MONTANA STATE PRISON
OPERATIONAL PROCEDURE

Procedure:	**MSP HS E-06.4 PERIODONTAL CARE**
Effective Date:	11/01/2010 Page 1 of 6
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I. PURPOSE

Provide inmates with access to emergent and non-emergent periodontal care as well as instruction in personal oral health care.

II. DEFINITIONS (see Glossary)

III. REQUIREMENTS

A. Inmate Periodontal Health

1. To provide for treatment and maintenance of each inmate's periodontal health:
   a. all inmates should receive an evaluation, diagnosis, and treatment plan for their periodontal care;
   b. periodontal care may also include emergent and non-emergent dental debridement, as well as periodic periodontal evaluation and treatment; and
   c. inmates should receive the following to assist them in improving and maintaining their own oral health:
      1) instruction in personal oral hygiene;
      2) periodic assessments; and
      3) follow-up oral hygiene instruction.

B. Comprehensive Oral Examination

1. An assessment of the inmate's overall periodontal condition should be made, and a periodontal treatment plan determined.

2. As part of the inmate's initial Comprehensive Oral Examination, the dentist should complete and document:
   a. a Periodontal Screening Record (PSR);
   b. an evaluation of the inmate's general periodontal condition, calculus, and plaque levels;
   c. an assessment of the inmate's personal oral hygiene;
   d. a periodontal care treatment plan for the inmate; and
   e. discussions about significant periodontal conditions and recommendations.

3. Notations should be made in the Dental Hygiene Form. To access this form, the Forms Tab on the Electronic Health Record (EHR) Main Page is opened.

4. Instruction in oral hygiene, preventive oral education, *Privacy Practice Notification,* and if applicable Tobacco Cessation should be provided to each inmate, as needed and if not already provided.

C. Periodontal Screening Record (PSR)

1. A PSR will be determined for each inmate.
   a. The PSR is the standardized periodontal screening developed by the American Dental Association and the American Periodontal Association.
   b. It is an efficient method to determine the inmate's overall periodontal condition.
   c. The PSR will assist in the determination of the periodontal treatment the inmate will receive.

2. PSR readings of two or less generally indicate minimal periodontal involvement.
   a. The Periodontal Care program for these inmates will consist of annual Dental Prophy (dental cleaning) appointments starting approximately 1 year after the inmate's initial arrival at MDIU.

3. PSR readings of 3 or 4 indicate generalized periodontal disease, or the existences of specific periodontal conditions or defects.
   a. The Periodontal Care program for inmates with PSR readings of 3 or 4 (2 sextants of code 3 or 1 sextant of code 4) should consist of:
      1) an Initial Debridement (ID) appointment, as appointment availability permits; this appointment may occur prior to the first Re-Care Examination;
      2) a Dental Prophy;
      3) at the inmate's second Dental Prophy (dental cleaning) appointment, a complete periodontal evaluation including full mouth probing should be completed;
      4) annual re-care dental cleanings and oral examinations should occur thereafter; and
      5) additional periodontal care appointments can be scheduled on a case-by-case basis.

4. For PSRs of * 3 or *4, if an inmate has a 3 or 4 reading in only a specific area in a sextant (such as distal to # 18 only), a *3 or *4 will be recorded.
   a. Specific notes about this should be documented, which could include specific periodontal probe readings for the area.
   b. If more than one area has a PSR record of 3 or 4 in the sextant, the *3 or *4 coding should not be utilized.
   c. Inmates with *3 or *4 will utilize the Periodontal Care protocol for PSR Records of 2 or less if all other PSR readings are 2 or less.
      1) However, the condition leading to the *3 or *4 should be documented and if appropriate, the inmate's treatment plan should reflect the plan for resolving the condition.

5. A new PSR should be taken at each annual Re-Care Dental Cleaning appointment.

D. General Prophy (Dental Cleaning) Appointments

1. Inmates will be scheduled for a General Prophy appointment approximately one year after the inmate's initial arrival at MDIU.

2. The Dental Prophy appointment will consist of:
   a. A basic dental cleaning utilizing ultrasonic and / or hand instrumentation consisting of removing the majority of the inmate's calculus and plaque build-up.
   b. A Periodontal Screening Record (PSR).
   c. An assessment of the inmate's personal oral hygiene.
   d. Oral Hygiene Instruction (OHI) provided as needed, to improve and re-enforce the inmate's personal oral health care.
   e. *The Oral Hygiene Acknowledgement* form should be electronically signed by the inmate at this appointment, if this was not done at a prior appointment. This form can be accessed by opening the form on the Forms Tab on the EHR Main Page.
   f. Preventive fluoride treatment may be given, if deemed beneficial for dental caries management.

3. Appointment notations should be entered in the EHR.

4. Complete periodontal evaluations including full mouth probing will usually be completed at the second dental hygiene appointment if PSR recommends.

5. An inmate who does not desire a dental cleaning appointment:
   a. will be instructed to "kite in" to request an appointment in the future;
   b. should electronically sign the *Release of Responsibility* form in the EHR.
      1) Alternatively, the *Refusal of Treatment* form can be reviewed, signed, and uploaded into the EHR.

E. Initial Debridement Appointment

1. Inmates with 2 or more sextants with PSR readings of 3 or one sextant (or more) of PSR readings of 4 will be scheduled for an Initial Debridement (ID appointment), if the clinical appointment schedule times are available.
   a. This appointment may be scheduled prior to the inmate's first annual Re-Care Oral Examination / Dental Prophy appointment.

2. The ID appointment will be an abbreviated periodontal cleaning with the purpose of:
   a. removing the majority of the inmate's calculus and plaque build-up; and
   b. to further educate the inmate in personal oral health care.

3. An assessment of the inmate's personal oral health care should be made.
   a. Additional OHI will be given to the inmate as necessary.

4. If the inmate is scheduled to receive a partial denture, a dentist should evaluate the inmate's periodontal condition prior to placement of the partial denture.
   a. This evaluation can occur at the time of the Dental Prophy appointment or in a follow-up appointment.

5. If the inmate still has not significantly improved their oral hygiene condition, the OHI should be repeated.
   a. The inmate may be scheduled for re-evaluation of their oral hygiene condition.

F. Oral Hygiene Re-Evaluation

1. If, after the Initial Debridement appointment, an inmate who presents with an apparent lack of desire or ability to properly maintain oral health may be placed in an Oral Hygiene Re-Evaluation program.

2. The inmate should again receive the complete OHI program, including interactive instruction and instructive aids such as dental models, disclosing tablets, and educational literature.

3. The inmate's current oral health condition and details related to the OHI provided should be documented in the EHR.

4. Any member of the dental staff, properly trained to provide OHI instruction, can provide the instructions.

5. If the inmate still has not improved their oral hygiene condition, the OHI should be repeated.

6. The inmate should again be scheduled for re-evaluation of oral hygiene condition.
   a. This process can be repeated as often as necessary and as long as the inmate desires to improve their personal oral health care.

7. If, after 3-4 sessions, the inmate seems to have the desire to improve personal oral health care, but is not making significant improvements, the inmate should be referred to a dentist to evaluate for possible medical or physical factors relating to their poor oral health care.

G. Pre-Prosthetic Periodontal Evaluations

1. Inmates scheduled to receive a partial denture should have a dentist evaluate the inmate's periodontal health prior to starting construction of the partial denture.
2. Any periodontal compromised teeth should be evaluated to determine if the teeth should be removed or if periodontal surgery should occur prior to placement of the partial.
   a. Teeth with poor long-term prognosis should not be maintained unless the loss of these teeth will have an adverse effect on the partial denture.
3. Unless the inmate's PSR is class 2 or less, the inmate should have a full mouth periodontal probing record as part of the Pre-Prosthetic Evaluation.

H. Periodic (Re-Care) Dental Cleaning (Prophylaxis, Prophy)

1. Normally the inmate will receive one Dental Prophy appointment per year.
   a. In select cases, a staff dentist may authorize additional dental cleaning appointments, including quadrant scaling and root planning appointments.
2. When possible, the Re-Care (Annual) Oral Examination will be provided at the same time as the annual Dental Prophy appointment.
   a. If a dentist is not available, the inmate should be scheduled for an Oral Examination.
3. Radiographs will be ordered at intervals requested by a staff dentist or as set forth by guidelines from the Chief Dental Officer.
4. The dentist evaluation should include the periodontal condition of the inmate by reviewing the latest (and current) Periodontal Treatment Record notations in the EHR.

I. Emergent Periodontal Care

1. Emergent periodontal care is available to all inmates.
2. The inmate should be scheduled according to MSP Emergency Dental protocols with the purpose of treating periodontal conditions causing:
   a. severe pain;
   b. severely swollen gingival tissues; and/or
   c. excessive gingival bleeding.
3. Treatment will generally consist of a localized or full mouth debridement.

J. Surgical Periodontal Treatment and Care

1. *See MSP HS E-06.3 Non-Emergent Dental Treatment*.

K. Fluoride Treatment

1. Inmates shall be given the option to receive topical fluoride treatments when deemed necessary.
2. This may occur at the Dental Prophy appointments and subsequent Re-care Dental Prophy appointments.
   a. Additional applications of topical fluoride can be prescribed by a staff dentist on a case-by-case basis.
      1) These inmates will be placed on the Special Needs List as long as they are receiving additional fluoride treatment care.
3. Daily topical fluoride gel or paste can be prescribed, in select cases when medically indicated.
   a. A dental prescription label is placed on the fluoride gel container to allow the inmate to take the fluoride to their living quarters.
   b. If cotton swabs are provided, a separate dental prescription label is needed.

L. Oral Hygiene Instruction (OHI)

1. Each inmate should be provided Oral Hygiene Instruction within 30 days of arrival at MSP.
   a. *The Oral Hygiene Acknowledgement* form should be electronically signed by the inmate at this appointment.
2. The inmate generally receives instructions on oral hygiene and personal oral care during their ID or Re-Care Dental Prophy or Oral Examination appointments.
   a. Staff will confirm at the appointment that the *Oral Hygiene Acknowledgement* form has been signed.
3. Tobacco Cessation instructions should be part of the OHI if the inmate has a history of tobacco use.
4. Additional OHI sessions can be recommended by the dental hygienist or dentist.
5. The inmate should be offered a copy of the *Dental Health Care Brochure* and, if applicable, the *Denture Care* handout.

M. Chlorhexidine Mouth Rinses

1. In select cases, the inmate can be prescribed Chlorhexidine mouth rinse.
   a. Chlorhexidine mouth rinse containing alcohol is more effective; however, it must be provided to the inmate in unit doses and must be utilized in the Infirmary area.
   b. "Alcohol free' Chlorhexidine mouth wash should be utilized if the inmate has a history of alcohol addiction or is in a unit that prevents easy access to the Infirmary.
      1) The 'Alcohol free' mouth rinse can be taken back to the inmate's housing cell.

N. Special Needs Care Inmates Requiring Additional Follow-Up Appointments

1. The Special Needs List includes inmates with specific high-risk oral health situations.
   a. This includes inmates:
      1) at high risk for dental decay or dental demineralization
      2) with poor oral hygiene, who desire to improve their oral health
      3) with HIV
      4) with a history of, or current, oral or oral-pharyngeal cancer
      5) on Amitriptyline or other medications known to cause severe dry mouth
      6) referred from Mental Health as being potentially susceptible to having dental issues
2. Special Management Inmates (SMIs), *see below*, are tracked due to their high security status.
   a. Dental care for these inmates should be closely coordinated with Prison Base.
3. The Special Needs List will track the type of customized dental care recommended and frequency of the recommended care, and the care provided will be documented.
4. Inmates should be removed from the Special Needs List if their need for this customized dental care is no longer deemed necessary.

O. Special Management Inmates (SMI)

1. These inmates may require unique appointment times due to their high security status. Dental care for these inmates should be closely coordinated with Prison Base.

P. HSR or Prescription Labels

1. Any product or device sent with the inmate to their unit will need an appropriate HSR or dental prescription label.

IV. CLOSING

Questions about this procedure should be directed to the Medical Health Services Manager.

V. REFERENCES

A. *DOC 4.5.26 Offender Dental Services; MSP HS E-06.3 Non-Emergent Dental Treatment*
B. *NCCHC Standard P-E-06; NCCHC Standards Appendix G*
C. *MT DOC Guide to the Dental Chart*