

Hygiene Workflow

Please ensure that all staff members arrive promptly at their designated offices. Patients should be seated in the chair by 9:00 am.

During each visit, hygienists are allocated 60 minutes. In most instances, patients will be placed in the hygiene chair, with a full mouth series of x-rays, existing conditions chart, and a treatment plan already completed.

However, in certain situations, it may be the hygienist's responsibility to perform these tasks. It is expected that hygienists possess proficient knowledge and skills in operating the iTero scanner efficiently. If this is the hygienist first time working with a digital scanner, please use the first 30 days for learning.

Digital scanner is an integral part of the office clinical flow and a great tool for patient diagnosis and education.

It is expected to be familiar with all hygiene-related CDT codes:

Exams:

- D0120 Periodic oral evaluation
- D0150 Comprehensive oral eval
- D0181 Probing depth chart (Internal)
- D0181 Probing depth chart (Internal)
- D0350 Oral/facial images (iTero Scan)

Radiographs:

- D0210 FMX, Full mouth series
- D0220 PA, Periapical
- D0230 PA, Additional periapical (2nd)
- D0274 BW, Bitewings
- D0330 Panoramic

Cleanings:

- D1110 Prophylaxis adult
- D1120 Prophylaxis Child
- D4355 Gross debridement
- D4341 SRP, Scaling 4+ teeth
- D4342 SRP, Scaling 1-3 teeth
- D4910 PMT, Periodontal maintenance

Additional:

- D1206 Fluoride varnish, Child
- D1208 Fluoride varnish, Adult
- D1330 Oral hygiene instructions
- D3961 In-office bleaching (Whitening)
- D4381 Local del of chemo (Arestin)
- D9940 Occlusal/night guard
- D1351 Sealant- per tooth

Step 1: Pre-Appointment Preparation

- Review the patient's medical and dental history, updating any changes or concerns.
- Prepare necessary instruments, materials, and equipment for the appointment.
- Ensure compliance with infection control protocols, including instrument sterilization and surface disinfection.

Step 2: Patient Arrival and Check-In

- Greet the patient warmly, ensuring their comfort and addressing any questions or concerns.
- Verify the appointment details and update any necessary paperwork or electronic records.
- Discuss any specific issues or symptoms the patient may have.

Step 3: Preliminary Assessment

- Escort the patient to the operatory, seating them comfortably.
- Perform a brief extraoral examination, noting any visible abnormalities or changes.
- Conduct an intraoral examination, assessing for signs of decay, plaque, or gum inflammation.
- Capture necessary intraoral images or radiographs as required.

Step 4: Oral Health Assessment

- Evaluate the patient's oral hygiene practices, providing personalized instructions for improvement if necessary.
- Perform a thorough periodontal assessment, including periodontal probing and charting.
- Assess gingival health, looking for signs of inflammation, bleeding, or recession.
- Check for the presence of oral lesions or abnormalities.
- Evaluate occlusion and identify any malocclusion or abnormal wear patterns.
- Discuss Invisalign and occlusal/night guard

Step 5: Dental Hygiene Treatment

- Initiate oral prophylaxis (cleaning), removing plaque, calculus (tartar), and stain from the teeth.
- Utilize appropriate hand instruments, ultrasonic scalers, or piezoelectric scalers for calculus and plaque removal.
- Conduct root planning or debridement as necessary, focusing on areas with deep pockets or signs of periodontal disease.
- Administer local anesthesia if needed for patient comfort during invasive procedures.
- Provide oral health education and personalized instructions on proper brushing, flossing, and other preventive measures.
- Apply fluoride treatments / dental sealants / or Arestin as indicated.

Step 6: Consultation and Treatment Planning

- Review findings of the oral health assessment with the patient.
- Discuss identified oral health issues, such as periodontal disease, caries risk, or occlusal problems.
- Collaborate with the dentist to develop a comprehensive treatment plan.
- Explain proposed treatments, including goals, benefits, risks, and alternatives.
- Address patient questions or concerns regarding the treatment plan.

Step 7: Post-Treatment Recommendations

- Provide detailed post-treatment instructions for optimal oral hygiene and home care.
- Schedule any necessary follow-up appointments or additional treatments.
- Emphasize the importance of regular dental check-ups and preventive care.

Step 8: Documentation and Recordkeeping

- Document all findings, treatments, and recommendations accurately and legibly in the patient's dental records.
- Ensure correct recording of codes, descriptions, and billing information.

Step 9: Follow-Up and Recall System

- Implement a recall system to remind the patient of their next appointment or routine check-up.
- Schedule Patient recall appointment in the chair

New Patient Visit- Any new patient that present at the hygiene chair for the first time. Some patients will present with their charting, radiographs, and treatment plan completed. For others, this visit will be their first visit to the office.

1. FMX (D0210) or Pano (D0330) +4 BW's (D0274) +2 PA's (D0220 & D0230)
2. iTero Scan
3. Chart all missing teeth.
4. Pocket Depths (D0181)
5. Prophylaxis (D1110) or Gross Debridement (D4355)
6. Educate patient about findings and advocate for treatment.
7. Doctor exam (D0150) and treatment planning
8. Offer fluoride (Make the patient aware of additional cost)
9. schedule next appointment 6 months plus 1 day Recall Visit or Scaling and Root Planning
10. Write notes.

Prophylaxis Visit (Existing patient)- Any patient that was seen at the office previously for a comprehensive exam with the doctor. At this point most data was collected during the first visit.

1. Pocket Depths (D0181)
2. Prophylaxis (D1110)
3. Educate patient about findings and advocate for treatment.
4. Offer fluoride (Make the patient aware of additional cost)
5. schedule next recall appointment for 6 months plus 1 day
6. Write notes.

Recall visit (Returning patient)- Any patient that was seen at the office previously for a prophylaxis.

1. Pocket Depths (D0181) **once every twelve months**
2. 4 BW (D0274) + 2 PA's (D0220 & D0230) **Once every six months**
3. Prophylaxis (D1110)
4. Educate patient about findings and advocate for treatment.
5. Offer fluoride (Make the patient aware of additional cost)
6. schedule next recall appointment for 3 / 4 / 6 months plus 1 day
7. Write notes.

Scaling & Root Planning Visit- Any patients with probing depth reading of 4mm or more upon charting in at least three sites. Can be supported by radiographic findings as well.

1. Two quadrants are performed in each visit.
 - a. 1st visit UR+LR quads (D4341 per quad)
 - b. 2nd visit UL + LL quads (D4341 per quad)
2. schedule next SRP appointment
3. schedule next PMT (D4910) appointment for 3 months plus 1 day
4. Write notes

Periodontal Maintenance Visit- A recall appointment for SRP patients.

1. New probing depth charting
2. 4 BW (D0274) + 2 PA's (D0220 & D0230) **Once every six months**
3. Periodontal Maintenance Cleaning (D4910)
4. Offer Arestin if needed (4381)
5. schedule next PMT (D4910) appointment for 3 months plus 1 day
6. Write notes