

The Role of Dental Assistant in the Dental Procedures with Medically Compromised Patient



Branka Crnkovic*

School of Dental Medicine, University Dental Clinic, University Hospital Center, Zagreb, Croatia

Submission: January 03, 2022; **Published:** January 27, 2022

***Corresponding author:** Branka Crnkovic, University of Zagreb, School of Dental medicine, University Dental Clinic, UHC, I. Gundulica 5, 10000, Zagreb, Croatia Email: branka.crnkovic@gmail.com

Introduction

Dental assistants assist in the work of the dentist for the effective implementation of all dental procedures, including the assisting during the treatment of medically compromised patients (MCP) [1,2]. A medically compromised patient is a patient whose immune system or any other organ system is compromised with the particular systemic disease or condition which puts the body in a state of reduced defense response causing a variety of complications which can affect oral health and dental treatment [2]. Medically compromised patients come to the dental practice with a diagnosis of acute or chronic systemic disease, history of medications or treatment which can cause lesions in the oral cavity or complications during dental treatment and thus require modifications of dental treatment [1,3]. Because of the complex condition, underlying disease, medication or disability, these patients require special attention of the whole dental team.

It is a generally accepted fact in dentistry that preserving oral health prevents tooth loss and accompanying oral complications and the development of oral diseases and preserve quality of life [3]. More than 100 systemic diseases are considered to be related with the poor condition of the oral cavity or have oral manifestations [1]. Therefore, dental assistants, as an important and valuable part of the dental care team, should have basic knowledge about these patients and the nature of their disease or the physical condition or disability. The dental assistant should recognize a risk patient while still in the "waiting room", but it should be emphasized that only a dentist diagnoses a particular acute or chronic oral disease of the patient and determines the plan and course of their treatment.

Dental procedures performed in the treatment of medically compromised patients may be limited to emergencies and those performed routinely in accordance with certain guidelines without supplementing or with supplementing the treatment plan and in each of them a dental assistant has its role [1,4].

Routine procedures without supplementing the treatment plan are performed in MCP with chronic diseases which is well controlled, at rest, and in balanced therapy. In such patients it is important to establish good communication, ie explain the course of the procedure (depending on age, gender, education, patient desire to solve the problem), to give support, and show understanding for patient's problems, and create a pleasant atmosphere or remove possible fear. In patients with trauma of the jaw and teeth, the dental assistant should pay attention to the slow movement of the dental chair, help the patient to lift and the first steps after dental procedures, do not order the patient too early "at dawn", treatments should be shorter, sometimes it is necessary to transfer a patient with limited mobility from the wheelchair to the dental chair and back.

Procedures with supplementing or changing the treatment plan are carried out in the following cases:

- a) before other medical procedures (e.g., before organ transplantation, in oncology patients, in patients undergoing radiotherapy and/or chemotherapy)
- b) in patients with chronic diseases which causes changes in the oral cavity
- c) in patients with diseases of the oral cavity
- d) in patients in the terminal period who receive only necessary dental care or emergencies (e.g., with advanced cancer).
- e) Patients with physical disabilities (in wheelchairs, visually impaired, hearing impaired) face a number of difficulties when coming to the dental office. Sometimes it takes more time to arrange their arrival at the dental office. Good teamwork and communication is a prerequisite for their preparation for the conduct of dental procedures [1].

f) Visually impaired people rely on a sense of touch and verbal communication. These patients need to be explained all the procedures before they are performed, they also need help to get on the dental chair while holding the patient's hand and describe possible obstacles along the way.

g) With the arrival of low-hearing patients, it is necessary to remove unnecessary noise in the office, such as loud music. When communicating, it is necessary to take off the mask and work with the visor to make it easier for the patient to read from the lips, it is necessary to use mirrors, models, drawings and other forms of written information.

The procedures for all patients, including high-risk patients (for example, with hepatitis, AIDS) are as follows:

a) obligatory wearing protective clothing, goggles, mask, gloves, visor

b) high risk patients need to be ordered at the end of working hours (potential infectious carriers)

c) before dental procedure put only what is needed for the current procedure on the work surface

d) dispose all materials, instruments, accessories used in the procedure in a container with disinfectant

e) dispose of contaminated material in infectious waste (masks, gloves, pumps, aprons)

f) after the procedure, wash the dental unit with detergent and disinfect the surfaces, disinfect the aspiration system and the fountain properly

g) put protective clothing in a bag for contaminated laundry

h) wash and disinfect all work surfaces

i) In high-risk patients, the oral cavity care and the care for dental replacements (dentures) as well as the hygiene accessories used at home, are of particular importance, and the patient should be warned and instructed on how to maintain oral hygiene.

The role of the dental assistant in the preparation, during and after the dental procedure:

Before starting each of the planned dental procedures, it is necessary to carry out certain preparatory actions. At the beginning, it is necessary to inspect the patient's medical documentation (medical record), obtain the patient's consent (informed consent) to perform the procedure, prepare the necessary materials, instruments, accessories, and equipment. If these standards of preparation are not met, the effectiveness of dental procedures may come into question. There are also certain special needs for medically compromised patients which relate to [1,4]: carrying out the planned dental procedures, communication with the patient and accompanying family members, comfortable placement of the patient in the dental chair.

On the day of scheduled arrival of the MCP to dental office it is necessary that dental assistant:

- recognize the patient in the waiting room
- establish communication with the patient and his/her accompaniment
- take medical documentation from a patient or his/her accompaniment
- welcomes and accompanies the patient to the dental unit. The patient should be greeted with empathy, eye contact, smile and a personal introduction.
- helps patient with its comfortable placement, adjust the dental chair depending on the disease and condition of the patient, transfer the patient from the wheelchair, helps with the use of other orthopedic aids, crutches, etc.
- create conditions of trust, comfort and cooperation
- provide a place for accompaniment (the presence of a family member relieves fear)
- use protective gloves, mask, goggles
- protect the patient according to the protocol (protective apron, goggles)
- place materials, accessories, instruments for the procedure on the work surface
- position the reflector light

Care for the patient during the procedure:

Throughout the procedure, the dentist relies on the assistance of a dental assistant in adding accessories, instruments, and dental materials. For this purpose, appropriate coordination of work and communication between the dentist and the dental assistant is required.

During dental procedures it is necessary to: help the patient rinse the mouth, hold the dental pump, hold patient cheek, lips, tongue with dental mirror or wooden spatula, perform compression in case of possible bleeding, monitor the patient's vital functions during the interruption of the procedure.

Care for the patient after the performed procedures:

Carefully lift the patient from the dental chair, slowly in stages, hold on patient, add orthopedic and other aids to the patient, communicate with the patient. Give instructions to the patient for further procedures (how to perform oral hygiene at home, arrange follow-up visits, scheduling the next treatment) communication with the accompaniment. Cleaning, disinfection and sterilization of all working surfaces according to the standard infection control protocol [5]. Record data in the patient's medical records and perform other administrative work [1,4].

Conclusion

Medically compromised patients represent a special group of dental patients. Therefore, dental assistants need to have knowledge about these patients and their acute and chronic diseases and disabilities. Some diseases have a greater or lesser impact on the condition of the oral cavity and also on the implementation of dental procedures during dental treatment. Therefore, dental assistants, as the members of the dental team, should be aware of peculiarities and complexity of these patients and participate in the preparation of the treatment plan and its performance. It is especially important to emphasize that the dental assistant with particular care should carry out procedures from its scope of work within the dental team.

References

1. DL Bird, DS Robinson (2015) Modern Dental Assisting. 11th ed. St.Louis, Missouri, Saunders (Elsevier Inc.) p 415- 427, 454-468, 514, 518.
2. JW Little, DA Falace, CS Miller, NL Rhodus (2008) Dental Management of the Medically Compromised Patient, 7th Ed, St.Louis, Missouri, Mosby Inc. p DM-2-DM-63.
3. JC Spanemberg, JA Cardoso, EMGB Slob, J Lopez-Lopez (2019) Quality of life related to oral health and its impact in adults. J Stomatol Oral Maxillofac Surg 120 (3): 234-239.
4. B Crnković (2019) Dental assistant and at-risk patients. In: M Mravak-Stipetić et al. Eds., General health through oral health - multidisciplinary approach. Croatian Dental Chamber, Zagreb, p 190-201.
5. (2016) Center for Disease Control and Prevention. Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care. US Department of Health and Human Services, Division of Oral Health.



This work is licensed under Creative Commons Attribution 4.0 License
DOI: [10.19080/JOJNHC.2022.12.555832](https://doi.org/10.19080/JOJNHC.2022.12.555832)

Your next submission with Juniper Publishers will reach you the below assets

- Quality Editorial service
- Swift Peer Review
- Reprints availability
- E-prints Service
- Manuscript Podcast for convenient understanding
- Global attainment for your research
- Manuscript accessibility in different formats
(Pdf, E-pub, Full Text, Audio)
- Unceasing customer service

Track the below URL for one-step submission
<https://juniperpublishers.com/online-submission.php>