

Diagnostic Review: The Checklist

Go over this checklist carefully well before the DXR appointment. It tells you the sequence of the appointment, but the items in *blue italics* highlight areas you should make notes on before the appointment. Have a specific set of questions on those items that puzzled you as you were developing your treatment plan. Print this out, make your own notes on it, and bring it in with you.

- 1. Seat your patient, ask appropriate prep questions, if all negative, take their blood pressure. Find the faculty member assigned to work with you on the case. Let them know you are ready to start. If you have time, write up your basic clinical note.
- 2. In the conference room, **sign in on Citrix and AxiUm**. Select the Rolodex [the top icon on the left]. Type the first few letters of your **patient's last name**, click on the "Name" box in the lower card. Find your patient; double click on the patient's name to put it in the list on right.
- 3. Open the **dental record** [the tooth icon on the left of the desktop]. Pull up the radiographs and open them on the second monitor. Now the dental record and radiographs should both be visible.
- 4. Go to "**FORMS**" tab. Review these tabs beginning on the left: in the Health Hx, insure that "Yes" questions have been properly explored ("yes" answer on allergy needs a reaction) and an appropriate answer is listed. *All meds should have a diagnosis associated with them, as well as dental implications. Likewise, in the Extraoral and Intraoral exams note any abnormalities the student has identified. Follow-up as appropriate, usually by researching on a site like Lexi-Comp.*
- 5. **Radiographs:**
 - Verify the "Radiology Intpret" form
 - Verify the "existing restorations" charting against the radiographs. Make sure that if there is a restoration charted it is actually on the radiograph in the correct material and vice versa. Correct any obvious discrepancies. *Note any you're not sure of below:*

 - Check the caries charting against the radiographs. *If you are not sure if areas are carious, do not chart them, instead, make a note of any discrepancies or any areas you are not sure are carious to ask the faculty member for a final determination:*

 - Make sure the charted perio pocket depths make sense looking at the radiographs.
- 6. **Treatment Plan.** Go to the Treatment Planning tab and review the plan.
 - Review the Problems list. It should be concise, avoiding redundancy, while covering the spectrum of the patient's problems. Ex: a pt with 4-6 mm perio pockets- no need to list plaque, bleeding on probing, both sub- and supra-gingival calculus. In this case, pick the worst problem or two; the rest can be inferred.

- Review the Diagnosis list. Most problems should be associated with a diagnosis (hence the need for a reasonable Problem List). Review that they make sense as they will be the foundation for the treatments.

- Review the Plans.

1. Ideally, any **Phase 1** treatment should be in its own treatment plan and should include any urgent or important diagnostic care, ie, consults or determining restorability.

2. **Phase 2** plans should be logical and sequenced correctly. Alternative treatment plans should always be considered; if there are other significantly different options, they should be listed as alternative treatment plans.

Remember: without options, there is no informed consent.

- 7. **Evaluate the patient.** The faculty member will glove up and examine the patient. The student should operate axiUm and take notes- no need for gloves.
- 8. **Enter all corrections. Approve all tabs,** sign the clinic note. Remember to change the D0150 from P (planned) to C (complete). Write up note:

Periodic Exam (*for D0120*) or Comprehensive Exam (*for D0150*). RMH: *list changes*

CC: *list chief complaint in patient's words*

Exam: Intraoral soft tissue exam: *list findings*; OCSE – *neg (pos)*. Caries identified: (*list areas*); CRA reviewed (*list number, category (High, Med, Low) and interpret major reason(s) for category if other than low*), PSR: *x-x-x/x-x-x*. Consults needed: (*list department and brief explanation of why, ie, Oral Pathology for eval of lesion described above*). Films Needed: *none (BW's, PA #X etc)*

Treatment plan reviewed (and modified if needed)

- 9. **Present treatment planning options** to patient, have the patient sign the treatment plan they choose.
- 10. Take patient to **Compliance Counseling**

What questions came up when you were treatment planning the patient that you want to remember to ask the faculty?