

Pendulum Hotel,
Manchester
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Record Keeping

What has changed in the guidance from FGDP 2016?

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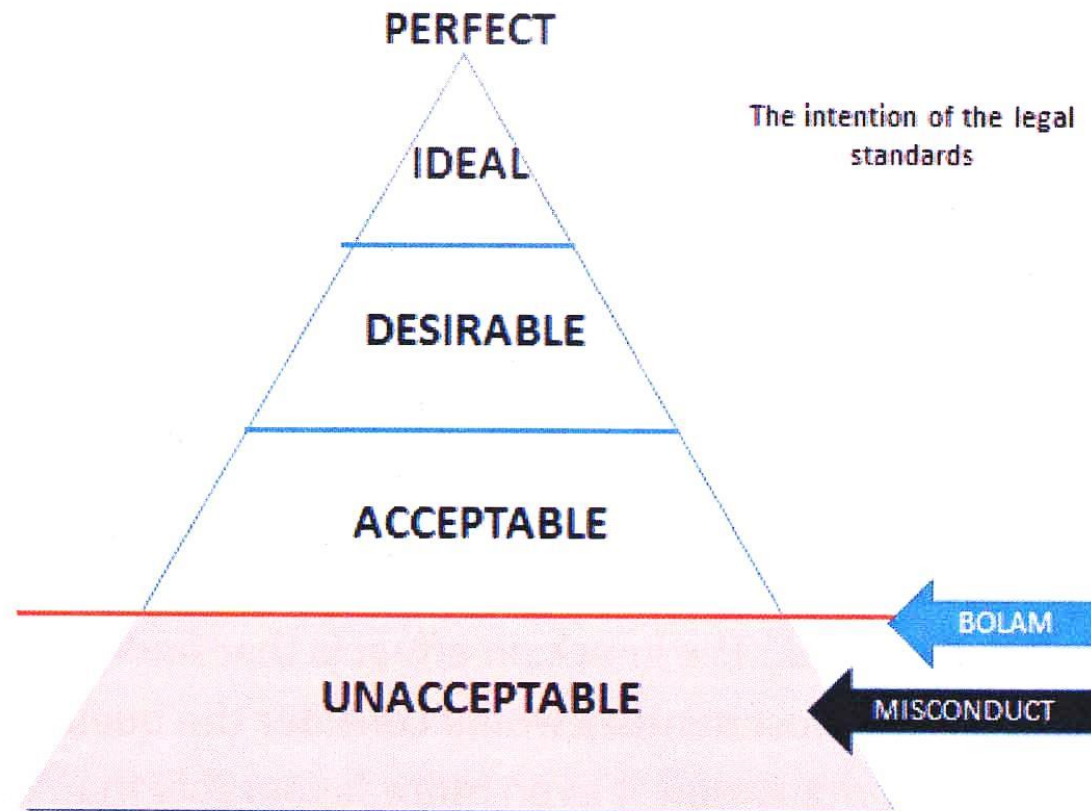


Great Dental Myths?

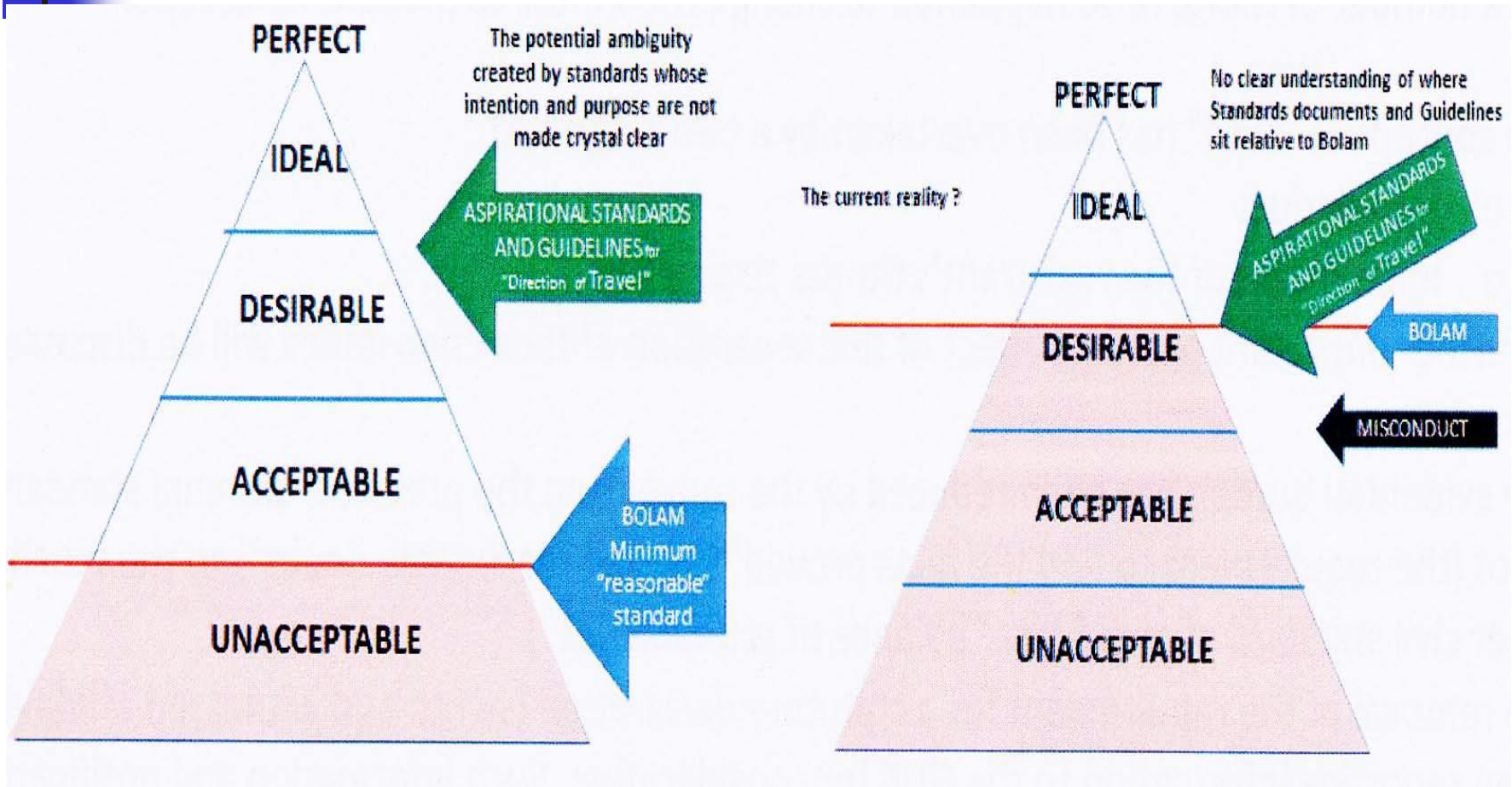
- “Good records make you bomb proof”
- “Records must be made by the dentist”
- “If it wasn’t written down, it wasn’t done”
- “No-one expects you to write everything down”
- “No records = no defence”



Professional Standards



Professional Standards





1. Guidance

- A= Aspirational
- B= Basic (or Baseline)
- C= Conditional
- *G= Guidelines*



For example

Medical history information to be recorded at pre-exam, recall exam, emergency dental, emergency trauma, and on receiving referral:

- New form completed or updated. **B**
- Dated and signed by patient and clinician. **B**

3.4 SOCIO-BEHAVIOURAL HISTORY

This may be included as part of the medical history form. It can include:

- Tobacco/smoking habit. **B**
- Alcohol consumption. **B**
- Recreational drug use (the patient may not wish to divulge). **A**
- Eating habits. **A**
- Dietary information (where relevant). **C**
- Participation in contact sports. **C**
- Playing of musical instrument involving use of mouth. **C**
- Occupation. **B**



Record Keeping, Why?

- Evidence examination, diagnosis and treatment.
- Record patient choice and consent.
- Record payment made.
- Facilitate continuing care.



Making Records

- Written, graphic and sculpted.
- Contemporaneous
- Accurate
- Complete
- At least checked by clinician



Making Records, What?

- Personal details
- Medical & social history
- Presenting complaint
- Examinations
- Special tests
- Diagnosis
- Treatment plan
- Consent

Abbreviations

■ # Fracture	MAF Master Apical File	■ F/- Full Upper Denture	Rets Retainers
■ /\ Diagnosis	MAP Master Apical Point	■ -/F Full Lower Denture	R/V Review
■ Abut Abutment	NAD No Abnormalities Detected	■ F/F Full Dentures	RF Root Filling
■ Addn Addition	NTR No Treatment Required	■ F/S Fissure Sealant	Rx Treatment/ Prescription
■ Adren Adrenalin	O/B Open Bite	■ FA Fixed Appliance	S/M Study Models
■ Alg Alginate	O/E On Examination	■ FMPA Frankfort Mandibular Planes Angle	S/T Soft Tissues
■ Ant Anterior	O/J Overjet	■ Func A Functional Appliance	S+P Scale and Polish
■ ANUG Acute Necrotising Ulcerative Gingivitis	O+D Open and Dress	■ GA General Anaesthetic	Script Prescription
■ AOB Anterior Open Bite	OH Oral Hygiene	■ GIC Glass Ionomer Cement	Skel.P Skeletal Pattern
■ Appl Appliance	OHI Oral Hygiene Instruction	■ Ging. Gingivae	SN Special Needs
■ AR Amalgum Restoration	OPG Orthopantomograph	■ GP Gutta Percha	Sp Tray Special Tray
■ AUG Acute Ulcerative Gingivitis	OPT Orthopantomograph	■ Haem Haemostatis	SS Slow Speed
■ BOP Bleeding on Probing	Ortho Orthodontics	■ HP Handpiece	T/A Toothache
■ BPE Basic Periodontal Examination	P/- Partial Upper Denture	■ HS High Speed	T/P Treatment Plan
■ BW Bitewing radiograph	-/P Partial Lower Denture	■ IDB Inferior Dental Block	TBA Toothbrush abrasion
■ C/O Complaining Of	pa Periapical radiograph	■ Imps Impressions	TBI Toothbrush Instruction
■ C/W Cotton Wool	PDL Periodontal Ligament	■ Infil Infiltration	TC Treatment Complete
■ Ca(OH)2 Calcium Hydroxide	Perio Periodontal	■ Insp. Inspection	TCA To Come Again
■ cem cement	POIG Post Operative Instruction Given	■ I/O Intra-oral TD Temporary Dressing	
■ Ceph Cephalometric Lateral Skull Radiograph	Pol Polish	■ IOTN Index of Orthodontic Treatment Need	TMD Temporo-Mandibular Dysfunction
■ CHX Chlorhexidine Di-gluconate	Post Posterior	■ IRM Intermediate Restorative Material	TMJ Temporo-Mandibular Joint
■ comp composite	PRR Preventative Resin Restoration	■ Irrig. Irrigation	TTP Tender To Percussion
■ Cons Conservation	Prophy Prophylaxis Paste	■ IVS Intra-venous Sedation	URA Upper Removable Appliance
■ CPITN Community Periodontal Index Of Treatment Need Pt. Patient		■ KUO Keep Under Observation	USS Ultrasonic Scale
■ D/W Discussed With	Q Quadrant	■ LA Local Anaesthetic	W/M Working Models
■ Ex Exam	RA Relative Analgesia	■ LB Long Buccal WL	Working Length
■ EXT Extraction	RCT Root Canal Treatment	■ LF Lost Filling	X Bite Cross Bite
■ E/O Extra-oral	RD Rubber Dam	■ LLBUI Lower Lip Below Upper Incisor under General Anaesthetic	XGA Extraction
		■ M/H Medical History`	XLA Extraction under Local Anaesthetic



Abbreviations

- NAD
- CPITN
- NFN
- RSP



Examinations; Extra oral

- Facial signs (Abnormalities, Symmetry, Moles & Blemishes)
- Lymph nodes (Submental, submandibular, superficial and deep cervical)
- Lips
- TMJ

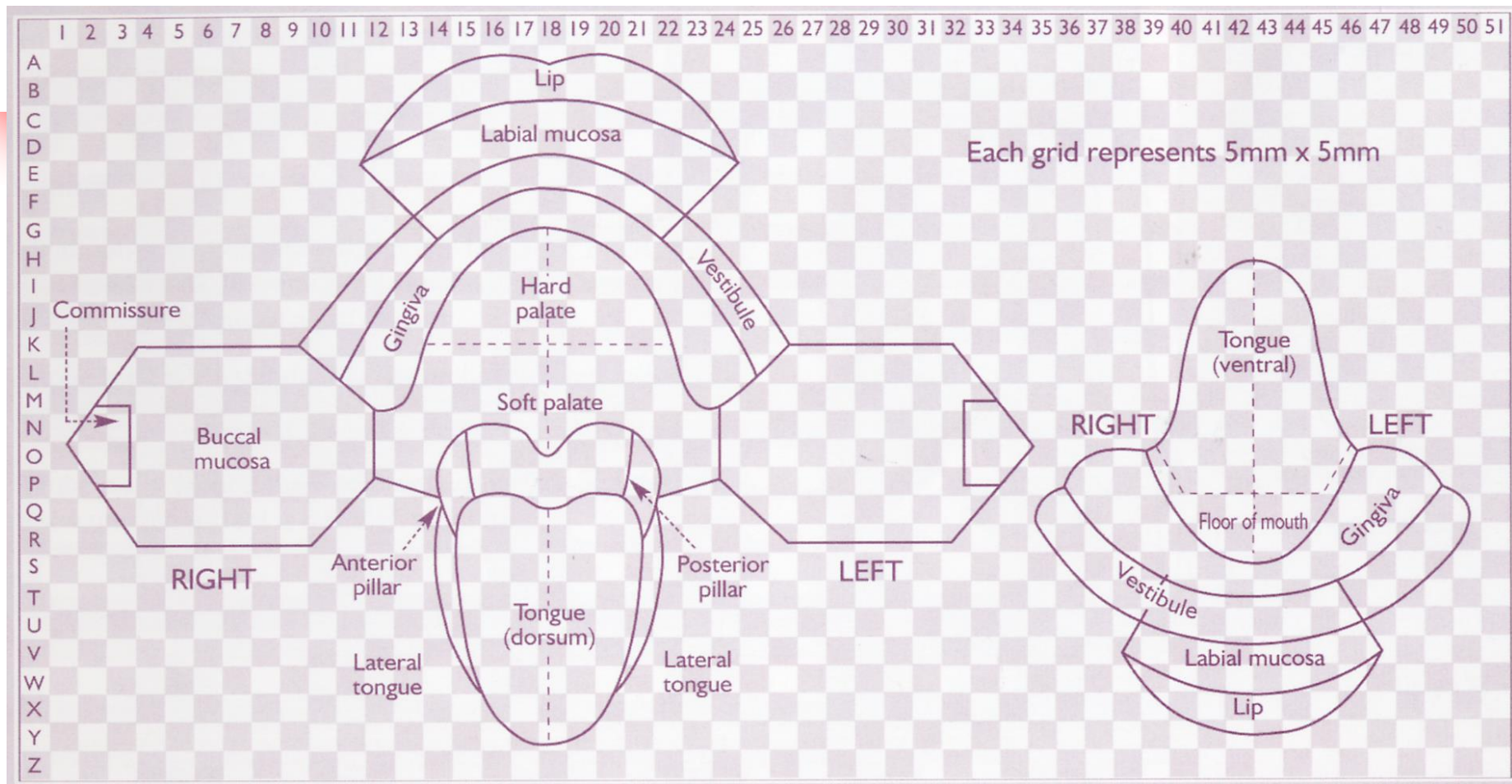
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Examinations: Intraoral (ST)

- Site
- Size
- Shape
- Attachment
- Consistency
- Sensitivity
- Colour
- Temperature
- Pain?
- Site
- Onset
- Duration
- Radiation
- Severity
- Characteristics
- Timing
- Precipitation
- Relieving factors





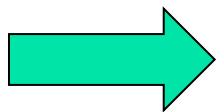
Special tests

- Justification
- Report
- Quality Assurance



Risk Assessment

- Caries (*past experience, biofilm score, current CoT etc*)
- Perio (*Presenting status, response to treatment, status after current CoT*)
- Other factors: *lifestyle choices, watch notices*



Recall advice



Keeping Records

- How?
- How long?
- What?
- Where?
- Backup.
- Disposal.



Dental Records or not Dental Records?

- Reports for Insurance Company etc
- Dento-legal reports (e.g. for GDC)
- Complaints Investigations
- Correspondence with Solicitor(s)
- Correspondence with Indemnifier

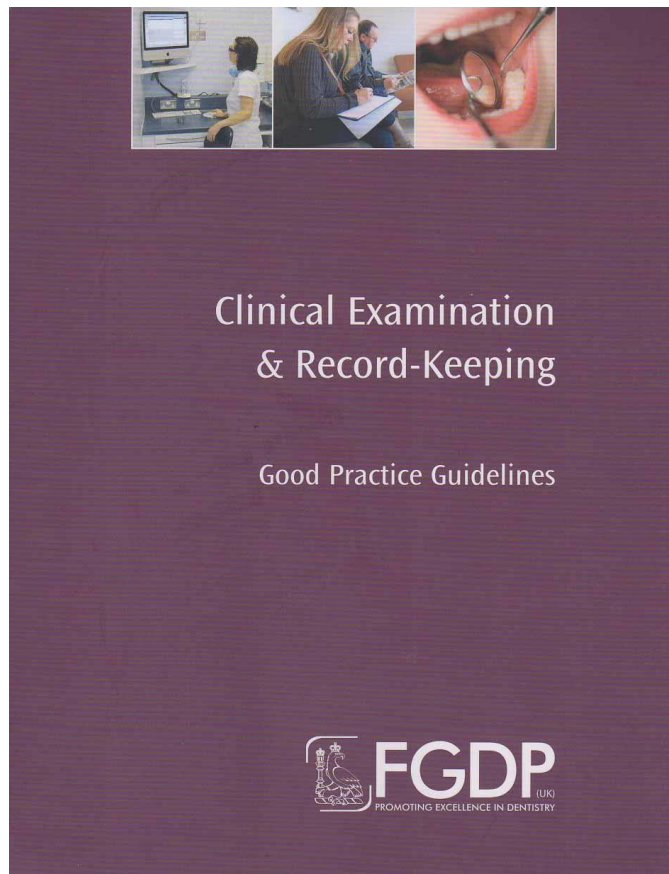


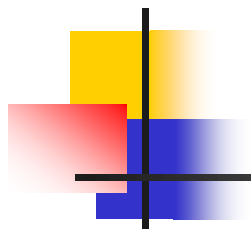
Telling the story

- Can you understand what, why and when?
- ID>Medical & Social Histories>Presenting Complaint>Examination(s)>Provisional Diagnosis>Special Tests>Definitive Diagnosis>Treatments Plans>Consent>Treatment> *Payment*



Further Reading





Thank you for listening
Any questions?

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