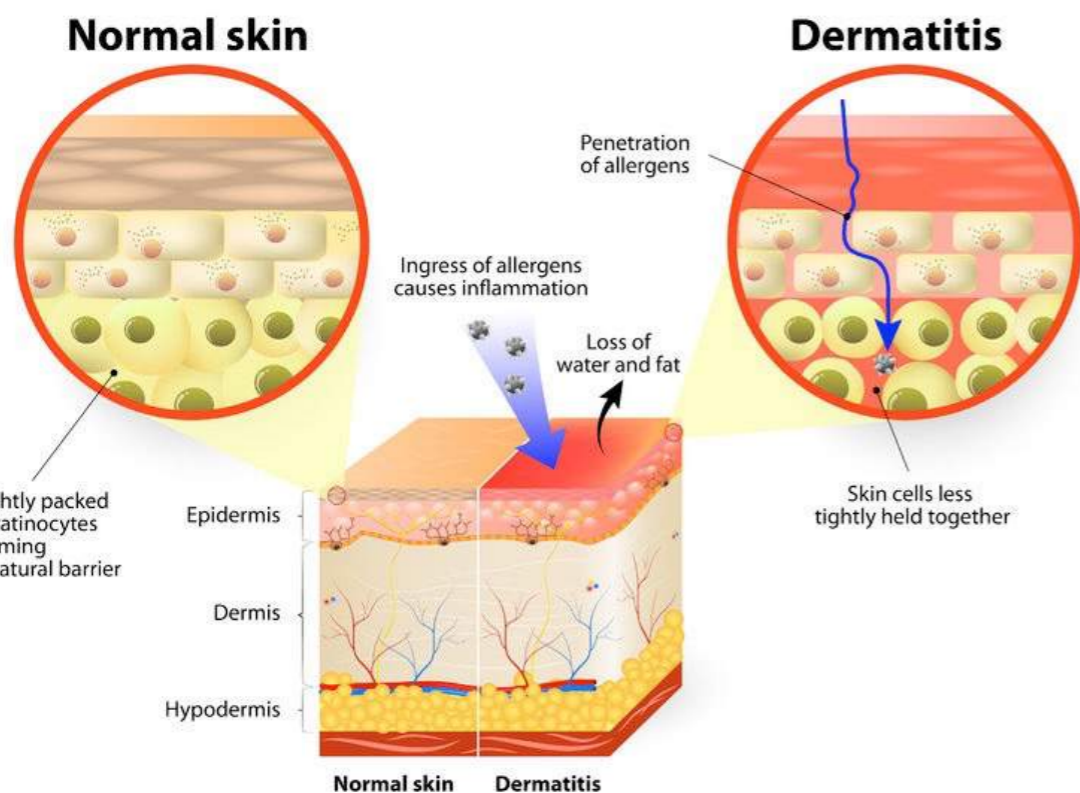
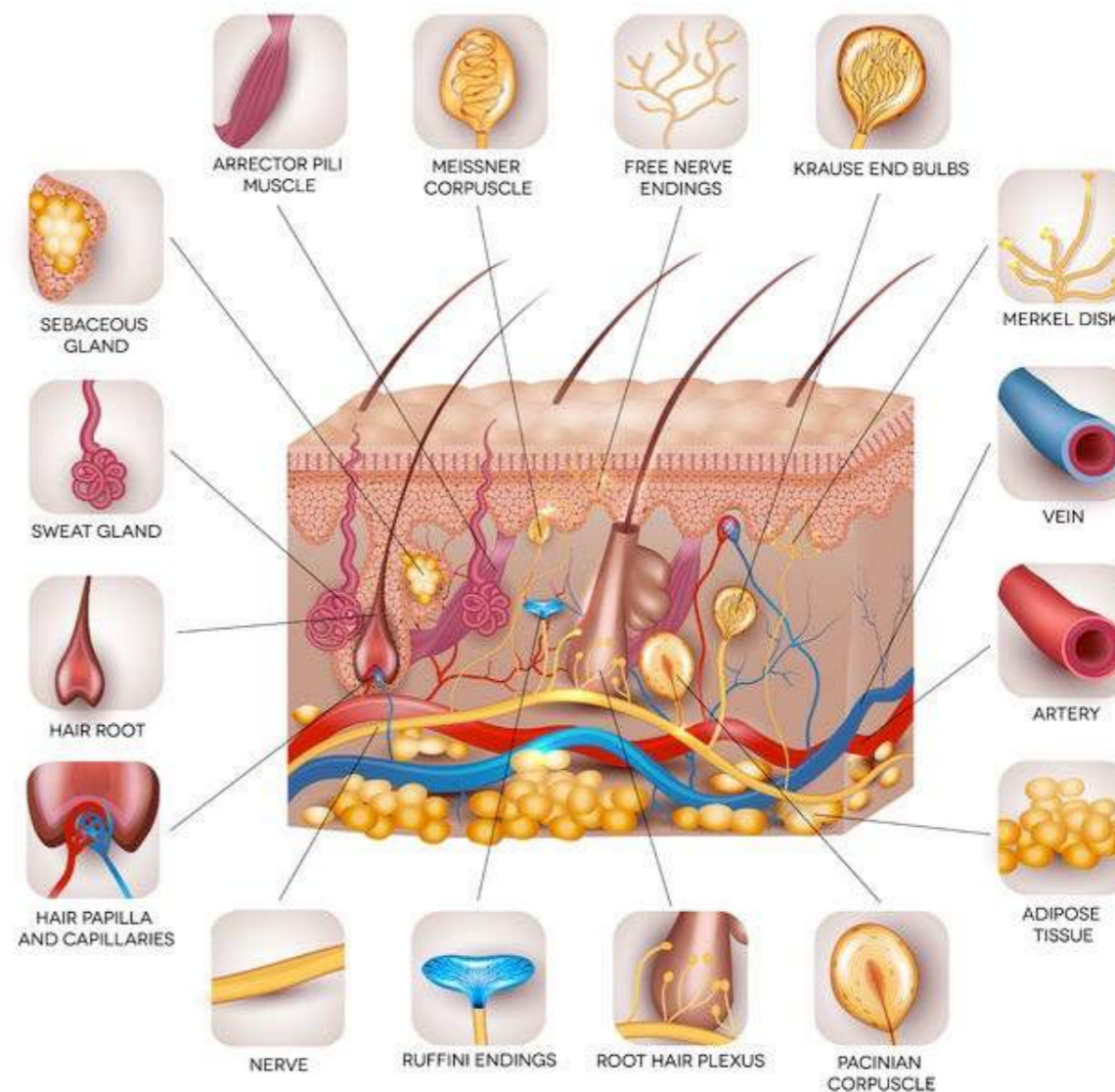
Integumentary System

Notes

Integumentary System

The integumentary system consists of skin, hair, and nails. The skin is only a few millimeters thick yet is by far the largest organ in the body. The average person's skin weighs 10 pounds and has a surface area of almost 20 square feet. Skin forms the body's outer covering and is a barrier to protect the body from chemicals, disease, UV light, and physical damage.

THE SKIN



Introduction to Human Anatomy

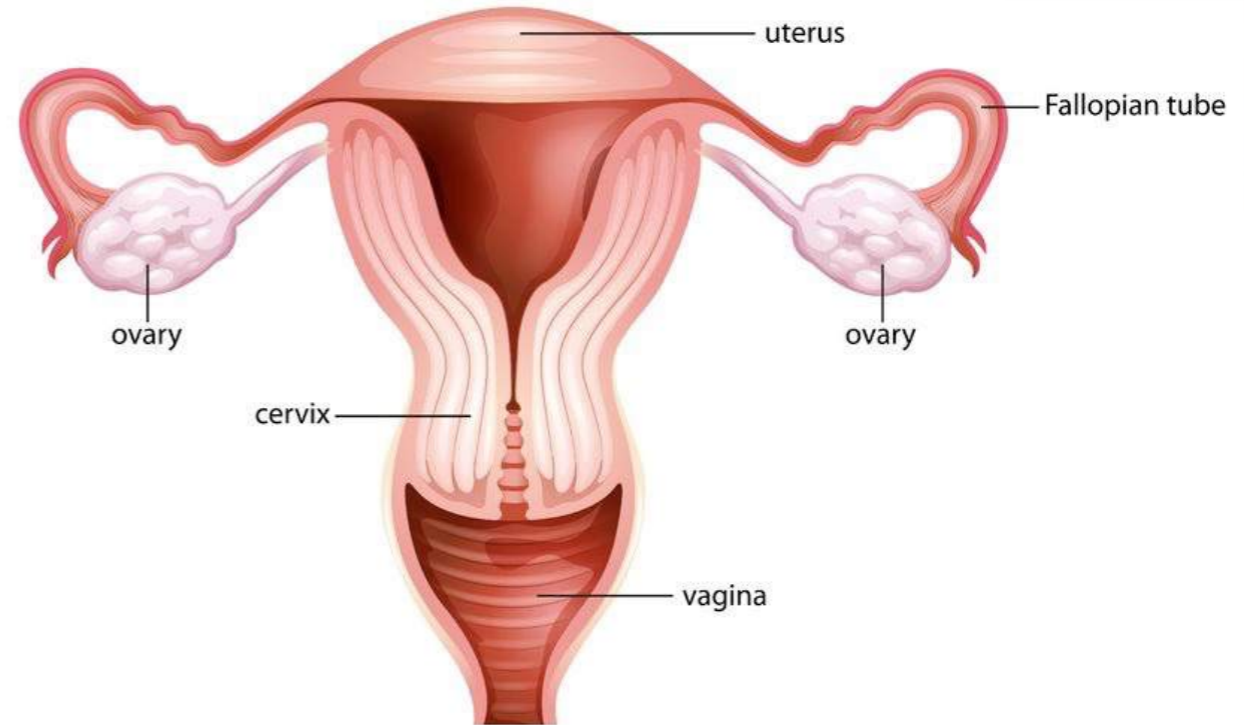
Reproductive System

The reproductive system allows humans to produce children. Sperm from the male fertilizes the female's egg, or ovum, in the fallopian tube. The fertilized egg travels from the fallopian tube to the uterus, where the fetus develops over a period of nine months.

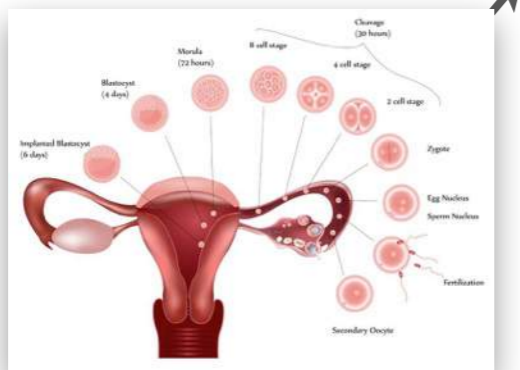
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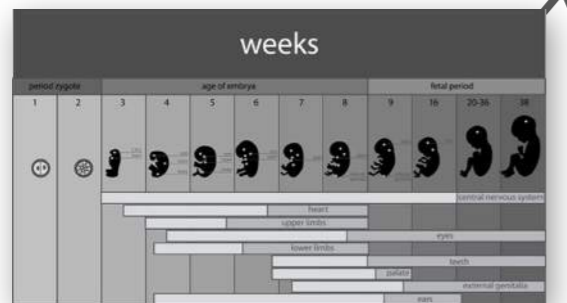
Female Reproductive System



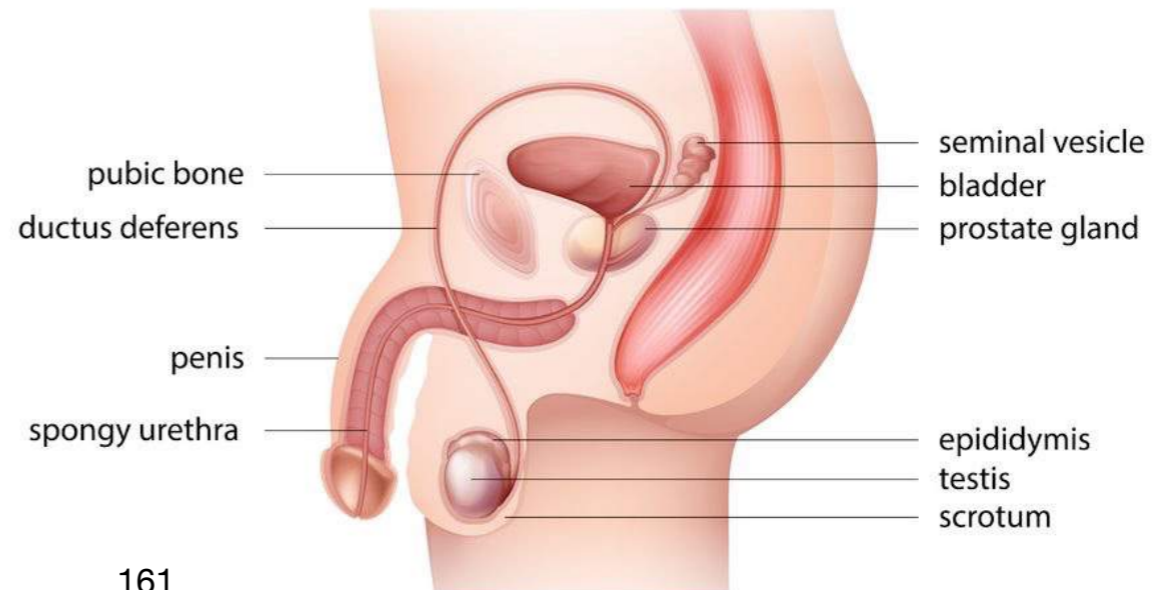
Fertilization



Gestation



Male Reproductive System



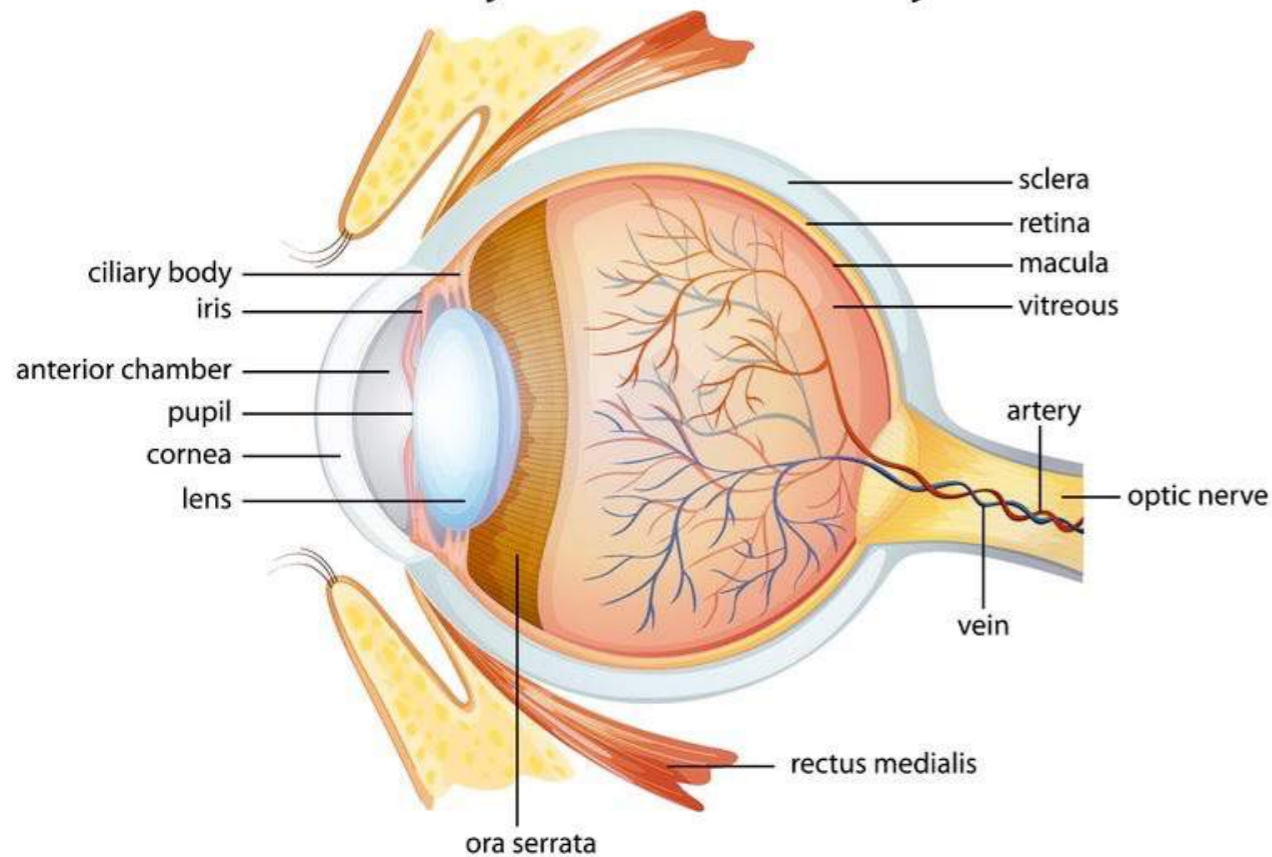
Introduction to Human Anatomy

Notes

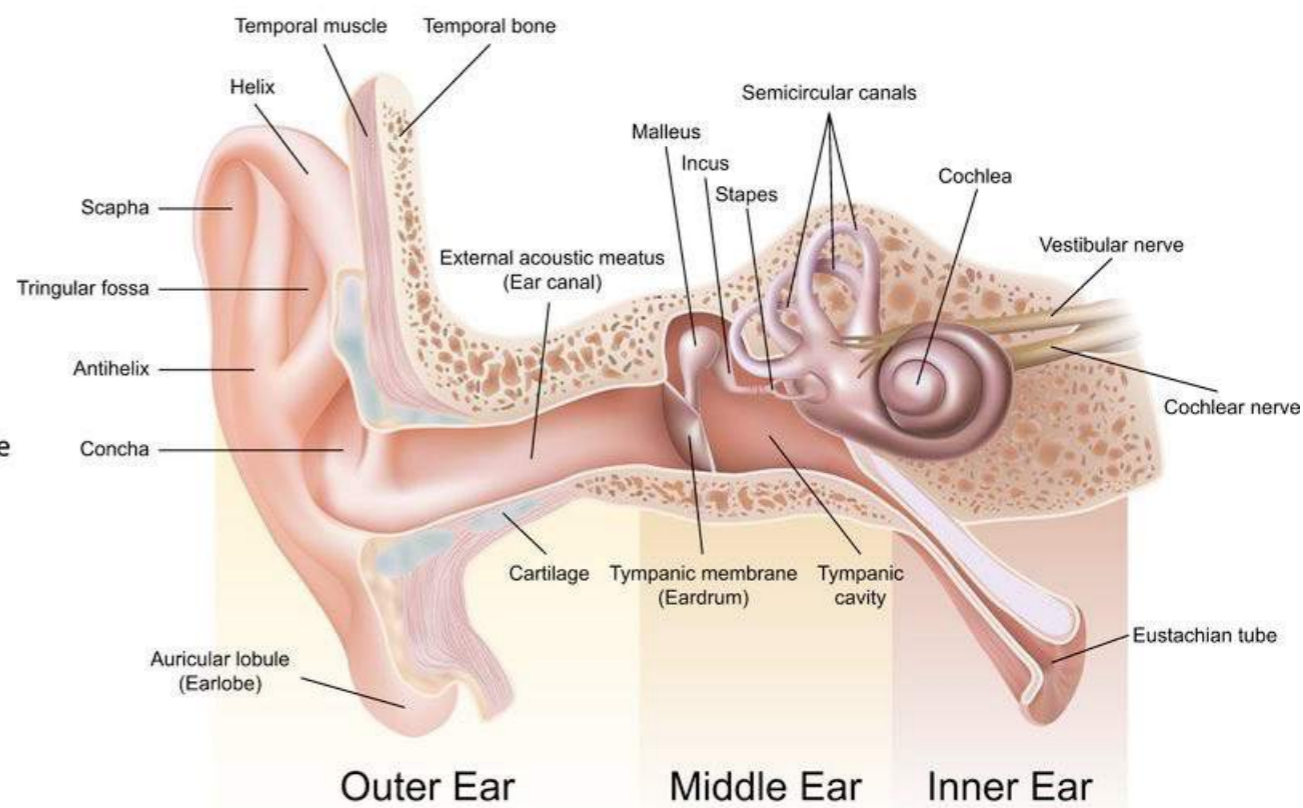
Examples of Sensory Organs

Sight and Sound

Anatomy of the Human Eye



Anatomy of the Ear

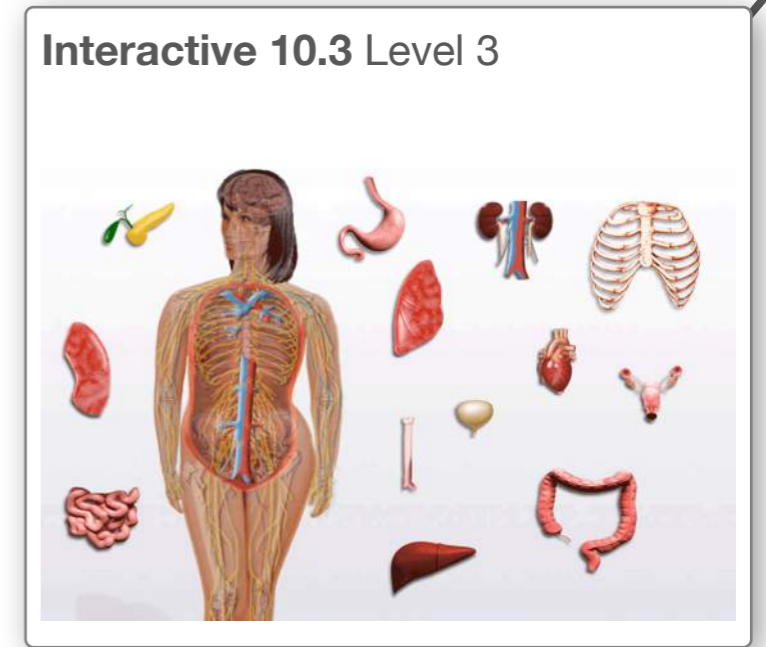
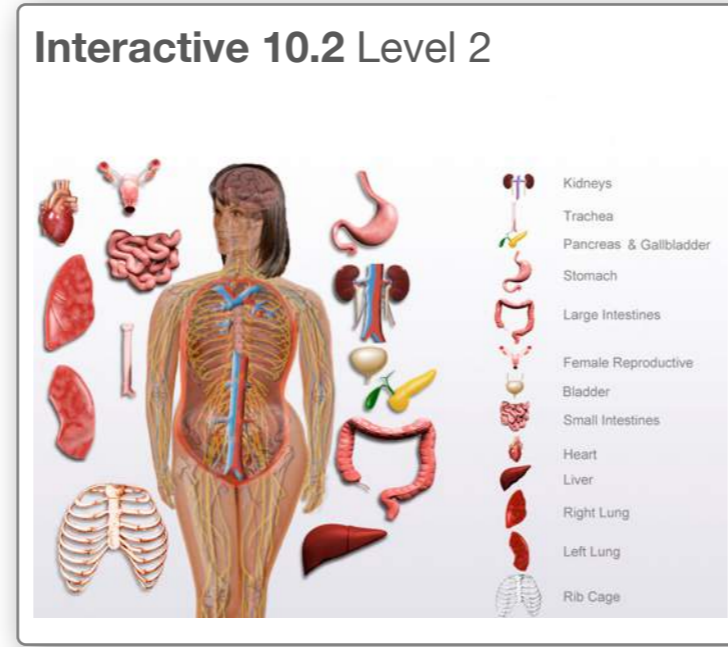


Introduction to Human Anatomy

Notes

Interactive Exercise

The human body is incredibly complex. These interactive activities show where some important body organs are located.



Introduction to Human Anatomy

Anatomy of the Mandible and Maxilla

Notes

Interactive 10.4 3D Skull

Human Skull and Teeth



Left Anterior Right Posterior Left

Interactive 10.5 3D Skull

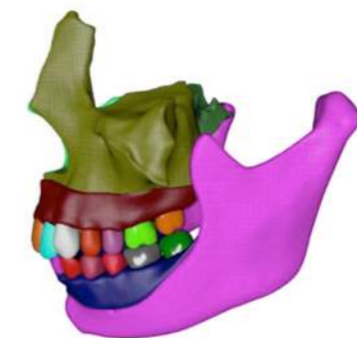
Human Skull and Teeth



Left Anterior Right Posterior Left

Interactive 10.6 3D Skull

Human Skull and Teeth

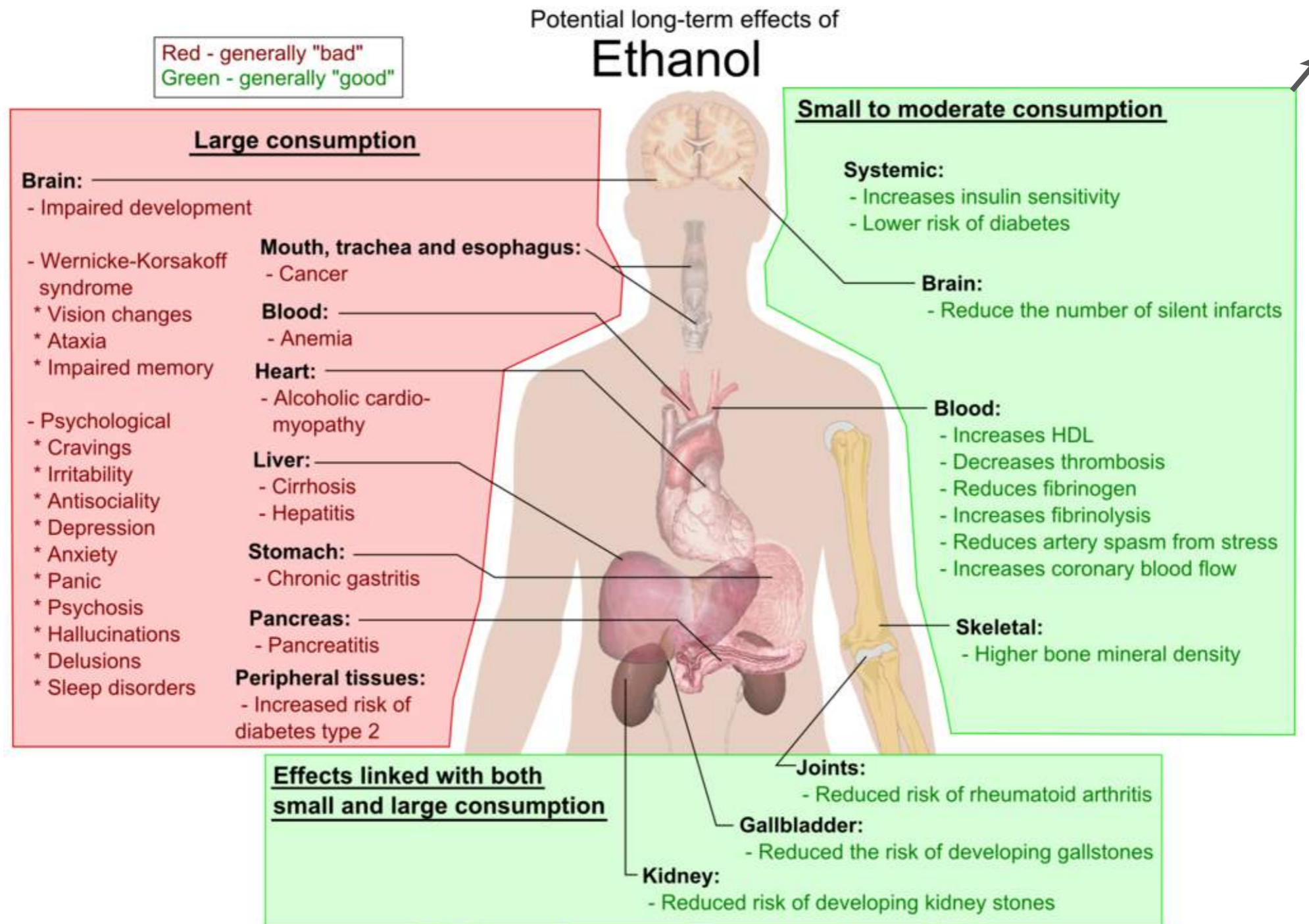


Left Anterior Right Posterior Left

Introduction to Human Anatomy

Notes

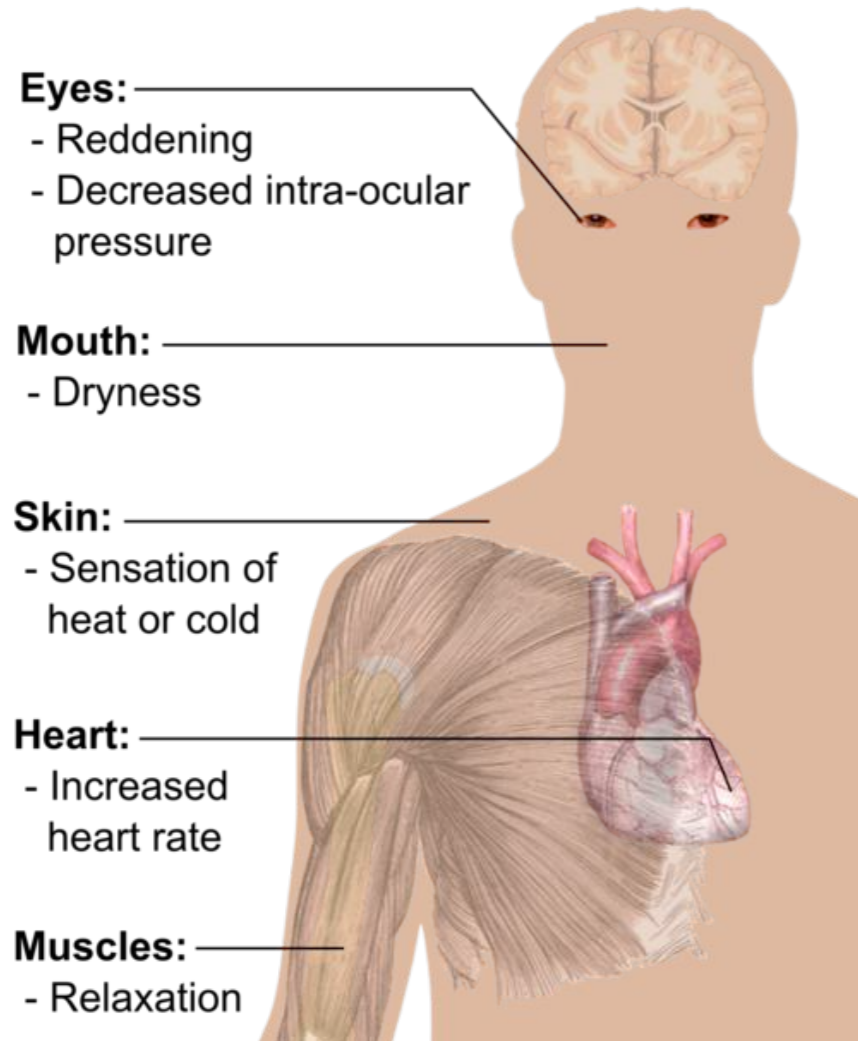
The body works like a machine with all the body systems working together, but if one system is not working, the whole body is affected. This is particularly evident when a person has an addiction to alcohol or drugs.



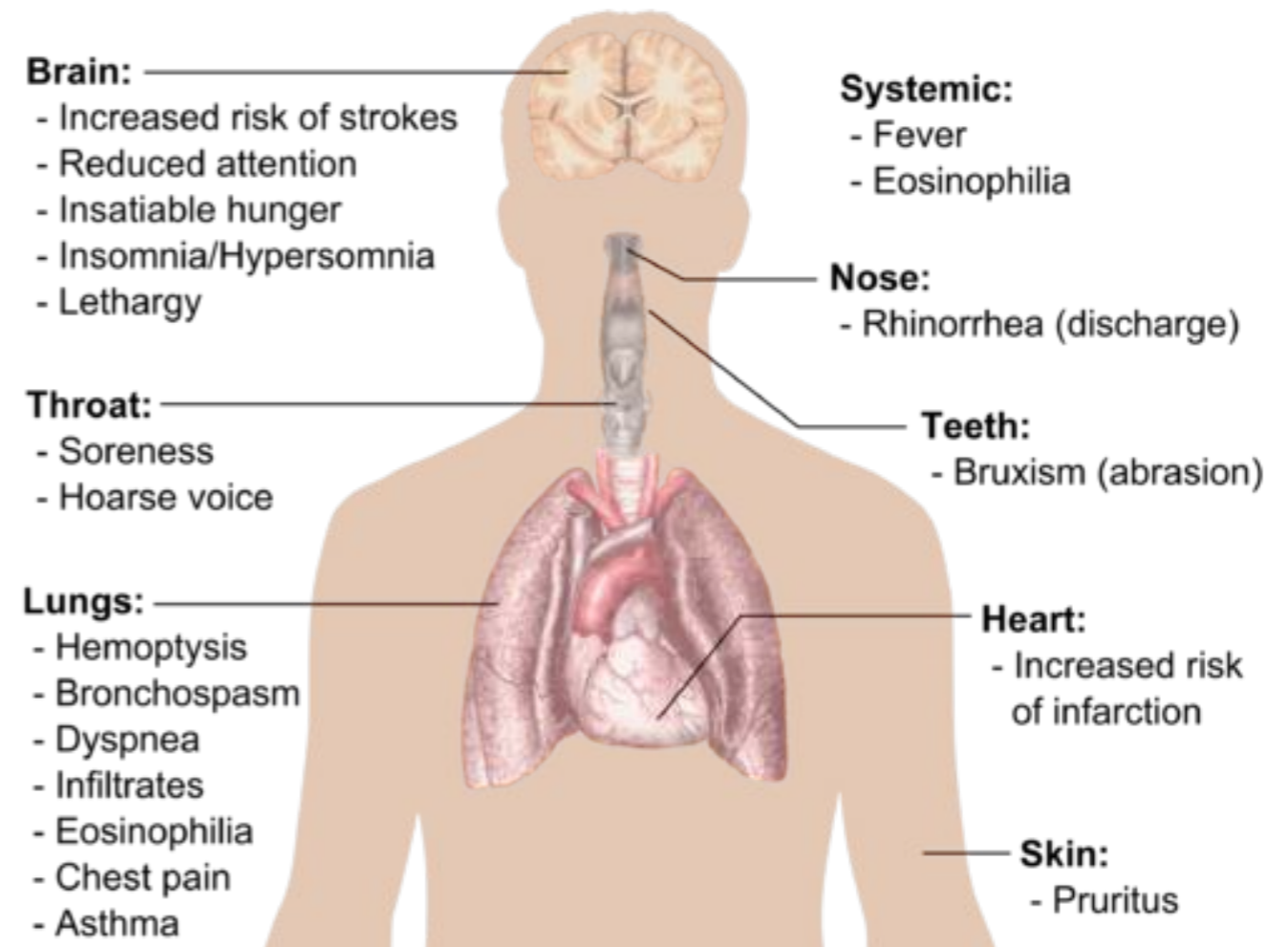
Introduction to Human Anatomy

Notes

Bodily effects of Cannabis



Side effects of chronic use of Cocaine



Introduction to Human Anatomy

Notes

Adverse (negative) effects of Methamphetamine

Psychological

- Insomnia
- Aggressive behavior
- Paranoia
- Incessant conversations
- Decreased appetite
- Increased alertness
- Irritability
- Slurred speech
- Dizziness
- Confusion
- Hallucinations
- Obsessive behaviors
- Depression
- Panic attacks

Systemic

- Hyperthermia
- Malnutrition
- Impaired immune system

Circulatory

- High blood pressure
- Vessel damage in brain
- Clotting and stroke

Heart

- Chest pain
- Rapid heart rate
- Heart attack

Liver

- Damage

Eyes

- Dilated pupils

Mouth

- Grinding of teeth

Skin

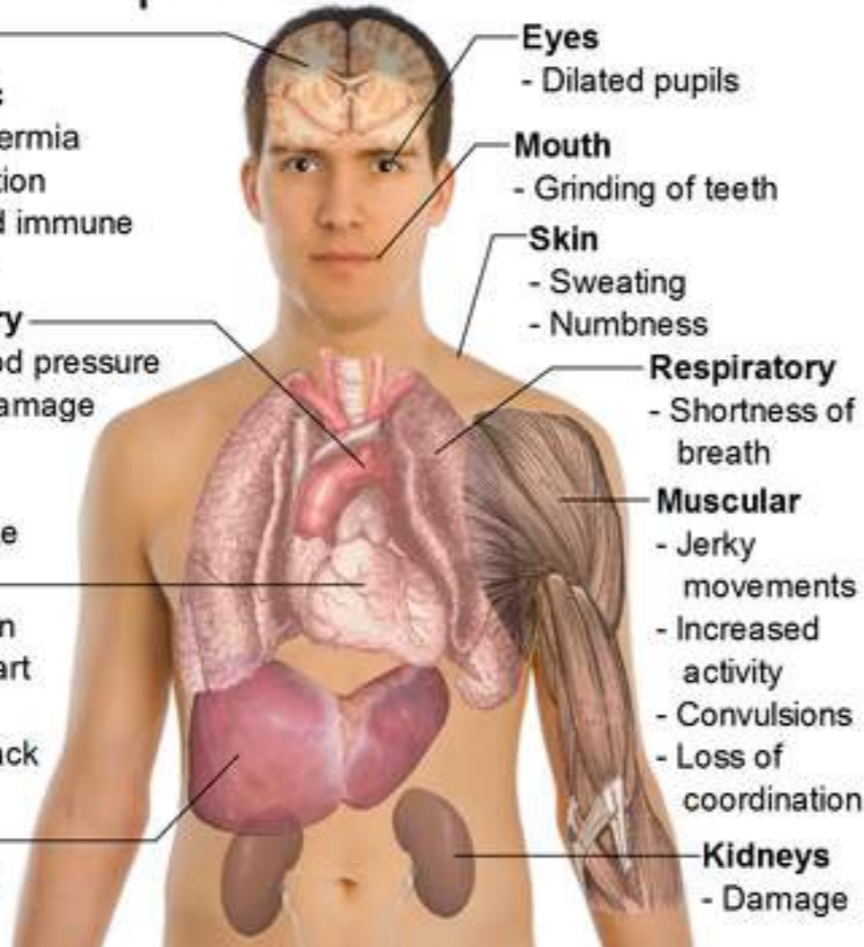
- Sweating
- Numbness

Respiratory

- Shortness of breath
- ### Muscular
- Jerky movements
 - Increased activity
 - Convulsions
 - Loss of coordination

Kidneys

- Damage



Long-term effects of Heroin

Central

- Addiction
- Tolerance
- Dependence

Respiratory

- Pneumonia

Heart

- Infection of heart lining and valves

Circulatory

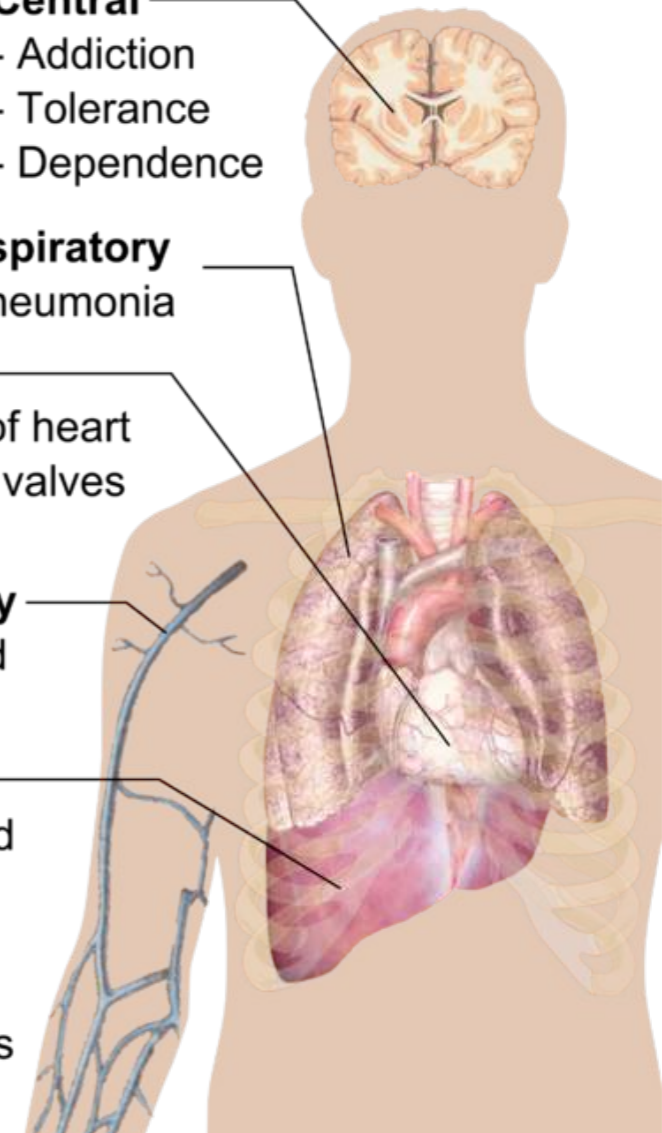
- Collapsed veins

Liver

- Decreased function

Systemic

- Abscesses

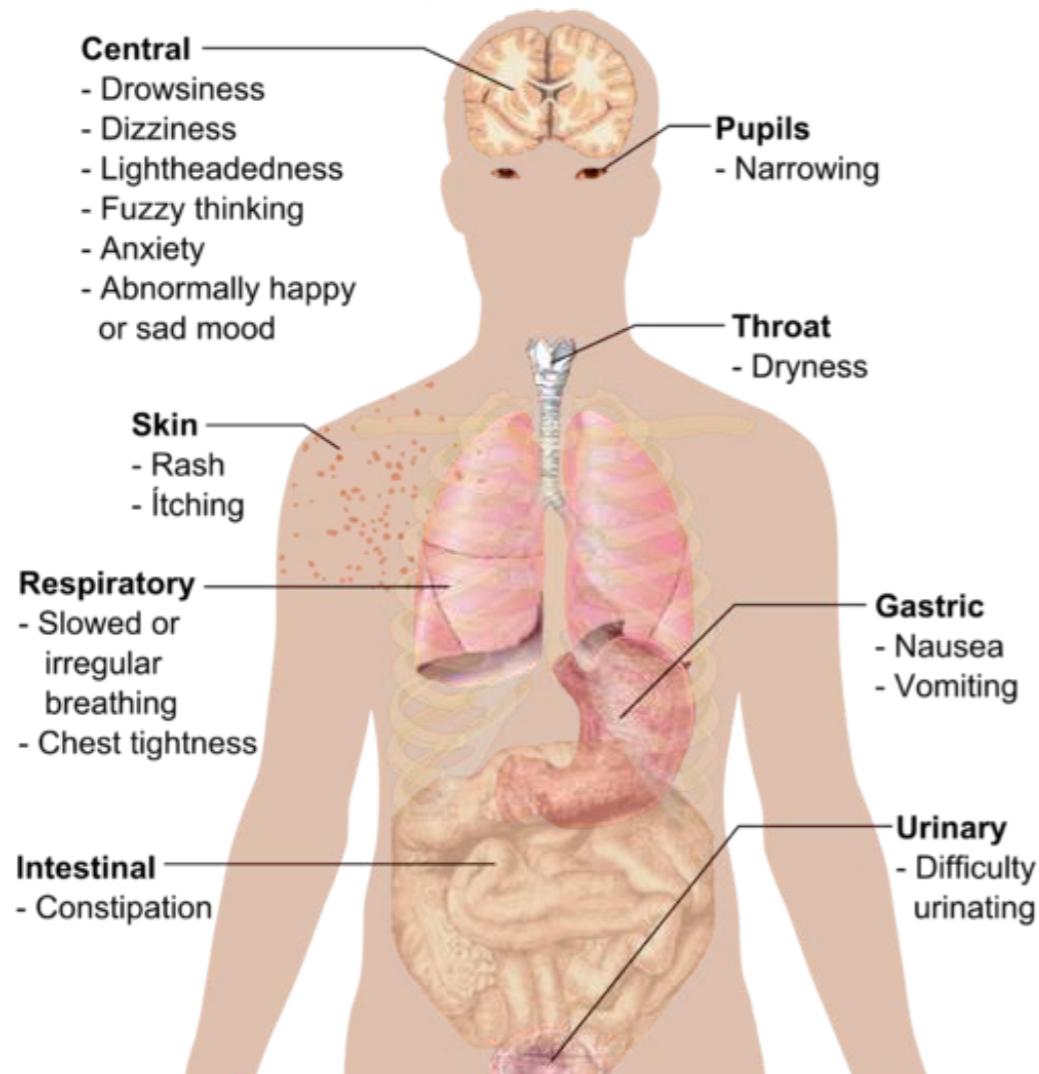


Introduction to Human Anatomy

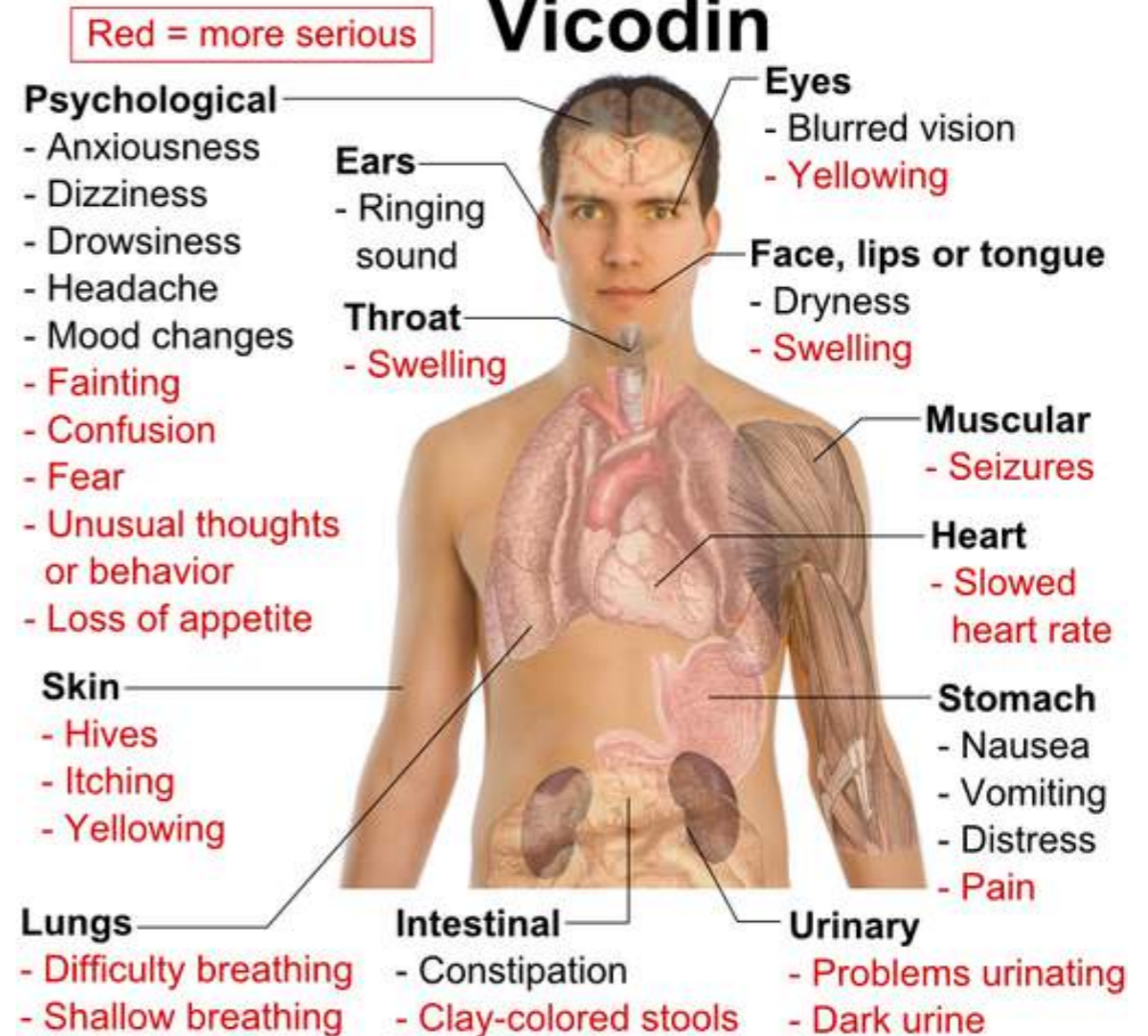
Notes

Prescription Drugs for Pain Management

Side effects of Hydrocodone



Side effects of Vicodin



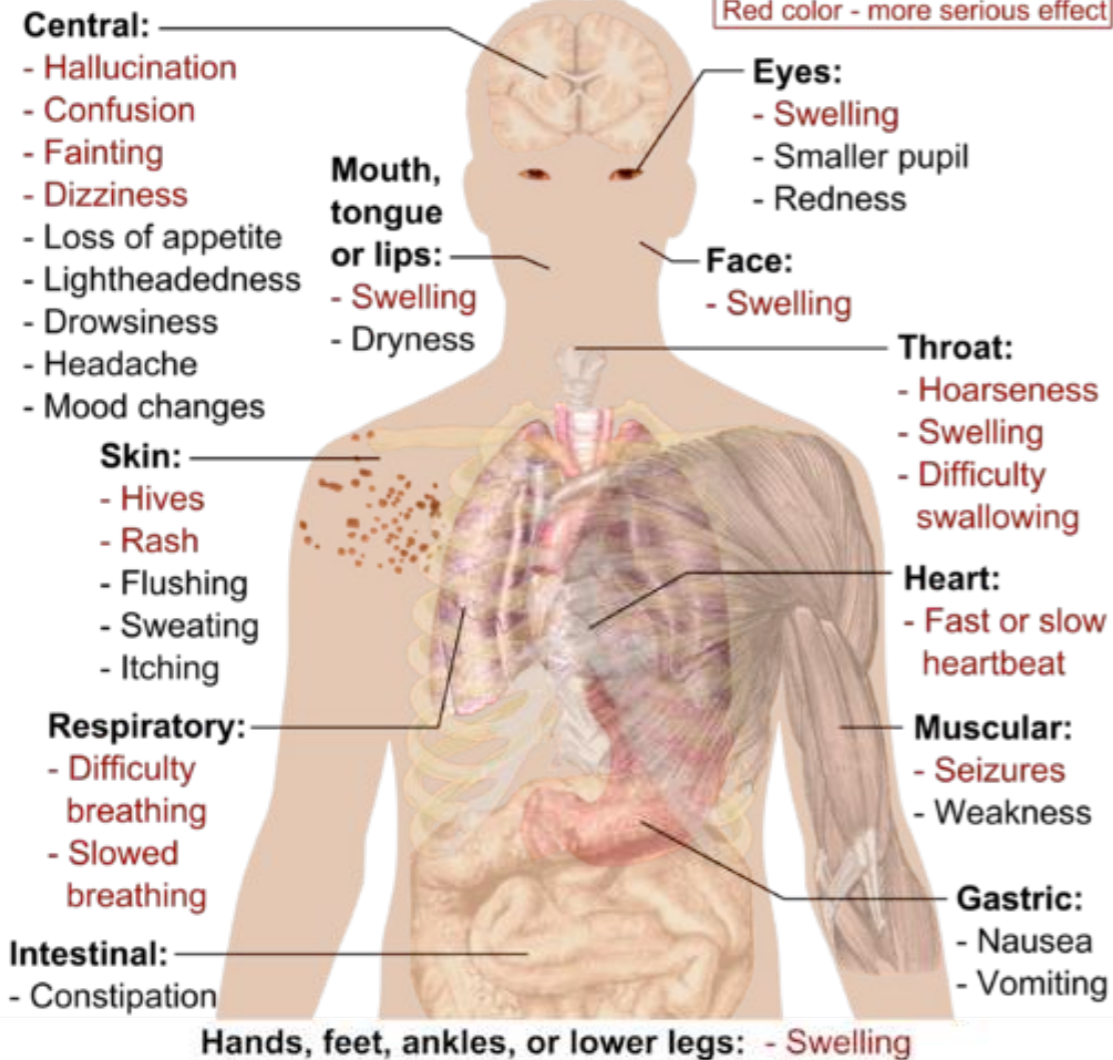
Introduction to Human Anatomy

Notes

Prescription Drugs for Pain Management

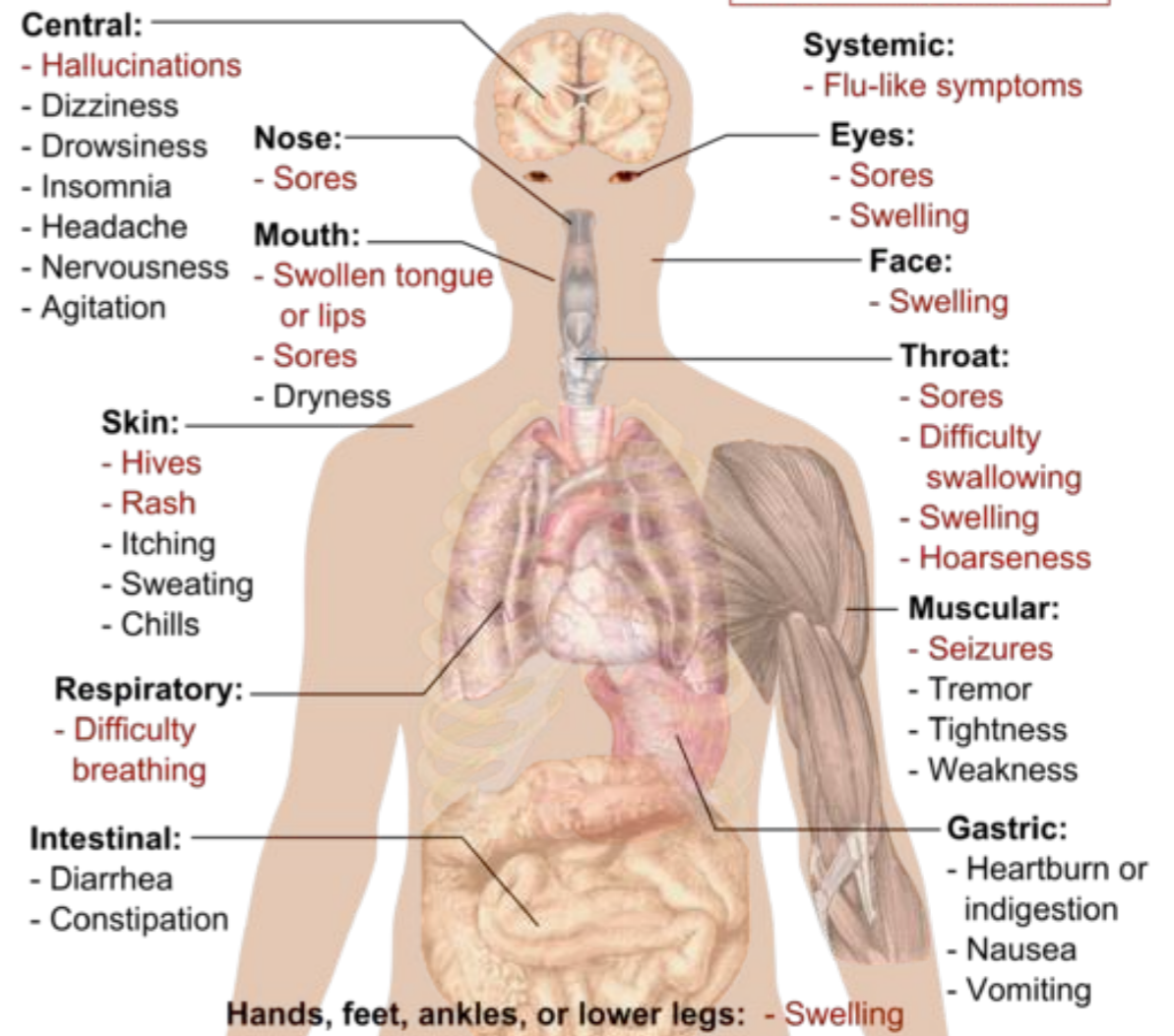
Side effects of Oxycodone

Red color - more serious effect



Side effects of Tramadol

Red color - more serious effect



Introduction to Human Anatomy

Review

Notes

Review 10.1

MATCHING

Review 10.2

MATCHING

Review 10.3

MATCHING

Review 10.4

MATCHING

Introduction to Human Anatomy

Notes

Resources

- Alaska Native Tribal Health Consortium/University of Kentucky College of Dentistry, Primary Dental Health Aide Training Manuals and PowerPoint Presentations.
- Bird, Doni L. and Robinson, Debbie S. Modern Dental Assisting. 10th ed. St. Louis, Missouri: Elsevier: 2012.

Chapter 11

Parts of the Tooth



Parts of the Tooth

Terms to Know

[Notes](#)**Cementum:**

Connective tissue that covers the root surface. Cementum firmly attaches the root to the gingiva and jaw.

**Crown:**

Visible portion of the tooth above the gingiva.

**Dentin:**

Mineralized tissue that takes up the main portion of the tooth. Enamel covers dentin in the crown; cementum covers dentin in the root.

**Enamel:**

The hardest material in the body, and covers the outer part of the crown.

**Gingiva:**

Soft tissue that surrounds the roots of teeth. Commonly called “gums.”

**Pulp:**

The softer, living inner structure of a tooth found in the crown and in the roots. The pulp contains blood vessels and nerves which are connected to the body's blood and nervous systems.

**Root:**

Portion of the tooth under the gingiva. Roots secure a tooth in the jaw.

**Root apex:**

The tip of the root end.

Parts of the Tooth

Notes

Exercise 11.1

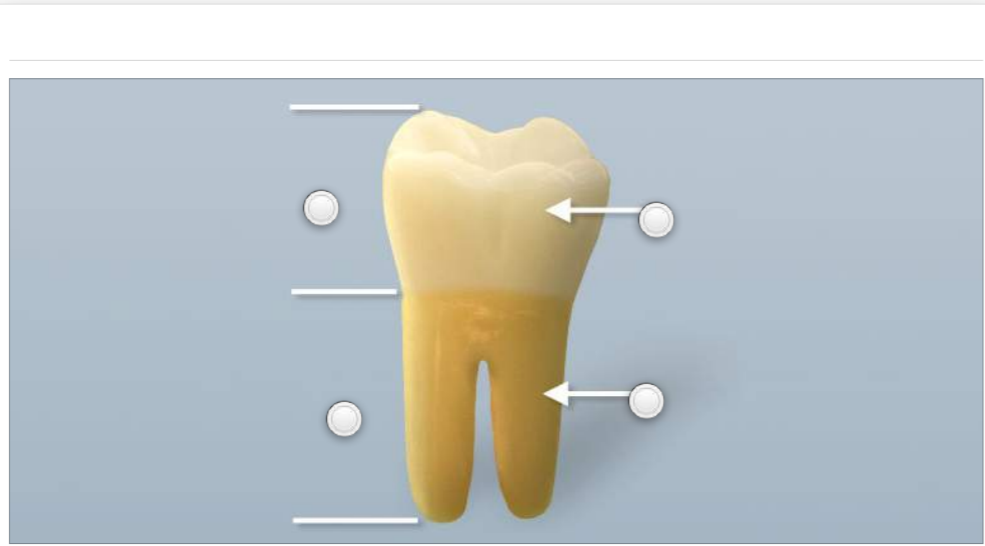
External Parts of the Tooth



See Internal

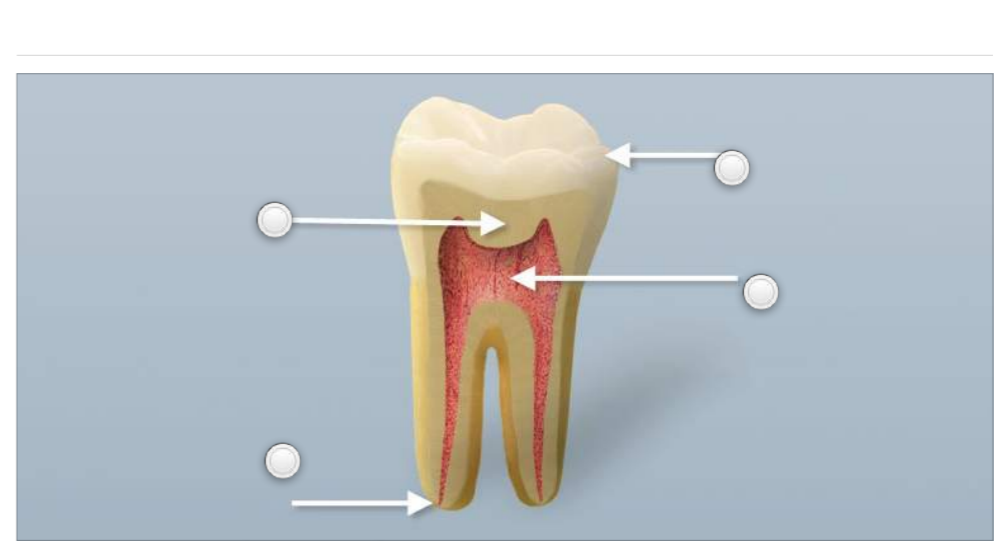
Parts of the Tooth

Review 11.1 Drag the labels to their correct locations.



Crown Cementum Enamel Root

Review 11.2 Drag the labels to their correct locations.



Dentin Pulp Enamel Root Apex

Chapter 12

Introduction to Pharmacology



Introduction to Pharmacology

Terms to Know

Notes

**Adverse Drug Effects:**

The body's negative reactions to a drug. When drugs are prescribed to prevent a disease, treat a condition, alleviate pain, or suppress fear, they can possibly interfere with normal function and may even create a life-threatening circumstance.

**Allergic Reaction:**

Drug complication that triggers the immune response. Reactions can range from a common rash to life-threatening anaphylactic shock.

**Analgesics:**

Drugs that reduce the sensory function of the brain by blocking pain receptors.

**Angiotensin-Converting Enzyme (ACE) Inhibitors:**

Drugs that slow the progression of heart failure.

**Anti-inflammatory:**

Drugs used to relieve inflammation from arthritis and inflammatory conditions.

**Antianxiety:**

Drugs prescribed for patients who are in a state of uneasiness of mind that resembles fear.

**Antibiotic:**

Drug that inhibits the growth of or destroys microorganisms. Antibiotic drugs are not effective for viral diseases.

**Anticoagulants:**

Drugs that lengthen the time it takes for blood to clot, which can help prevent formation of blood clots that might cause a stroke.

Introduction to Pharmacology



Terms to Know

Notes



Anticonvulsant: Drugs used to control convulsions and seizures.



Antidepressant: Drug prescribed to those patients diagnosed with depression.



Antidiarrheal: Drug used to treat diarrhea



Antifungals: Drugs that are capable of treating fungal infections.



Antihistamines: Drugs used to counteract the effects of allergies.



Antimanic/bipolar disorder: Prescribed for patients who are in a state of hyperactivity or are exhibiting aggressive behavior.



Antimyasthenic: Type of drugs used for muscular weakness.



Antiparkinsonism: Type of drugs used to help control tremors.



Antipsychotic: Group of drugs that are used to treat psychosis.

Introduction to Pharmacology



Terms to Know

Notes



Antispastic:

Drugs used to help control spasms.



Antivirals:

Drugs that are capable of treating viral infections



Beta-blockers:

Drugs to control blood pressure, slow fast arrhythmias, and reduce chest pain associated with angina.



Calcium channel blockers:

Drugs used in the treatment of some forms of angina. They may also be prescribed to treat certain arrhythmias or high blood pressure, migraines, and Raynaud's disease.



Chlorhexadine:

An antibiotic that is used to control plaque and gingivitis in the mouth or in periodontal pockets. This medication is available as a mouth rinse.



Digitalis:

Drugs that stimulate the heart to beat more forcefully.



Diuretics:

Drugs to reduce fluid retention.



Drug Addiction:

Physical dependence on a drug. If a person stops taking the drug, the body undergoes a withdrawal and displays physical symptoms associated with stopping use of the drug.

Introduction to Pharmacology



Terms to Know

Notes



Drug Interaction:

Drug complication that takes place when multiple drugs are introduced to the body system. The severity of this interaction can range from minor incidents to life-threatening conditions.



Drug Tolerance:

The loss of a drug's effectiveness that occurs when a patient has taken the drug over time and no longer receives the drug's beneficial effects.



Drug Toxicity:

During the breakdown of a drug in the body, biochemical damage may take place and harm the cell. This, in turn, may cause death or mutation of the cell.



Insulin:

Drug used to treat diabetes.



Non-Opioid Analgesics:

Non-steroid anti-inflammatory drugs such as acetaminophen (Tylenol), ibuprofen (Advil, Motrin) and aspirin.



Opioid Analgesics:

Control substance drugs prescribed to suppress the perception of pain and reduce the number of pain signals sent by the nervous system to the brain. Opioids are used to reduce moderate to severe chronic pain.



Prophylactic Antibiotics:

Prescribed for patients who have had a heart transplant, an artificial heart valve, a history of infective endocarditis, or serious congenital heart conditions. The antibiotics are used as a preventive measure and given to a patient before dental treatment.

Introduction to Pharmacology



Terms to Know

Notes



Statins:

Drugs for lowering cholesterol.



Vasodilators:

Drugs that reduce the work of the heart and are often prescribed to treat chest pain resulting from angina.

Introduction to Pharmacology

Notes

Pharmacology is the science or branch of medicine that includes the research, development and manufacture of drugs. A drug is a substance that can be taken for the prevention, diagnosis or treatment of a disease. The Dental Health Aide's role in understanding pharmacology is to become familiar with the type of drugs patients are taking, and be able to use resources to learn more information about a specific drug.

Learning Objectives

- Recognize pharmacology terms to know
- Identify drugs commonly prescribed in dentistry
- List a reliable reference for drug information



Introduction to Pharmacology



Drugs Commonly Prescribed for Medical Conditions

Many patients who will be seen in the dental clinic will be taking prescription and/or over-the-counter (OTC) drugs because of a medical condition.

Antihistamine Drugs

Used to counteract the effects of allergies

- Examples: *Benadryl, Dramamine, Chlor-Trimeton, Dimetane, Vistaril, and Claritin.*

Anti-inflammatory Drugs

Used to relieve inflammation from arthritis and inflammatory conditions.

- Examples: *Celebrex, Clindoril, Feldene, Tolectin, Nalfon and Indocin.*

Antidepressant Drugs

Used to treat depression, include SSRIs (Selective Serotonin Reuptake Inhibitors).

- Examples: *Prozac, Zoloft, Paxil, Luvox and Celexa.*

Anticonvulsant Drugs

Used to control convulsions and seizures.

- Examples: *Phenobarbital, Dilantin, Zarontin, Valium and Ativan.*

Introduction to Pharmacology



Notes

Cardiovascular Drugs

A series of drug classifications can be prescribed for patients with cardiovascular disorders:

- **Statins** may be better known as cholesterol-lowering drugs. When people are unable to control their cholesterol levels through diet and exercise, doctors may prescribe different types of statins.
 - Examples include *Lipitor*, *Zocor*, *Mevacor* and *Crestor*.
- **Diuretics** are cardiovascular drugs that help to reduce fluid retention. These may also reduce blood pressure. When the body is retaining fluid, this can often make the heart work harder, and the intent with using diuretics is to reduce heart workload.
 - Examples include *HCTZ*, *Thiazide* and *Quinapril*.
- **Anticoagulants** lengthen the time it takes for blood to clot, which can help prevent formation of blood clots that might cause a stroke. People who have artificial valves, who have had a stroke, or who are at risk for one may need an anticoagulant to minimize future risk. This classification of drug can inhibit natural clotting and could interfere with certain dental procedures. It is important for the dentist to be aware when the patient is taking this drug.
 - Examples include *Heparin* and *Coumadin*.

Introduction to Pharmacology



Notes

Cardiovascular Drugs continued

- **Antiplatelet** drugs may be preferred to anticoagulants, and simple ones include medications such as aspirin. These also work to keep blood clots from forming but through a different mechanism than most anticoagulants.
 - Examples of these include aspirin and *Plavix*.
- **Beta-blockers** have numerous uses. They can help control blood pressure, slow fast arrhythmias, and reduce chest pain associated with angina. Use of various beta-blockers may result in a slower heartbeat, which may help control numerous heart disease symptoms and may reduce future risk of heart attack.
 - Examples of these include *Levatol*, *Lopressor*, *Toprol* and *Zebeta*.
- **Digitalis** provides a good contrast to beta-blockers. Medications with digitalis stimulate the heart to beat more forcefully. Some people with arrhythmias may require this medication; at other times, it is used when a person is in congestive heart failure.
 - An example is *Digoxin*.
- **Vasodilators** like beta-blockers may reduce the work of the heart and are often prescribed to treat chest pain resulting from angina.
 - Examples include *Norvasc*, *Nitroglycerin*, *Apresoline* and *Loniten*.

Introduction to Pharmacology



Notes

Cardiovascular Drugs continued

- **Calcium channel blockers** make up another group of cardiovascular drugs that are used in the treatment of some forms of angina. They may also be prescribed to treat certain arrhythmias or high blood pressure., migraines, and Raynaud's disease.
 - Examples include *amlodipine (Norvasc)*, *Diltiazem (Cardizem, Tiazac,)* and *Verapamil (Calan, Verelan)*.
- **Angiotensin-converting enzyme (ACE) inhibitors** have been proven to slow the progression of heart failure. They are vasodilators, which are medications that cause the blood vessels to expand, lowering blood pressure and reducing the heart's workload.
 - Examples include *Altace*, *Zestril* and *Vasotec*.

Introduction to Pharmacology



Notes

Endocrine/Hormonal Drugs

Endocrine drugs correct the overproduction or underproduction of the body's natural hormones.

- **Diabetes drugs**
 - Examples include *Metformin* and *Insulin*.
- **Estrogen and progesterone** are used in birth control pills and also are prescribed to women for relief of symptoms of menopause.
 - Examples include *Ortho-Novum*, *Estrostep Fe*, *Nora-BE Lybrel*, and *Premarin*.

Introduction to Pharmacology



Notes

Gastrointestinal Drugs

Specific diseases that affect the gastrointestinal tract are heartburn, acid reflux disease, peptic ulcer, diarrhea, Crohn's disease and ulcerative colitis. Most of the gastrointestinal drugs used by patients are over-the-counter drugs. Drugs that would be prescribed for a patient include the following:

- **Acid reflux disease and peptic ulcer disease** drugs to help neutralize the stomach contents and reduce gastric acid secretions.
 - Examples include *cimetidine (Tagamet)* and *ranitidine (Zantac)*.
- **Antidiarrheal** drugs are used to treat diarrhea.
 - Examples include *bismuth (Pepto-Bismol)*, *kaolin (Kaopectate)* and *loperamide (Imodium A-D)*.
- **Crohn's disease and ulcerative colitis** drugs provide increased resistance to infection and assist in the wound-healing response.
 - Examples include *prednisone (Meticorten)* and *metronidazole (Flagyl)*.

Introduction to Pharmacology



Notes

Neurologic Drugs

Neurologic conditions include diseases such as seizure disorders, Parkinson's disease, multiple sclerosis and Alzheimer's disease. Long-term medication management is common and can produce adverse effects. Examples of neurologic drugs include the following:

- **Anticonvulsant** drugs are given to control seizures.
 - Examples of these drugs include *diazepam (Apo-Diazepam, Valium)* and *phenytoin (Dilantin)*.
- **Antimyasthenic** drugs are used for muscular weakness.
 - An example is *amibenonium (Mytelase)*.
- **Antiparkinsonism** drugs are used to help control tremors.
 - Examples include *benztropine (Apo-Benztropine)* and *diphenhydramine (Benadryl)*.
- **Antispastic** drugs are given for spasms.
 - An example is *dantrolene (Dantrium)*.

Introduction to Pharmacology



Notes

Psychoactive Drugs

Psychiatric medications include antidepressants and anti-anxiety, antipsychotic and antimania drugs, as well as sedatives such as sleeping pills and drugs given for attention deficit / hyperactivity disorders. Examples of psychoactive drugs include the following:

- **Antianxiety** drugs are prescribed for patients who are in a state of uneasiness of mind that resembles fear.
 - Examples include *chlordiazepoxide (Librium)* and *diazepam (Valium)*.
- **Antidepressant** drugs are prescribed to those patients diagnosed with depression.
 - Examples include bupropion (*Wellbutrin*), *fluoxetine (Prozac)*, *paroxetine (Paxil)* and *sertraline (Zoloft)*.
- **Antimanic** / bipolar disorder drugs are prescribed for patients who are in a state of hyperactivity or are exhibiting aggressive behavior.
 - Examples of these drugs include *carbamazepine (Epitol)* and *lithium (Carbolith)*.
- **Antipsychotic** drugs are a group of drugs that are used to treat psychosis. Common conditions include schizophrenia, mania and delusional disorder.
 - Examples of drugs prescribed are *chlorpromazine (Thorazine)* and *haloperidol (Haldol)*.

Introduction to Pharmacology

Notes

Drugs Commonly Prescribed in Dentistry

Analgesics

Lessens the sensory function of the brain by blocking pain receptors.

Prescribed for the relief of acute pain, postoperative pain, and/or chronic pain. Two major categories: non-opioid and opioid.

- **Non-opioid** group of analgesics include non-steroid anti-inflammatory drugs. This group is indicated for mild to moderate pain, which can include pain of dental origin, or for postoperative dental pain. It may also be prescribed for chronic oral-facial pain caused by an inflamed temporomandibular joint (TMJ).
 - Examples include *acetaminophen (Tylenol)*, *ibuprofen (Advil, Motrin)* and *aspirin*.
- **Opioid** analgesics are controlled substances prescribed for moderate to moderately severe pain. The most common type of drug prescribed is codeine. This type of drug is always prescribed as a combination preparation, meaning that codeine would be given in combination with aspirin, acetaminophen or ibuprofen.
 - Examples include *codeine (Tylenol 3)*, *hydrocodone (Vicodin)*, *oxycodone (Percocet)*, and *tramadol (Ultram)*.

Introduction to Pharmacology



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Antibiotics

Can be classified as bactericidal or bacteriostatic:

- **Bactericidal antibiotics** directly kill an infecting organism.
 - Examples include *penicillin*, *amoxicillin* and *cephalexin*.
- **Bacteriostatic antibiotics** inhibit the production of bacteria by interfering with their metabolic process, and the bacteria are then eliminated by the person's immune defense system.
 - Example include *tetracycline*, *erythromycin*, *E-Mysin*, *Biaxin* and *Zithromax*.
- **Chlorhexidine** is an antibiotic that is used to control plaque and gingivitis in the mouth or in periodontal pockets. This medication is available as a mouth rinse.
 - Examples include *Peridex*, *Hibiclens*, and *Periogard*
- **Tetracyclines** can be used in combination with surgery and other therapies, or may be given alone, to reduce or temporarily eliminate the bacteria associated with periodontal disease, to suppress the destruction of the tooth's attachment to the bone, or to reduce the pain and irritation of canker sores.
 - Examples include *demeclocycline*, *doxycycline*, *minocycline*, *oxytetracycline*, and *tetracycline*.

Introduction to Pharmacology



Notes

Prophylactic Antibiotics

Prescribed to a patient to prevent bacterial colonization. For many years, patients with certain heart conditions were prescribed an antibiotic to be taken before their dental treatment. This took place because it was believed that the antibiotic would prevent infective endocarditis. In 2007, the American Heart Association released a new recommendation that most patients with cardiac conditions no longer need short-term antibiotics as a preventive measure before their dental treatment. The new guidelines do support the prescribing of preventative antibiotics for patients with the following:

- Artificial heart valve
- History of infective endocarditis
- Serious congenital heart conditions
- Heart transplant

Introduction to Pharmacology



Notes

Antifungals

- Fungal infections occur less frequently than bacterial infections, but they can be diagnosed in patients who are immunocompromised, have a poorly fitting prosthesis, have xerostomia, and are taking antibiotics.
 - Examples include *nystatin* (*Mycostatin*, *Milsat*, and *Nystex*).

Antivirals

- Viral infections such as hepatitis, hand-foot-and-mouth disease, primary herpes simplex, recurrent herpes, herpes zoster, and human immunodeficiency (HIV) can all affect the oral cavity. With most viral infections, some type of lesion commonly appears in the mouth. Antiviral agents are prescribed in capsule, tablet, liquid and ointment forms.
 - The most common antiviral agent is *acyclovir* (*Zovirax*).

Introduction to Pharmacology

Adverse Drug Effects

- Adverse drug effects are the body's negative reactions to a drug. When drugs are prescribed to prevent a disease, treat a condition, alleviate pain, or suppress fear, they can possibly interfere with normal function and may even create a life-threatening circumstance.
- An allergic reaction will occur if a drug triggers the immune response. Repeated exposure to the same drug can produce this type of allergic response. Reactions can range from a common rash to life-threatening anaphylactic shock. The most common cause of drug-induced anaphylaxis is penicillin.
- Drug toxicity refers to toxin-induced cell damage and cell death. During the breakdown of a drug, biochemical damage may take place and harm the cell. This, in turn, may cause death or mutation of the cell.
- Drug interaction takes place when multiple drugs are introduced to the body system. The severity of this interaction can range from minor incidents to life-threatening conditions.
- Drug tolerance is the loss of a drug's effectiveness that occurs when a patient has taken the drug over time and no longer receives the drug's beneficial effects.
- Drug addiction is physical dependence on a drug. If the person stops taking the drug, the body undergoes a withdrawal illness and displays physical symptoms associated with stopping use of the drug.

Introduction to Pharmacology

Notes

Drug Reference Information

It is essential to stay up to date with drug reference information. Excellent sources regarding prescription drugs and over the counter (OTC) products include:

- Physician's Desk Reference (PDR) (www.PDR.net)
- Mosby's Dental Drug Reference
- The Pill Book

Introduction to Pharmacology



Notes

Resources

- Alaska Native Tribal Health Consortium/University of Kentucky College of Dentistry, Primary Dental Health Aide Training Manuals and PowerPoint Presentations.
- Bird, Doni L. and Robinson, Debbie S. Modern Dental Assisting. 10th ed. St. Louis, Missouri: Elsevier; 2012.

History Taking



History Taking

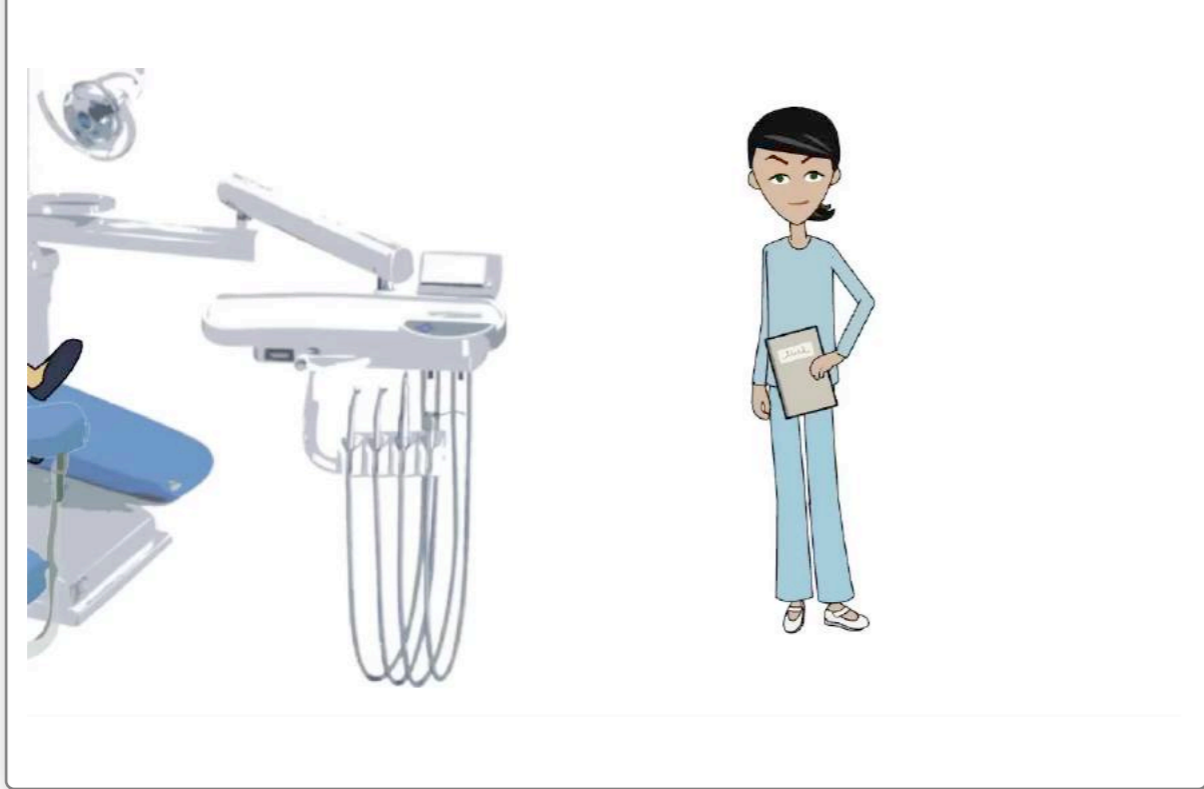
Introductory Problem Specific History Taking

Notes

Obtaining and reviewing a medical history provide an opportunity to:

- Monitor known medical conditions.
- Consider how the patient's systemic health may affect his/her oral health.
- Consider whether dental treatment might affect the systemic health of the patient.
- Provide a basis for determining if modifications to routine dental care are necessary.

Movie 13.1 What questions would you ask?



Dental Patient Medical History

PATIENT IDENTIFICATION:
 Name: _____ Address: _____ Date of Birth: _____ Age: _____
 Phone Numbers: Home _____ Cell _____ Work _____

MEDICAL HISTORY: Please circle YES or NO and provide the following information. If you are unable to answer any of the questions, please ask the dental staff for help.

1. What is the reason for your visit to the Dental Clinic? _____
2. Have you received medical care in the past two years? _____
3. Are you taking or have you taken any medicine or drugs in the past 2 months? _____ Yes No
 if yes, please list: _____
4. Are you ALLERGIC to anything (Medication, Drugs, LATEX, Food, Others)? _____ Yes No
 if yes, please list: _____
5. Are you currently taking or have you ever taken a bisphosphonate medication such as Fosamax, Zometa, Actonel, Boniva, Aredia, Bonafos, Ostac, Skelid or Didronel? _____ Yes No
6. Have you ever been Hospitalized? _____ Yes No
 if yes, for what? _____
7. Do you have or have you ever had bleeding problems that needed medical treatment? _____ Yes No
8. Have you ever had heart surgery to correct a murmur or defect in your heart? _____ Yes No
9. Do you have artificial heart valves? _____ Yes No
10. Do you think you have been exposed to AIDS or HIV? _____ Yes No
11. Do you use alcohol or other drugs? _____ Yes No
 Are you interested in quitting either tobacco, alcohol or other drug use? _____ Yes No
 if so, how much? _____
12. Have you ever had radiation or chemotherapy treatment? _____ Yes No
 if yes, would you like to talk to someone about it? _____ Yes No
 require specialist assistance or devices to do so? _____ Yes No
13. Do you have any difficulties understanding/learning verbal or written communication or _____ Yes No
14. Do you have any difficulties understanding/learning verbal or written communication or _____ Yes No
15. Do you have any difficulties understanding/learning verbal or written communication or _____ Yes No
16. Do you have any difficulties understanding/learning verbal or written communication or _____ Yes No
17. Do you have any difficulties understanding/learning verbal or written communication or _____ Yes No
18. Do you have any difficulties understanding/learning verbal or written communication or _____ Yes No

Please circle any disease or condition you have or had in the past:

Hepatitis	Anemia	Arthritis/Rheumatism	Dietary Drugs	Cancer/Tumors
Pacemaker	High Blood Pressure	Encephalitis	Nervous or Mental Disorders	Sexually Transmitted Disease
Pneumatic lever	Stroke	Liver Disease	Pain in jaw joint	FEMALES: are you:
Chest Pains	Diabetes	Kidney Disease	Epilepsy	Pregnant? _____
Heart Attack	TB or lung disease	Artificial joints	Sinus Trouble	Taking Birth Control? _____
Heart Surgery	Asthma	Ulcers	Thyroid Problems	Currently Nursing? _____

These answers I have given are true to the best of my knowledge and I consent to routine dental procedures such as x-rays, cleanings, fillings, crowns, local anesthesia and topical fluoride application by signing below.

Patient, Parent or Guardian Signature: _____ **Date:** _____

DHA Student Signature: _____ **Date:** _____

Supervising Dentist: _____ **Date:** _____

Revised 10-21-13

History Taking



Notes

Dental Patient Medical History

PATIENT IDENTIFICATION:
 Name Mary Jones Date of Birth 1/9/1956 Age 62
 Address 123 Main Street
 Phone Numbers: Home 907-555-1111 Cell _____ Work _____

MEDICAL HISTORY: Please circle YES or NO and provide the following information. If you are unable to answer any of the questions, please ask the dental staff for help.

- What is the reason for your visit to the Dental Clinic? _____
- Have you received medical care in the past two years? Yes No
If yes, please list: trouble swallowing
- Are you taking or have you taken any medicine or drugs in the past 2 months? Yes No
- Are you ALLERGIC to anything (Medication, Drugs, LATEX, Food, Others)? Yes No
If yes, please list: _____
- Are you currently taking or have you ever taken a bisphosphonate medication such as Fosamax, Zometa, Actonel, Boniva, Aredia, Bonefos, Ostac, Skelid or Didronel? Yes No
- Have you ever been Hospitalized? Yes No
If yes, for what? _____
- Have you ever had bleeding problems that needed medical treatment? Yes No
- Do you have or have you ever had an irregular heart beat or heart palpitations? Yes No
- Have you ever had heart surgery to correct a murmur or defect in your heart? Yes No
- Have you ever had an infection in your heart that required hospitalization or IV antibiotics? Yes No
- Do you have artificial heart valves? Yes No
- Do you think you have been exposed to AIDS or HIV? Yes No
- Do you use alcohol or other drugs? No Some Moderate Heavy
- Do you use tobacco products? If so, how much? Yes No
Are you interested in quitting either tobacco, alcohol or other drug use? Yes No
- Have you ever had radiation or chemotherapy treatment? Yes No
- If domestic violence is a problem in your family? Yes No
- * If yes, would you like to talk to someone about it? Yes No
- Do you have any difficulties understanding/learning verbal or written communication or require specialist assistance or devices to do so? Yes No
If yes, please describe: _____

Please circle any disease or condition you have or had in the past:

Hepatitis	Anemia	Arthritis/Rheumatism	Dietary Drugs	Cancer/Tumors
<input checked="" type="radio"/> Pacemaker	High Blood Pressure	Emphysema	Nervous or Mental Disorders	Sexually Transmitted Disease
Rheumatic fever	Stroke	Liver Disease	Pain in jaw joint	FEMALES- are you:
Chest Pains	Diabetes	<input checked="" type="radio"/> Kidney Disease	Epilepsy	Pregnant? Yes <input type="radio"/> No <input checked="" type="radio"/>
Heart Attack	<input checked="" type="radio"/> TB or lung disease	Artificial Joints	Sinus Trouble	Due: _____
Heart Surgery	Asthma	Ulcers	Thyroid Problems	Taking Birth Control? Yes <input type="radio"/> No <input checked="" type="radio"/>
				Currently Nursing? Yes <input type="radio"/> No <input checked="" type="radio"/>

These answers I have given are true to the best of my knowledge and I consent to routine dental procedures such as x-rays, cleanings, fillings, crowns, local anesthesia and topical fluoride application by signing below.

Patient, Parent or Guardian Signature: Mary Jones Date: 8/20/2018
 DHA Student Signature: Alex Jennings Date: 8-20-2018
 Supervising Dentist: J. McElroy DDP Date: 8/20/2018

Review the Medical History and for each of the YES answers and Conditions or Diseases circled tap the buttons below to learn more.

	Follow-up questions	Medical concerns	Dental concerns	Pharmacology	i
Have you received medical care in the past two years? If yes what for?	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have or have you ever had an irregular heart beat or heart palpitations?	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Pacemaker	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TB or Lung Disease	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Asthma	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Kidney Disease	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

History Taking

Notes

Watch the video and tap the buttons below to learn why the Aide wants to contact a supervisor.

Movie 13.2 Medical History Review



	Follow-up questions	Medical concerns	Dental concerns	Pharmacology	
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Do you have artificial heart valves?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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History Taking

Watch the video and tap the buttons to learn more about this patient's medical history.

Notes

Movie 13.3 Medical History Review



	Follow-up questions	Medical concerns	Dental concerns	Pharmacology	i
Are you ALLERGIC to anything (Medicine, Drugs, LATEX, Food, Others)? If yes what?	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Have you ever been hospitalized? If Yes, what for?	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you use tobacco products? If so how much?	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Thyroid Problems	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>


History Taking





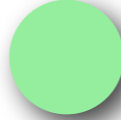












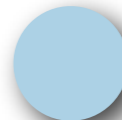






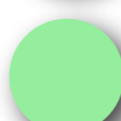




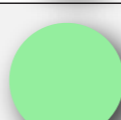
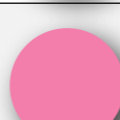
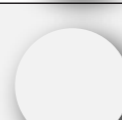
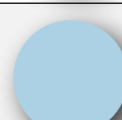
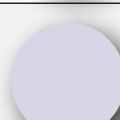
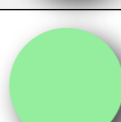
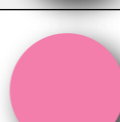

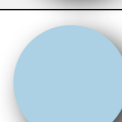
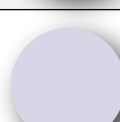



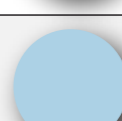
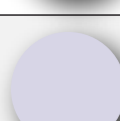
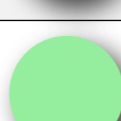

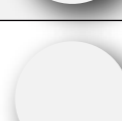
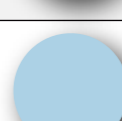
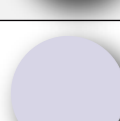
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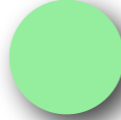












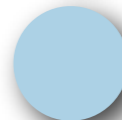






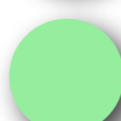




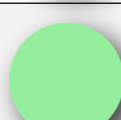
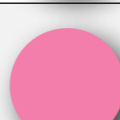
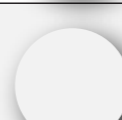
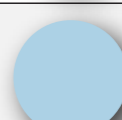
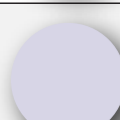
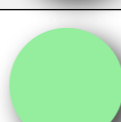
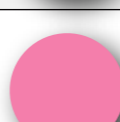

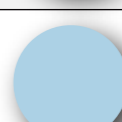
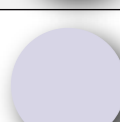



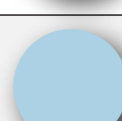
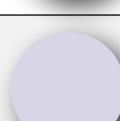
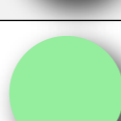

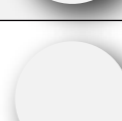
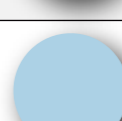
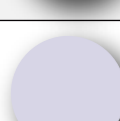
Presentation 13.1





































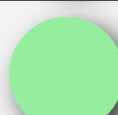
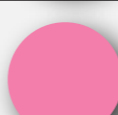
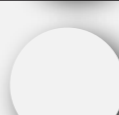
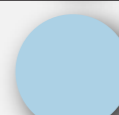
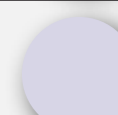





HEALTH CARE SYSTEM ACCESS

	Follow-up questions	Medical concerns	Dental concerns	Pharmacology	
What is the reason for your visit to the Dental Clinic?			<input type="radio"/>		
Have you received medical care in the past two years? If yes what for?	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>		
Are you taking or have you taken any medicine or drugs in the past 2 months? If Yes, what?	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>		
Are you ALLERGIC to anything (Medicine, Drugs, LATEX, Food, Others)? If yes what?	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Are you currently taking or have you ever taken a bisphosphonate medication such as Fosamax, Zometa, Actonel, Boniva, Aredia, Bonefos, Ostac, Skelid or Didronel?	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	
Have you ever been hospitalized? If Yes, what for?	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>		
Have you ever had any bleeding problems that needed medical treatment?	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Do you have or have you ever had an irregular heart beat or heart palpitations?	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Have you ever had heart surgery to correct a murmur or defect in your heart?	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

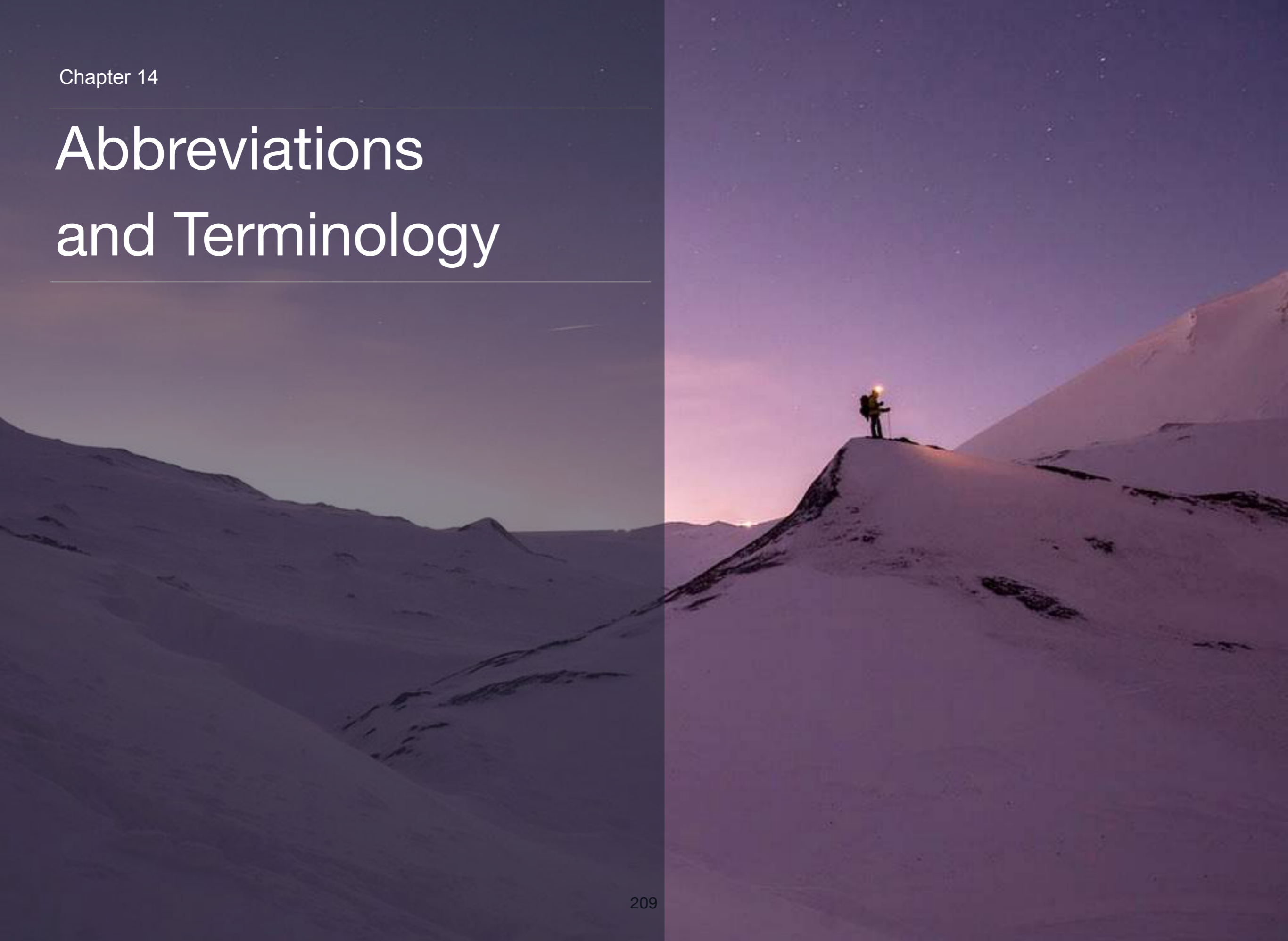
	Follow-up questions	Medical concerns	Dental concerns	Pharmacology	
Have you ever had an infection in your heart that required hospitalization or IV antibiotics?	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have artificial heart valves?	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you think you have been exposed to AIDS or HIV?	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you use alcohol or other drugs?	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you use tobacco products? If so how much?	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever had radiation or chemotherapy treatment?	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If domestic violence is a problem in your family or a friend's family would you like to talk to someone about it?	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>
Do you have any difficulties understanding/learning verbal or written communications or require special assistance or devices to do so? If yes, please describe:	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>

	Follow-up questions	Medical concerns	Dental concerns	Pharmacology	
Hepatitis					
Pacemaker					
Rheumatic Fever					
Chest Pains					
Heart Attack					
Heart Surgery					
High Blood Pressure					
Stroke					
Anemia					

	Follow-up questions	Medical concerns	Dental concerns	Pharmacology	
Diabetes mellitus					
TB or Lung Disease					
Asthma					
Emphysema					
Liver Disease					
Kidney Disease					
Artificial Joints					
Arthritis/Rheumatism					
Ulcers					

	Follow-up questions	Medical concerns	Dental concerns	Pharmacology	
Mental or Nervous Disorder					
Pain in Jaw Joint					
Epilepsy					
Sinus Trouble					
Thyroid Problems					
Cancer/ Tumors					
Dietary Drugs (Phen-Fen)					
Sexually Transmitted Diseases					
FEMALES - Are you: Pregnant? Y N Due: Taking Birth Control? Y N Currently Nursing? Y N					

Abbreviations and Terminology



Abbreviations and Terminology

Abbreviations and Acronyms of Health Professionals

Notes

BHA	Behavioral Health Aide
CDA	Certified Dental Assistant
CHA/P	Community Health Aide/Practitioner
DDS	Doctor of Dental Surgery (dentist)
DHAH	Dental Health Aide Hygienist
DHAT	Dental Health Aide Therapist
DMD	Doctor of Medical Dentistry (dentist)
EFDHA	Expanded Function Dental Health Aide
EMT	Emergency Medical Technician
ENT	Ears, Nose, and Throat
MD	Medical Doctor
PA-C	Physician Assistant – certified
PDHA	Primary Dental Health Aide
PharmD	Pharmacist
PT	Physical Therapist
RDH	Registered Dental Hygienist

Abbreviations and Terminology

Abbreviations and Acronyms of Organizations

ANMC	Alaska Native Medical Center
ANTHC	Alaska Native Tribal Health Consortium
BIA	Bureau of Indian Affairs
CDC	Centers for Disease Control and Prevention
CHAPCB	Community Health Aide Program Certification Board
MCH	Maternal and Child Health
OCS	Office of Children's Services
PHS	Public Health Service
SUD	Service Unit Director
VA	Veterans Administration
VPSO	Village Public Safety Officer
WCC	Well Child Clinic
WIC	Women, Infants, and Children

Abbreviations and Terminology

Common Medical and Dental Abbreviations and Acronyms

ACLS	Advanced Cardiac Life Support
AED	Automated External Defibrillator
AIDS	Acquired Immunodeficiency Syndrome
BP	Blood Pressure
DNR	Do Not Resuscitate
FAS	Fetal Alcohol Syndrome
HIV	Human Immunodeficiency Virus
HVE	High Volume Evacuation
MMR	Measles, Mumps, Rubella (vaccine)
MSDS	Material Safety Data Sheet
SDS	Safety Data Sheet – previously referred to as MSDS
OTC	Over The Counter (non- prescription medicine)
PDR	Physician's Desk Reference
PPE	Personal Protection Equipment
Pre-op	Before the operation/ procedure
Post-op	After the operation/ procedure

Abbreviations

Common Medical and Dental Abbreviations and Acronyms (continued)

Notes

PRN As needed, when necessary

SBE Subacute Bacterial Endocarditis (heart infection)

SOAPE Subjective (history), Objective (exam), Assessment, Plan, Education

TB Tuberculosis

Abbreviations and Terminology

Abbreviations and Acronyms found on Dental Charts

BOP	Bleeding on Probing
BP	Blood pressure
BW	Bitewing radiograph
CC	Chief Complaint
DOB	Date of Birth
Dx	Diagnosis
Epi	Epinephrine
EPT	Electric pulp test
Fl	Fluoride
FMX	Full Mouth series of radiographs
Hx	History
LA	Local Anesthesia
N/A	Not Applicable
NKA	No Known Allergies
NKDA	No Known Drug Allergies
NSF	No Significant Findings

Abbreviations

Abbreviations and Acronyms found on Dental Charts (continued)

Notes

PA	Periapical radiograph
Pano	Panoramic radiograph
PARQ	Procedure Alternatives, Risk, Questions
POIG	Post Operative Instructions Given
Pt	Patient
PTC	Planned Treatment Complete
PVU	Patient/Parent Verbal Understanding
RDI	Rubber Dam Isolation
RMH	Review Medical History
Rx	Prescription (usually a drug)
Tx	Treatment

Abbreviations and Terminology

Notes

Tooth Surface Order Nomenclature

Two-Surface Posterior

MO Mesial-occlusal

DO Distal-occlusal

OB Occlusal-buccal

OL Occlusal-lingual

MB Mesial-buccal

ML Mesial-lingual

DL Distal-lingual

DB Distal-buccal



Buccal



Distal



Occlusal



Mesial



Lingual

Abbreviations and Terminology

Notes

Tooth Surface Order Nomenclature

Three-Surface Posterior

MOD Mesial-occlusal-distal

MOL Mesial-occlusal-lingual

MOB Mesial-occlusal-buccal

DOL Distal-occlusal-lingual

DOB Distal-occlusal-buccal

BOL Buccal-occlusal-lingual

DBL Distal-buccal-lingual

MBL Mesial-buccal-lingual

MLD Mesial-lingual-distal

MBD Mesial-buccal-distal



Buccal



Distal



Occlusal



Mesial



Lingual

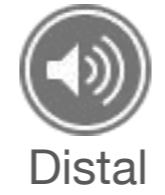
Abbreviations and Terminology

Notes

Tooth Surface Order Nomenclature

Four-Surface Posterior

- MODB Mesial-occlusal-distal-buccal
- MODL Mesial-occlusal-distal-lingual
- MOBL Mesial-occlusal-buccal-lingual
- DOBL Distal-occlusal-buccal-lingual
- MDBL Mesial-distal-buccal-lingual



Five-Surface Posterior

- MODBL Mesial-occlusal-distal-buccal-lingual

Abbreviations and Terminology

Notes

Tooth Surface Order Nomenclature

Two-Surface Anterior

ML Mesial-lingual

DL Distal-lingual

MF Mesial-facial

MI Mesial-incisal

DI Distal-incisal

FI Facial-incisal

LI Lingual-incisal



Facial



Distal



Occlusal



Mesial



Lingual

Abbreviations and Terminology

Notes

Tooth Surface Order Nomenclature

Three-Surface Anterior

MFL	Mesial-facial-lingual
DFL	Distal-facial-lingual
MIF	Mesial-incisal-facial
DIL	Distal-incisal-lingual
DIF	Mesial-incisal-facial
FIL	Facial-incisal-lingual
MID	Mesial-incisal-distal
MLD	Mesial-lingual-distal
MFD	Mesial-facial-distal



Facial



Distal



Occlusal



Mesial



Lingual

Abbreviations and Terminology

Notes

Tooth Surface Order Nomenclature

Four-Surface Anterior

MIFL Mesial-incisal-facial-lingual

DIFL Distal-incisal-facial-lingual

MIDF Mesial-incisal-distal-facial

MIDL Mesial-incisal-distal-lingual

MDFL Mesial-distal-facial-lingual



Facial



Distal



Occlusal



Mesial



Lingual

Five-Surface Anterior

MIDFL Mesial-incisal-distal-facial-lingual

Abbreviations and Terminology

Dental Terminology

When starting to work in dentistry, you may hear and see new terms. It's like you have arrived in a foreign country and everyone but you is speaking this different language. Don't fret. You will be soon using these terms with ease. However, you need tools to help you. The first tool is to locate a medical dictionary. Most dental programs have reference books you will be able to use. Another tool is using the Internet to look up terms. A word of caution on using the Internet... Make sure the source is reliable. Websites like the National Institutes of Medicine (www.nih.gov), the Centers for Disease Control and Prevention (www.cdc.gov), and the American Dental Association (www.ada.org) are good sources.

Learning Objectives

- Define basic parts (prefix, root word and suffix) of a dental term
- Decode a dental term by using basic parts
- Identify abbreviations and acronyms associated with health professionals and organizations
- Identify commonly used abbreviations and acronyms used in medical and dental charts

Abbreviations and Terminology

A way to help you learn dental terminology is to separate words into three basic parts:

1. prefix, which attaches to the front of the word;
2. root word, usually found in the middle of the word; and
3. suffix, which attaches to the end of the word.

By separating words into these parts, it becomes easier to figure out the meaning of a new term.



Abbreviations and Terminology

Prefix

Prefixes only come at the beginning of words. A prefix is not a word itself, but they usually have one distinct meaning.

A prefix can indicate

- quantity or number
- color
- size
- condition
- location



Prefixes that indicate quantity or a number:

Prefix	Meaning	Example
a- / an-	without, lack of, not	anesthesia (no feeling)
uni- prim/i-	one first	unilateral (one-sided) primary (first)
bi-	two or double	bilateral (two-sided)
quad/quat-	four	quadrant (divided into 4 parts)
sext-	six	sextant (divided into 6 parts)

Abbreviations and Terminology

Prefixes that indicate a color:

Prefix	Meaning	Example
albus- leuk/o-	white	albumen leukoplakia
chlor/o	green	chloroform
cyan/o	blue	cyanosis
erythr/o	red	erythrocyte
melan/o	black	melanoma

Prefixes that indicate size or degree:

Prefix	Meaning	Example
hyper-	over / excess	hypertension
hypo-	under / below	hypotension
macro-	large	macrodontia
micro-	small / minute	microbe
pan-	all around	panoramic

Abbreviations and Terminology

Prefixes that indicate size or degree:

Prefix	Meaning	Example
ab-	away from	absent
ad-	toward near	adjacent
ana-	apart	analysis
ante-	in front	anterior
endo-	within	endodontic
exo-	out from	exodontia
im-	into / position	implant
in-	into / in	incision
inter-	in midst of	interdental
intra-	into; within	intraoral
mes/o-	mid, among	mesial
peri/o-	around	periodontal
post/dis-	after / later	posterior / distal
pre/ante-	before	premolar / anterior
sub-	under	subgingival
supra-	above / over	supragingival

Abbreviations and Terminology

Prefixes that indicate a condition:

Prefix	Meaning	Example
a-, an-	without	anodontia
anti-	opposite	antiseptic
auto-	self	autoimmune
contra-	against	contraindication
in-	not	insoluble
mal-	bad	malocclusion
un-	non / not	unerupted

Abbreviations and Terminology

Root Word

A root provides the basic foundation for the word. A root word can stand on its own as a word, but you can make new words from it by adding beginnings (prefixes) and endings (suffixes). For example, add prefix 'dis' (which means remove) to the root word infect, and you get disinfect. Add suffix 'itis' (which means inflammation) to the root word gingiva, and you get gingivitis, which means inflammation of the gum tissue.



Here are examples of some root words you may encounter in the clinic:

Examples	Meaning
alveolar	alveolus
apical	apex of a root
buccal	cheek
cardi	heart
coronal	crown
dent	teeth

Abbreviations and Terminology

Here are examples of some root words you may encounter in the clinic:

Examples	Meaning
distal	farthest from center
enamel	tooth, enamel tissue
frenum	tissue attachment
gingiva	gum tissue
glossa	tongue
glyc	sugar, sweet
hemat	blood
hepat	liver
incisor	incisor tooth
labial	lip area
lingua	tongue
mandible	lower jaw

Abbreviations and Terminology

Here are examples of some root words you may encounter in the clinic:

Examples	Meaning
maxilla	upper jaw
mesial	middle, mid-line
mucosa	tissue lining an orifice
occlude	occluding, jaw close
odont	tooth or teeth
ortho	straight, proper order
tension	pressure

Abbreviations and Terminology

Suffix

The third building block of a word is known as a suffix. A suffix is sometimes added to a root to qualify or describe the meaning. Like a prefix, the suffix cannot stand on its own. The suffix can change a word so that it is either a noun or adjective.



Here are some examples of suffixes that indicate adjective use:

Examples	Meaning
-ac	cardiac (heart)
-al	gingival (gum tissue)
-ar	alveolar (alveolus)
-ary	maxillary (maxilla)
-ic or -tic	cariogenic (start of decay)
-ior	posterior (in the rear)

Abbreviations and Terminology

Here are examples of suffixes that indicate an agent or person:

Examples	Meaning
-ent	patient, recipient, resident
-eon	surgeon
-er	subscriber, examiner, practitioner
-ician	physician
-ist	dentist, orthodontist
-or	doctor, donor

As a review, complicate dental terms can be divided into three basic parts: 1) prefix 2) root 3) and suffix. By separating words into these parts, it becomes easier to figure out the meaning of a new word and to expand your dental vocabulary!



Abbreviations and Terminology

Review

Drag & Drop 14.1

MATCHING

Drag & Drop 14.3

MATCHING

Drag & Drop 14.5

MATCHING

Drag & Drop 14.7

MATCHING

Drag & Drop 14.2

MATCHING

Drag & Drop 14.4

MATCHING

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MATCHING

Drag & Drop 14.8

MATCHING

Abbreviations and Terminology

Resources

- Alaska Native Tribal Health Consortium/University of Kentucky College of Dentistry, Primary Dental Health Aide Training Manuals and PowerPoint Presentations.
- Bird, Doni L. and Robinson, Debbie S. Modern Dental Assisting. 10th ed. St. Louis, Missouri: Elsevier: 2012.
- Dofka, Charline. Dental Terminology, Second Edition, Thompson Delmar: 2007.

Chapter 15

Patient Record Documentation



Patient Record Documentation

Notes

Terms to Know



Adverse reaction:

Unwanted, unexpected or dangerous effect.



CDT code:

Combination of letter and numbers to describe specific dental procedures. Updated annually by the American Dental Association (ADA).



Chronological:

Arranged in the order of time.



Confidential:

Intended to be kept secret.



Confidentiality:

A set of rules or a promise that limits access or places restrictions on certain types of information.



Forensic:

Scientific tests or techniques used in connection with the detection of crime.



HIPAA:

Health Insurance Portability and Accountability Act.



Litigation:

An action brought in court to enforce a particular right. The act or process of bringing a lawsuit.

Patient Record Documentation

Notes



Need to know:

Only individuals who are providing treatment to a patient have access to his/her dental records. Discussion of patient's care is limited to only those providers who are providing dental treatment.



NV:

An abbreviation for next visit.



PARQ:

An abbreviation for the informed consent process. The dentist discussed with the patient: the Procedure, Alternative treatment, Risks, and answered Questions.



Progress notes:

Permanent record of the patient's dental treatment.



Protected health information (PHI): Any information about health status, provision of health care, or payment for health care that can be linked to a specific individual.



Release of Information (ROI): Permission to allow information to be shared from the patient record to/from other agencies or given to the patient or the patient's representative.

Patient Record Documentation

Notes



RMH:

An abbreviation for reviewed medical history



Sequential:

A series of steps in a logical order



SOAPE:

An acronym for subjective findings, objective findings, assessment, plan, and education that serves as a method to document patient visits in a patient record.



Tampering:

Altering or falsifying entries in a patient's record.

Patient Record Documentation

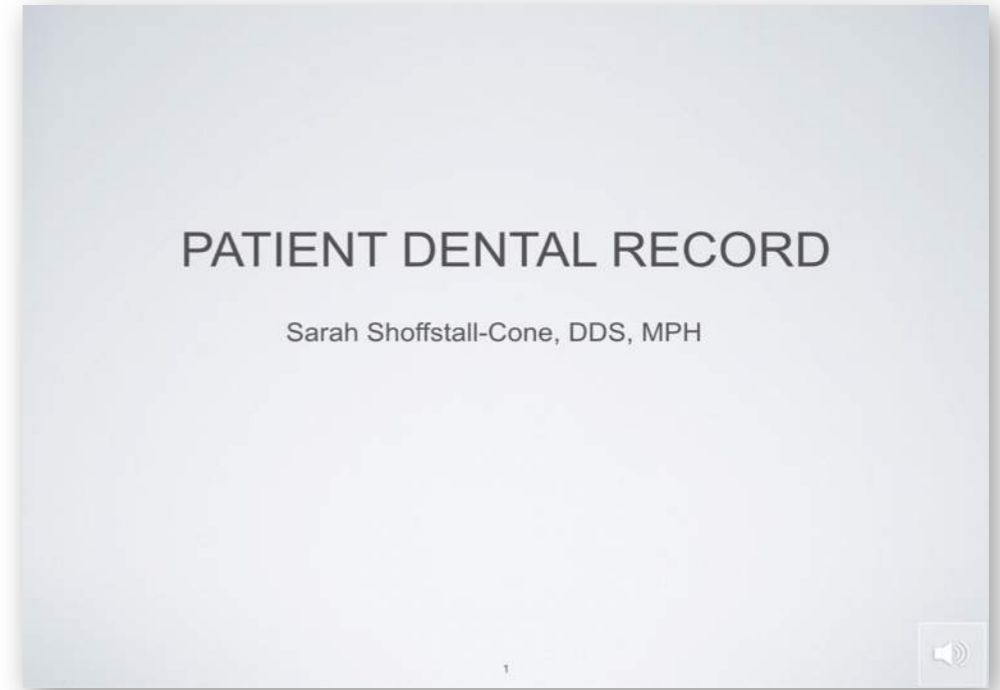


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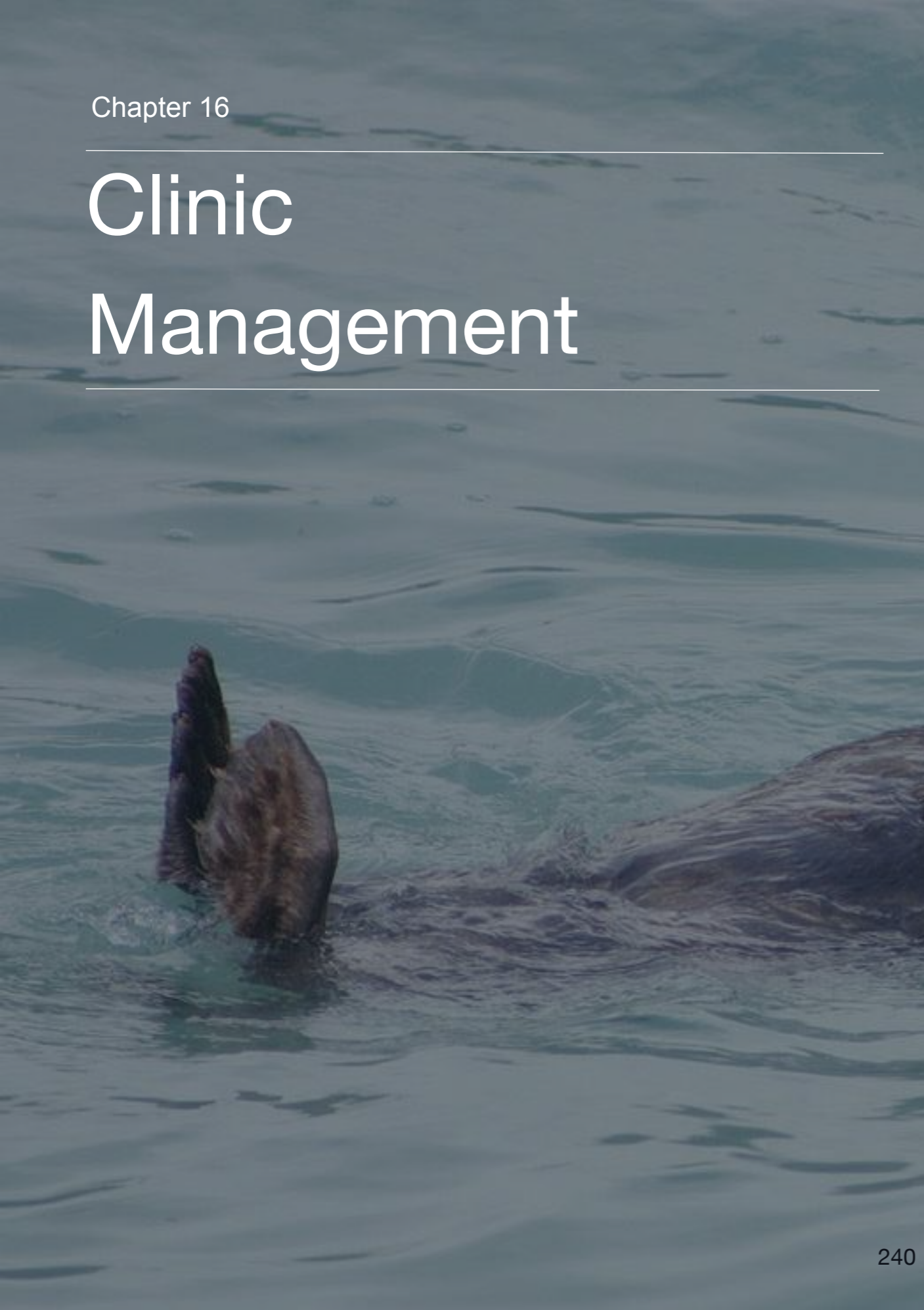
Movie 15.1 HIPPA



Presentation 15.1



Clinic Management

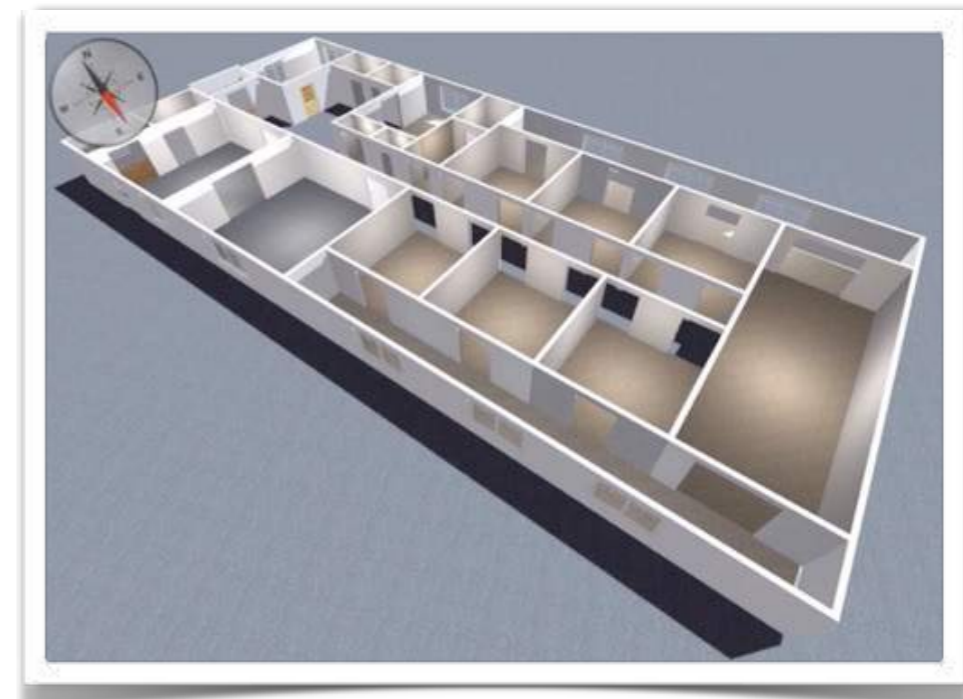
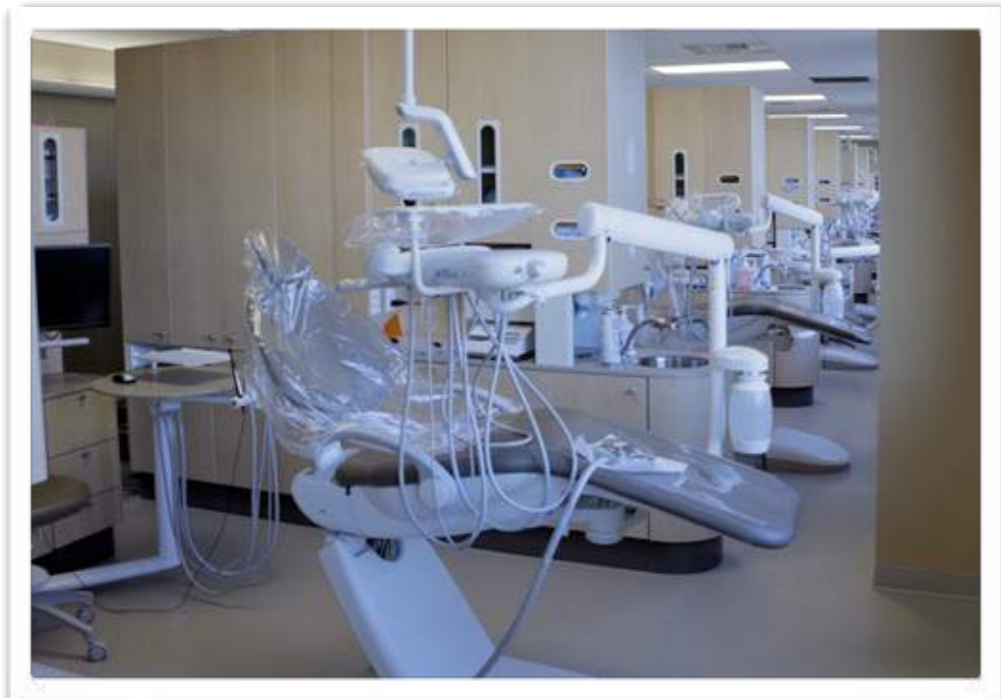


Clinic Management

Most dental clinics have a similar design. There is a reception and administrative area, dental operatories, a dental lab, central sterilization, as well as space for a utility room, storage, and a staff lounge. Each area has equipment that is specific to the type of work done.

Learning Objectives

- List different areas found in a dental clinic
- Identify equipment used in the different areas
- Describe the tasks for opening and closing a dental clinic

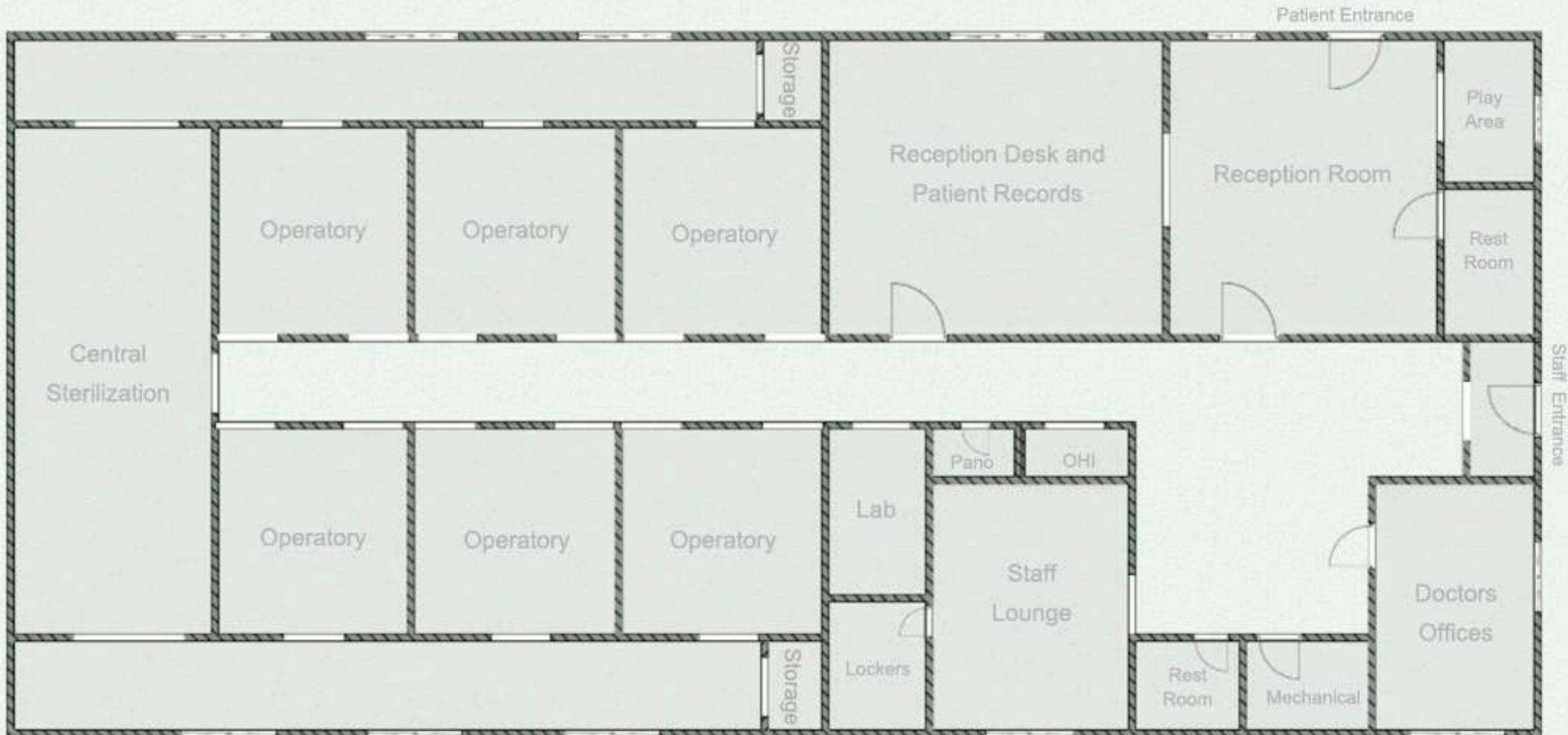


Clinic Management

Notes

Dental Clinic Floor Plan

Tap the rooms to explore



Clinic Management

Reception Area

The reception area is where patients are welcomed and greeted. It may include a special area for children to play going to the dentist.

Notes

Floor Plan



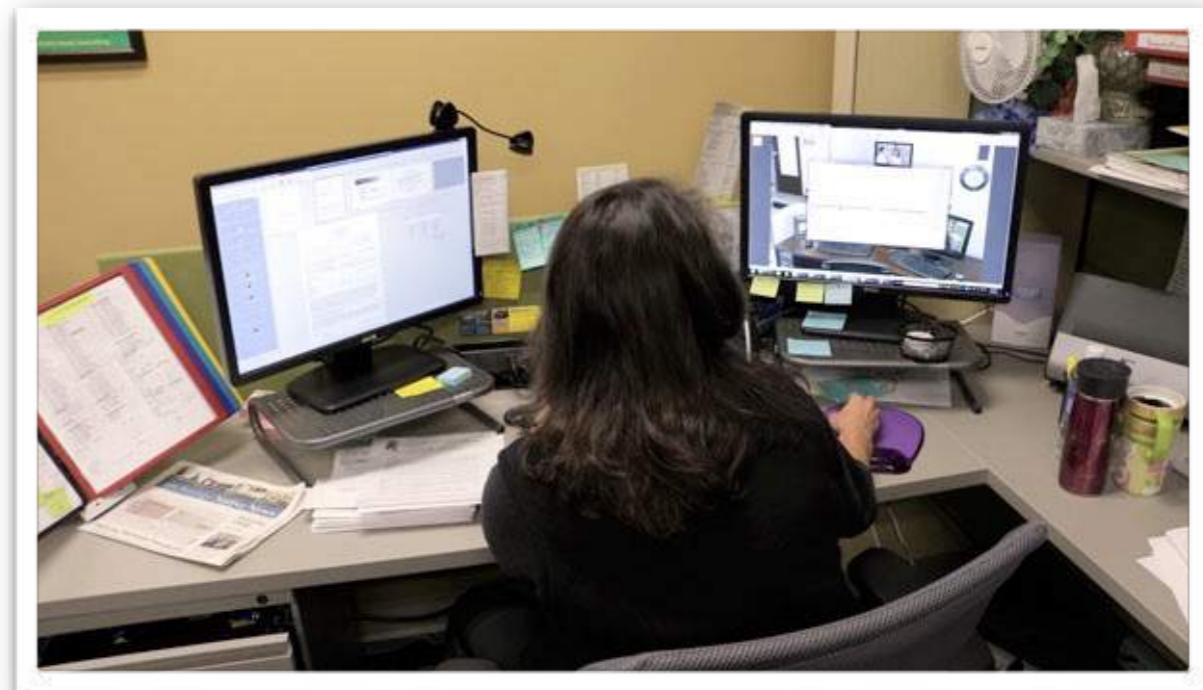
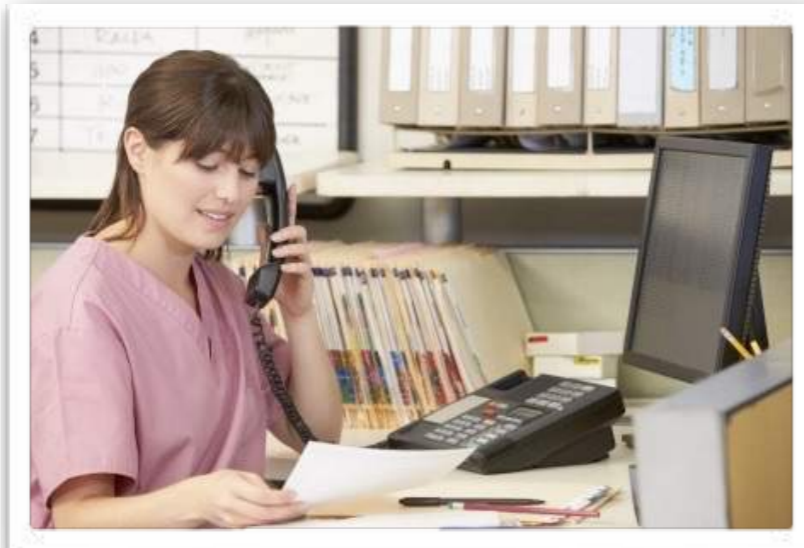
Clinic Management

Administrative Area

The administrative area usually includes a desk, patient records, a phone, a computer, and other business equipment. This is where appointments are made and where patients sign-in.

Notes

Floor Plan



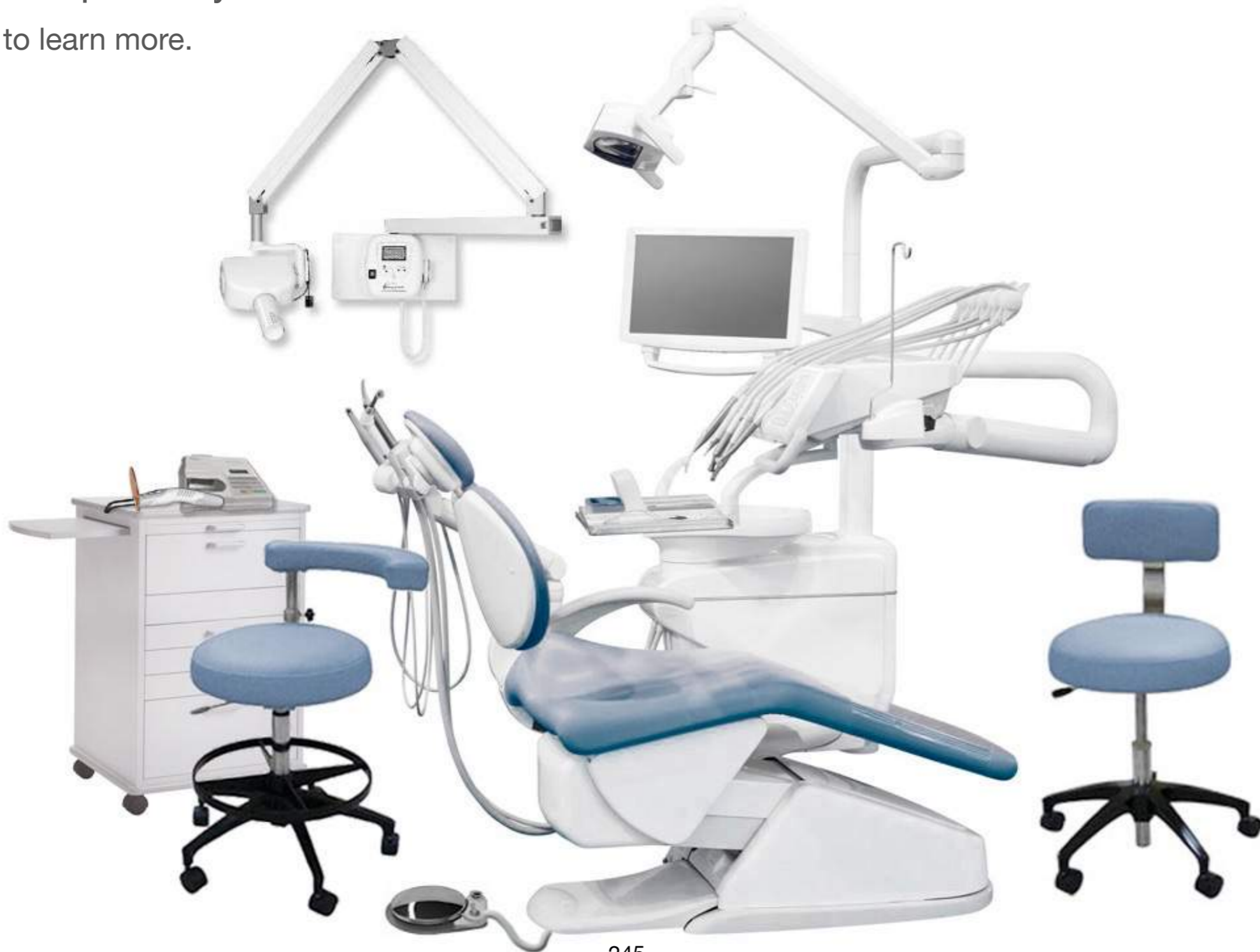
Clinic Management

The Dental Operator

Tap around to learn more.

Notes

Floor Plan



Clinic Management

Notes

Floor Plan

Oral Health Education

Oral health education may be done in an operatory or in a special area with sinks and mirrors.



Panoramic and cephalometric x-ray

Panoramic and cephalometric x-ray machines are used to make a single image of a patient's entire mouth.



Clinic Management

Notes

The Dental Laboratory

The dental laboratory is organized around workbenches and wall-mounted storage cabinets. Procedures such as pouring impressions, preparing diagnostic models, and creating custom impression trays are done in the dental lab.

Floor Plan



Clinic Management

The Central Sterilization

The central sterilization is where instruments are cleaned, packaged, sterilized, and stored. The dirty or contaminated area is kept separate from and the clean area.

Notes

Floor Plan



Clinic Management

The Storage Areas

The storage area is where supplies are kept. Sometimes, smaller dental clinics use cabinets to store supplies.

Notes

Floor Plan



Clinic Management

Notes

Floor Plan

The Mechanical/Utility Area

The mechanical/utility area contains the central compressor system that provides air for the air-water syringe and air-driven handpieces, and suction needed for oral evacuation systems. Because of the noise level and for safety reasons, the compressor system is placed away from the clinical setting.



Clinic Management

Notes

Staff Lounge and Locker Room

Floor Plan



Clinic Management

Daily Tasks

In most dental clinics, individuals are assigned to various tasks to ensure the smooth flow of patient care throughout the day.

Opening Tasks

- Completed before the first scheduled patient of the day.
- Turn on master switches for the central air compressor and vacuum units.
- Turn on master switches for the dental unit and x-ray machine.
- Ensure that the dental operatories are disinfected and barriers are placed.
- Recheck the appointment schedule for patients for the day to be certain that instruments, patient records, radiographs and laboratory cases are all available as needed for planned treatments.
- Set up the treatment room for the first patient.

Clinic Management

Closing Tasks

- All contaminated instruments have been processed and that the central sterilization area has been cleaned.
- Dental operatories are disinfected.
- Waste is properly disposed.
- Turn off master switches for the central air compressor and vacuum units.
- Turn off master switches for the dental unit and x-ray machine.
- Ensure that the dental operatories are adequately stocked for the next day.
- Post appointment schedules for the next day.
- Check appointment schedules to ensure that instruments, patient records and laboratory work are ready for the next day.

Scheduling



Scheduling

Effective appointment scheduling is vital for an efficient dental clinic. The goal of appointment scheduling is to assure dental providers are able to make good use of their time. This enables the dental team to maximize their productivity while providing quality care for patients. It also provides a calmer clinic without undue stress or tension. Additionally, patients appreciate a dental clinic that runs smoothly and on time.

Notes

Learning Objectives

- Describe appointment scheduling process for manual and computerized system
- Discuss tips to improve appointment scheduling



Scheduling

Overview

[Notes](#)

Every dental clinic should have guidelines to handle appointment scheduling. These guidelines are based upon the dental providers preferences and established dental program policy. Every effort should be made to resolve appointment-scheduling problems that will satisfy the patient and not disrupt the dental provider's treatment of other patients.

Appointment scheduling can be done with a computerized scheduling system, or manually with an appointment book. Features that are common to either system include:

- Each day is divided into columns and divided into units of time.
- The number of columns will vary according to the number of dental providers.
- Time is marked off for lunch, meetings, when the dental clinic is closed, or when a dental provider is not working.
- Patients are scheduled according to the time necessary to accomplish procedure.

The individual making appointments must know what procedure is to be provided and how much time is needed to perform the procedure. The dental provider determines the time needed for a procedure and documents this information in the patient record.

Scheduling

Appointment Entries with an Appointment Book:

Notes

When using an appointment book, all entries must be made in pencil. The appointment book entries often change. You must be able to erase entries. All entries should be legible and easy to read. All erasures should be neat, clean, and complete. Never cross out an entry. A consistent format should be followed. The format includes:

- The patient's name (usually last name first, then first name) a daytime telephone number, the procedure to be performed (designated by a code or abbreviation), and an arrow drawn showing the amount of time for the appointment. If the dental clinic uses a numerical charting system, the patient's chart number should also be noted.
- Appointment control is better managed if only one staff member makes entries in the appointment book so that entries are made in a consistent format. If more than one staff member makes appointments, be sure that each person is familiar with the office procedure for making appointment book entries.

Scheduling

Appointment Entries with a Computer:

For computerized systems, the appointment entry includes the:

- Patient's name
- Chart number
- Contact phone number(s)
- Code for the treatment to be provided
- Length of time for the appointment



Advantages to Using a Computerized System:

- Easier to locate a patient's appointment by searching on the patient's name rather than having to search through many pages of an appointment book.
- Appointments are colored coded by type of procedures. Dental providers can see at a glance what types of procedures are scheduled on a day.
- Computer systems create a daily list of patients and procedures.
- Appointment information is easier to read because there are no erasures and the information is more legible.

Scheduling

Appointment Card

After an appointment has been recorded in the appointment book or in the computer, the patient is given an appointment card. It is a good business practice to orally confirm the appointment day and time with the patient.



Confirming Appointments

A confirmed appointment greatly increases the chances that patients will appear for their appointments. When confirming an appointment, a notation is entered into the computer system or the patient's name is highlighted in the appointment book. It is best to talk to the patient personally rather than to leave a message.



Scheduling

Scheduling Tips

Notes

Emergency Patients

Emergency appointments may be scheduled at specific times or immediately depending on the severity of the emergency. If it is an acute emergency involving an accident or swelling and fever, the patient should be seen immediately. Check with your dental supervisor about how to manage dental emergency appointments. If treating a patient with an emergency causes a dental provider to run late, or behind schedule, waiting patients should be informed of the situation and given the option to wait or reschedule.



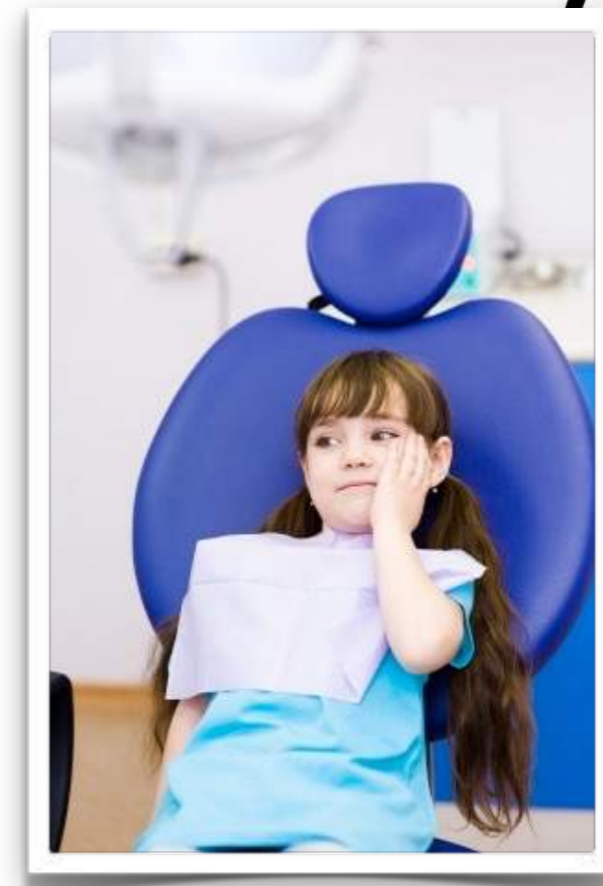
Scheduling

Scheduling Tips

Notes

Young Children

Parents and schools prefer that school children be seen in the afternoon hours after school. Unfortunately, it is usually not possible to accommodate all school children during this time. Young children are generally easier to treat during the early morning hours. Children who are hungry, (close to lunchtime), or tired, (during the afternoon), are less cooperative.



Scheduling

Scheduling Tips

Notes

Walk-in Patient

The walk-in patient is the patient who comes to the dental office without an appointment. The dental program policy may or may not include time for walk-in patients. If the walk-in patient has an emergency, follow the procedure of asking questions to determine whether the patient needs to be worked into the schedule or given an appointment on another day.



Scheduling

Scheduling Tips

Notes

Short Call List

When cancellations occur or patients do not show up for appointments, it creates unproductive time in the schedule. A short call list includes names of patients who are available to come in on short notice.



Late Patient

Patients who are habitually late for dental appointments should be encouraged to choose an appointment time which will make it easier for them to be on time. A patient who is very late may be offered another appointment, or asked if they are willing to wait until the dental provider has time available in the schedule.



Scheduling

Scheduling Tips

[Notes](#)

Broken Appointment

When a patient does not show up for a scheduled appointment, or calls at the last minute, it should be recorded in the patient's record. The patient who habitually breaks appointments should be asked if there is a problem with appointment times, or another problem you can help with. Sometimes, the patient who breaks appointments is fearful of dental treatment. If a patient does not show up for a scheduled appointment, every effort should be made to contact the patient to reschedule the appointment.



Scheduling

Resources

- Alaska Native Tribal Health Consortium/University of Kentucky College of Dentistry, Primary Dental Health Aide Training Manuals and PowerPoint Presentations.
- Bird, Doni L. and Robinson, Debbie S. Modern Dental Assisting. 10th ed. St. Louis, Missouri: Elsevier: 2012.

Health Care System Access



Health Care System Access

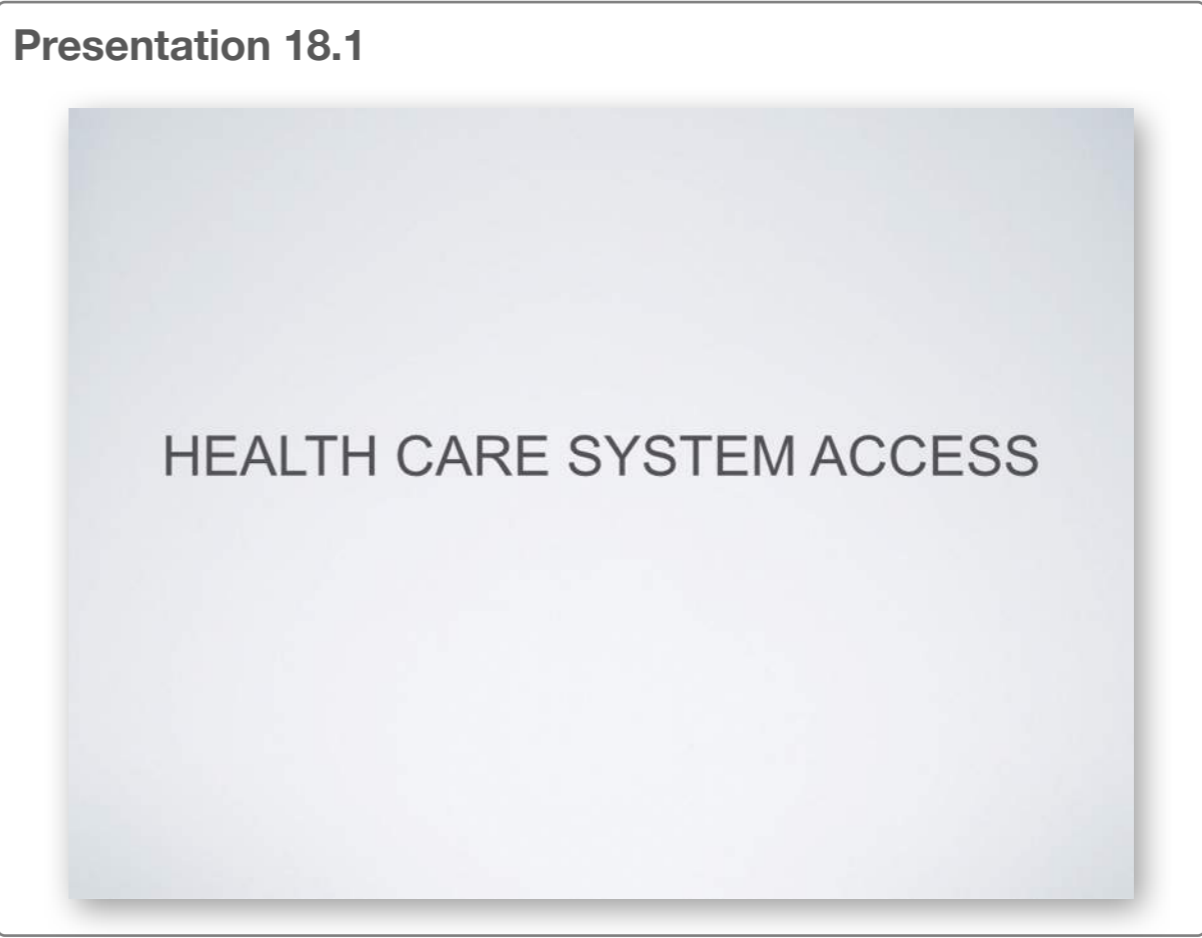


Notes

Referral: an act of referring someone for consultation, review, or further action.



Presentation 18.1



Abuse

Hurting an individual, mentally, emotionally, or physically.

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Addiction

A physical or psychological need for a habit-forming substance, such as a drug or alcohol.

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Adverse Drug Effects

The body's negative reactions to a drug. When drugs are prescribed to prevent a disease, treat a condition, alleviate pain, or suppress fear, they can possibly interfere with normal function and may even create a life-threatening circumstance.

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Adverse reaction

Unwanted, unexpected or dangerous effect.

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Allergic Reaction

Drug complication that triggers the immune response. Reactions can range from a common rash to life-threatening anaphylactic shock.

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Alternatives of treatment

Explanation of different treatment options and what to expect if treatment is refused.

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Analgesics

Drugs that reduce the sensory function of the brain by blocking pain receptors.

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Chapter 12 - Terms to Know

Anatomic response

Part of the immune system that physically prevents threatening substances from entering the body. Examples include the mucous membranes and the skin.

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Angiotensin-Converting Enzyme (ACE) Inhibitors

Drugs that slow the progression of heart failure.

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Chapter 12 - Terms to Know

Anti-inflammatory

Drugs used to relieve inflammation from arthritis and inflammatory conditions.

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Chapter 12 - Terms to Know

Antianxiety

Drugs prescribed for patients who are in a state of uneasiness of mind that resembles fear.

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Chapter 12 - Terms to Know

Antibiotic

Drug that inhibits the growth of or destroys microorganisms. Antibiotic drugs are not effective for viral diseases.

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Anticoagulants

Drugs that lengthen the time it takes for blood to clot, which can help prevent formation of blood clots that might cause a stroke.

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Chapter 12 - Terms to Know

Anticonvulsant

Drugs used to control convulsions and seizures.

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Antidepressant

Drug prescribed to those patients diagnosed with depression.

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Antidiarrheal

Drug used to treat diarrhea

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Antifungals

Drugs that are capable of treating fungal infections.

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Antihistamines

Drugs used to counteract the effects of allergies.

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Antimanic / bipolar disorder

Prescribed for patients who are in a state of hyperactivity or are exhibiting aggressive behavior.

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Antimyasthenic

Type of drugs used for muscular weakness.

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Antiparkinsonism

Type of drugs used to help control tremors.

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Antipsychotic

Group of drugs that are used to treat psychosis.

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Antispastic

Drugs used to help control spasms.

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Antivirals

Drugs that are capable of treating viral infections

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Autonomic Nervous System

ANS) Regulates involuntary action in the body such as the heartbeat and digestion. Includes the sympathetic (fight or flight) and parasympathetic (rest and digest) functions.

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Bacteria

Microscopic living organisms that can cause disease.

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Beneficence

Ethical principle to do good.

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Benefits of treatment

Description of what to expect during a procedure and the beneficial expected outcome.

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Beta-blockers

Drugs to control blood pressure, slow fast arrhythmias, and reduce chest pain associated with angina.

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Calcium channel blockers

Drugs used in the treatment of some forms of angina. They may also be prescribed to treat certain arrhythmias or high blood pressure, migraines, and Raynaud's disease.

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Cardiac muscle

Type of involuntary muscle found only in the heart.

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CDT code

Combination of letter and numbers to describe specific dental procedures. Updated annually by the American Dental Association (ADA).

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Cementum

Connective tissue that covers the root surface. Cementum firmly attaches the root to the gingiva and jaw.

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Central Nervous System

(CNS) Consists of the brain and spinal cord, and sends out nerve impulses from the sense organs, which tell the brain about things that can be seen, heard, smelt, tasted and felt.

Related Glossary Terms

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Child abuse

Physical injury, neglect, mental injury, sexual abuse, sexual exploitation or other maltreatment of a child that harms the health or welfare of a child.

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Chlorhexadine

An antibiotic that is used to control plaque and gingivitis in the mouth or in periodontal pockets. This medication is available as a mouth rinse.

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Chronological

Arranged in the order of time.

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Circulatory System

Made up of the heart, veins, and arteries to transport blood throughout the body.

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Confidential

Intended to be kept secret.

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Confidentiality

Protecting your patient's right to privacy.

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Consent

Voluntary acceptance or agreement to what treatment is planned.

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Consequences of treatment

Explanation of what would happen if a patient accepts or refuses treatment.

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Contamination

The presence of microorganisms (usually those capable of causing disease or infection) on living or inanimate surfaces.

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Crown

Visible portion of the tooth above the gingiva.

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Decontamination

The process of removing disease-causing microorganisms.

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Dental Practice Act

The law in each state that defines the scope of dental practice, and the requirements that are necessary to practice dentistry.

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Dentin

Mineralized tissue that takes up the main portion of the tooth. Enamel covers dentin in the crown; cementum covers dentin in the root.

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DHA Code of Ethics

Standards that are set by the members of a profession.

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Digestive System

Made up of the mouth, pharynx, esophagus, stomach, and intestines, which take in foods and break them down into small absorbable components to generate energy, provide the body with nutrients, and eliminate waste.

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Digitalis

Drugs that stimulate the heart to beat more forcefully.

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Direct contact

Requires physical contact between an infected person and a susceptible person, and the physical transfer of microorganisms. Direct contact includes touching an infected individual, kissing, sexual contact, contact with oral secretions, or contact with body lesions.

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Direct supervision

The dentist or dental health aide therapist in the dental office, personally diagnoses the condition to be treated, personally authorizes the procedure, and before dismissal of the patient evaluates the performance of the dental health aide.

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Disease

A disorder caused by microorganisms that produces specific signs or symptoms in a body system.

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Diuretics

Drugs to reduce fluid retention.

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Do No Harm

Any action that does not cause damage or injury.

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Drug Addiction

Physical dependence on a drug. If a person stops taking the drug, the body undergoes a withdrawal and displays physical symptoms associated with stopping use of the drug.

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Drug Interaction

Drug complication that takes place when multiple drugs are introduced to the body system. The severity of this interaction can range from minor incidents to life-threatening conditions.

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Drug Tolerance

The loss of a drug's effectiveness that occurs when a patient has taken the drug over time and no longer receives the drug's beneficial effects.

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Drug Toxicity

During the breakdown of a drug in the body, biochemical damage may take place and harm the cell. This, in turn, may cause death or mutation of the cell.

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Enamel

The hardest material in the body, and covers the outer part of the crown.

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Endocrine System

Made up of a group of glands (pituitary, thyroid, parathyroid, adrenal, thymus, pineal, pancreas, ovaries, and testes) that produce hormones that control body functions, such as metabolism, growth, and sexual development.

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Federal Tort Claims Act

Federal legislation that allows parties claiming to have been injured by negligent actions of employees of the United States to file claims against the federal government.

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Forensic

Scientific tests or techniques used in connection with the detection of crime.

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Fungi

Plural of fungus; spore-producing organisms feeding on organic matter, including molds, yeast, mushrooms, and toadstools.

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General supervision

The dentist or dental health aide therapist has authorized the procedures and they are being carried out in accordance with standing orders issued to a specific dental health aide.

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Chapter 4 - Terms to Know

Gingiva

Soft tissue that surrounds the roots of teeth. Commonly called “gums.”

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Health

Having physical, spiritual, mental and emotional well-being.

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Health Insurance Portability and Accountability Act of 1996

HIPAA specifies federal regulation ensuring privacy regarding a patient's healthcare information.

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HIPAA

Health Insurance Portability and Accountability Act.

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Immune system

The body's defense against infectious organisms. The immune system is responsible for attacking organisms that invade body systems and cause disease.

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Immune System

Provide defense against infection and disease by destroying harmful microorganisms.

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Indirect contact

Refers to situations where a susceptible person is infected from contact with a contaminated surface.

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Indirect supervision

A dentist or dental health aide therapist is in the facility authorizes the procedures, and remains in the dental facility while the procedures are being performed by the dental health aide.

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Infectious disease

Disorders caused by microorganisms such as bacteria, viruses, fungi or parasites, and can be transmitted to others.

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Inflammatory response

Works by excreting microorganisms from the body. Sneezing, runny noses, and fever are examples of the inflammatory response at work.

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Informed consent

An educated decision by a patient before the dental provider can begin treatment. Informed consent involves a discussion between the dental provider and a patient about treatment using terms and words the patient understands. The discussion should be culturally and age appropriate, and there needs to be sufficient time for the patient to ask questions.

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Informed consent for a minor

Permission granted by a parent, custodial parent, or legal guardian to provide treatment to a patient who is under the age of 18.

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Informed refusal

Decision by a patient to refuse proposed treatment after a dental provider explains the procedure, alternatives, risks, and answers questions.

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Insulin

Drug used to treat diabetes.

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Integumentary System

Consists of skin, hair, and nails that protect the body from chemicals, disease, UV light, and physical damage.

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Involuntary muscles

Type of muscle that the nervous system and hormones control automatically, such as in the stomach, heart, and intestines.

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Justice

Ethical principle to treat people fairly.

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Law

Enforceable rules that limit conduct of individuals.

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Legal liability

Obligation and responsibility set by law with consequences if not followed.

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Litigation

An action brought in court to enforce a particular right. The act or process of bringing a lawsuit.

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Malpractice

Professional negligence or failure to provide proper care and treatment.

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Mandated reporters

Requirement by law that health care providers must report suspected abuse if they observe signs of abuse or if they have reasonable suspicion of abuse.

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Medical Ethics

Values, high standards of conduct, and personal obligations reflected in interactions with other professionals and patients.

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Minor

Child who is under the age of 18 years.

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Motor neurons

Nerve cells that send impulses from the brain or spinal cord to a muscle or gland.

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Muscular System

Enables the body to stand erect and move.

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Need to know

Only individuals who are providing treatment to a patient have access to his/her dental records. Discussion of patient's care is limited to only those providers who are providing dental treatment.

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Need to Know

Only providers who are treating the patient are allowed to read what is in a patient's chart.

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Negligence

Failure to provide proper care and treatment to a patient.

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Nervous System

Made up of the brain, the spinal cord, and nerves, and is the body's control system.

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Non-infectious disease

A medical condition that is caused by genetics, environment or life style, and not by disease-causing organisms.

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Non-Opioid Analgesics

Non-steroid anti-inflammatory drugs such as acetaminophen (Tylenol), ibuprofen (Advil, Motrin) and aspirin.

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Nonmaleficence

Ethical principle to do no harm.

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NV

An abbreviation for next visit.

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Opioid Analgesics

Control substance drugs prescribed to suppress the perception of pain and reduce the number of pain signals sent by the nervous system to the brain. Opioids are used to reduce moderate to severe chronic pain.

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Parasite

An organism that lives in or on another organism (its host) and benefits by deriving nutrients at the host's expense.

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Parasympathetic nervous system

Part of the autonomic nervous system that is responsible for the rest and digest response.

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PARQ

The abbreviation to document the informed consent discussion between the dental provider and the patient is PARQ (Procedure, Alternatives, Risk and Questions).

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Patient Autonomy

Patients have the freedom to participate in decisions regarding treatment, and to expect safeguards to patient's privacy.

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Patient of record

An individual who has been examined and diagnosed by a dentist, and has a treatment plan.

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Patient's Rights

Legal and ethical policies that define the provider-patient relationship. This includes the patient's right to privacy, the right to quality medical care, and the right to make informed decisions about care and treatment

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Chapter 3 - Terms to Know

Peripheral Nervous System (PNS)

Includes the craniospinal nerves that branch off from the brain and the spinal cord, and carries the nerve impulses from the central nervous system to the muscles and glands.

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PPE

Personal Protection Equipment (gloves, facemask or shield, protective eyewear and clothing) shield a provider's hands, face, eyes and nose from disease-causing germs.

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Professionalism

The respect and sensitivity toward the needs, culture, gender, age and disabilities of a patient.

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Progress notes

Permanent record of the patient's dental treatment.

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Prophylactic Antibiotics

Prescribed for patients who have had a heart transplant, an artificial heart valve, a history of infective endocarditis, or serious congenital heart conditions. The antibiotics are used as a preventive measure and given to a patient before dental treatment.

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Protected health information (PHI)

Any information about health status, provision of health care, or payment for health care that can be linked to a specific individual.

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Pulp

The softer, living inner structure of a tooth found in the crown and in the roots. The pulp contains blood vessels and nerves which are connected to the body's blood and nervous systems.

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Release of Information (ROI)

Permission to allow information to be shared from the patient record to/from other agencies or given to the patient or the patient's representative.

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Chapter 15 - Terms to Know

Reproductive System

Responsible for the production of new life.

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Respiratory System

Brings air into the body and removes carbon dioxide. It includes the nose, trachea, and lungs.

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Risk

Description of potential consequences associated with having the treatment completed or not having the treatment completed.

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Risk management

Refers to the procedures and practices that are used to avoid lawsuits.

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RMH

An abbreviation for reviewed medical history

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Root

Portion of the tooth under the gingiva. Roots secure a tooth in the jaw.

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Root apex

The tip of the root end.

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Scope of work

Description of the services that can be provided by a dental provider.

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Sensor neurons

Nerve cells that transmit sight, sound, feeling, smell, and touch to the brain or spinal cord.

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Sequential

A series of steps in a logical order

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Sharps container

Made from rigid plastic with a special opening to dispose sharps. The container is marked with a line that indicates when the container should be considered full and properly disposed of.

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Signs

Physical manifestation of injury, illness or disease. Signs are objective in the sense that they can be felt, heard or seen. A high temperature, a rapid pulse, low blood pressure, open wound and bruising are considered signs.

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Skeletal muscles

Type of muscles that help the body move.

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Skeletal System

Made up of bones, ligaments and tendons. It shapes the body and protects organs.
The skeletal system works with the muscular system to help the body move.

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Smooth muscles

Type of involuntary muscles located inside organs, such as the stomach and intestines.

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SOAPE

An acronym for subjective findings, objective findings, assessment, plan, and education that serves as a method to document patient visits in a patient record.

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Standard of care

Level of knowledge, skill, and care provided is comparable with that of other dental providers who are treating similar patients under similar conditions.

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Standard precautions

A set of infection control practices used to prevent transmission of diseases that can be acquired by contact with blood, body fluids, non-intact skin (including rashes), and mucous membranes. Standard precautions are to used when providing care to all individuals, regardless of their medical history or whether they appear infectious or symptomatic.

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Standing order

A written authorization for the provision of specific services authorized by the Alaska Community Health Aide Program Certification Board (CHAPCB). Standing orders are based on the individual level of training and experience of the dental health aide. The supervising dentist or the DHAT and the dental health aide involved with the standing orders must be available to each other for communication and consultation regarding patient care as needed.

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Statins

Drugs for lowering cholesterol.

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Supervision

Conditions under which a patient of record may be treated by a DHA.

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Sympathetic nervous system

Part of the autonomic nervous system that is responsible for the fight or flight response.

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Symptoms

What a patient experiences. Symptoms are subjective in the sense that they are not outwardly visible to others. It is only the patient who perceives and experiences the symptoms. Chills, shivering, fever, nausea, shaking and vertigo are considered symptoms.

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Tampering

Altering or falsifying entries in a patient's record.

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Tort

Civil wrongdoing involving an act that brings harm to a person or damage to property.

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Treatment Plan

A written description of procedures recommended by the dentist to restore the patient to good oral health.

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Vasodilators

Drugs that reduce the work of the heart and are often prescribed to treat chest pain resulting from angina.

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Veracity

What is said is truthful and accurate.

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Chapter 3 - Terms to Know

Virus

A microorganism that is smaller than bacteria that cannot grow or reproduce apart from a living cell. It invades living cells to live and replicate.

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Chapter 8 - Terms to Know

Voluntary muscles

Type of muscle whose action is normally controlled by an individual's will.

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Vulnerable adult

A person 18 years of age or older who, because of incapacity, mental illness, mental deficiency, physical illness or disability, advanced age, chronic use of drugs, chronic intoxication, fraud, confinement, or disappearance, is unable to meet the person's own needs or to seek help without assistance.

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Wellness

Active process of becoming aware of and making choices toward a healthy and fulfilling life.

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Witness

A person who acknowledges the dental provider explained treatment risk, benefits, and consequences, and whether a patient agreed or refused treatment.

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