



Shared Learning

from the Dental Patient Safety Foundation Reporting Tool

“What gets measured gets managed” is the DPSF philosophy to encourage reporting. All received information about patient safety events (unsafe conditions, near misses or adverse events) are de-identified contextually (confidentiality is fully protected under federal law), aggregated, analyzed and abstracted by selected experts from our DPSF committees. Reports are generated and disseminated as the only means to learn from our errors. The information in these peer-reviewed reports is provided for its educational value only, and does not purport to establish any legally binding standard of care. Feedback is encouraged.

Case 2023.4: Last Minute History and Physical Exam prior to Treatment

SITUATION: Four months after initial consultation, a 72 y/o female presents for routine dental extraction of non-restorable tooth #19. A simple verbal query “is everything the same since your last appointment” did not reveal any changed. After measurement of blood pressure, a mandibular block was administered and the treating doctor left the room, leaving an assistant present for “monitoring and conversation” as the local anesthetic took effect. It was during that time, that the patient commented that she had recently received her first injection of denosumab (Prolia™). This information was conveyed to the doctor, which triggered cancellation of the procedure and an apology for having missed this important information.

WHAT WE LEARNED: The Dental Patient Safety Foundation has become aware of several similar instances of close calls and near misses, where vital information about *current* patient status has changed, or been missed/overlooked just prior to commencement of sedation and/or treatment. The importance of a current and complete review of both the history and physical exam “just before take-off” cannot be over-emphasized.

- Many offices use electronic health records (EHR) to maintain patient information and treatment records. Data ENTRY is often straightforward, but data RETRIEVAL and review may require acting and time-consuming “exploratory mouse clicking” of every “nook and cranny” which can lead to missed or mis-information. Some EMR offices choose to print out selected portions of patient data, where relevant information can be readily gleaned by looking, rather click and search.’
- Patient status can be subject to rapid and unpredictable change which can be overlooked. Examples include recent pregnancy, infection compromising the upper airway, COPD “flare-ups”, decompensating congestive heart failure, or just patients “not feeling well.”
- Written health histories often are populated with YES-NO responses to ensure that “nothing is missed”. Patients might rush through lengthy questionnaires, or just simply forget when filling out these forms. Verbal review will often times reveal missed information.
- Patients can be anxious, confused or even ashamed to report “sensitive” information out of fear of being judged about certain issues relating to their physical condition or habits. It is of utmost importance to adopt a non-judgmental approach while establishing genuine rapport with your words, actions and even facial expressions with each and every patient.
- Many diseases “fly under the radar” can either be “yet to be diagnosed” or even mis-diagnosed by medical professionals. The dental clinician should be wary of co-morbidities: “Suspicion clinches Diagnosis”
- Drug therapy can recently change or patients might be non-compliant with prescribed medication because of cost, side effects or drug availability, leading to underdose, overdose or withdrawal effects.
- Drug interactions continue to be a challenge because of possible lack of coordination and reconciliation among medical specialists. The use of over-the-counter medication is gaining popularity – these drugs can have dangerous side effects or interactions and can often escape FDA approval. The legal use of cannabis and/or alcohol should be noted as well.
- The use of “illicit” medication – sometimes referred to as “co-ingestion” exposes those who consume to unknown and possibly severe risk of injury. There is zero regulation of these agents, which are often laced with unknown substances or contaminants.

10. Have you or any immediate family members ever had a problem with general anesthesia?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Do you, or have you ever taken Fosomax, Boniva, Reclast, Zometa or other osteoporosis drugs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Are you, or could you be pregnant? Nursing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. Do you smoke cigarettes or use tobacco products?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Is there any present or past history of drug or alcohol abuse? Eating disorders?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Do you snore or have you ever been diagnosed with sleep apnea?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16. Has a physician - M.D. ever told you to take antibiotics prior to dental treatment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. Do you have jaw joint (TMJ) trouble? Clicking, popping, pain, limitation of opening?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18. Are there any behavioral / psychiatric / developmental or learning problems / delays?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please check yes or no to any of the following problems that you have or have had in the past.

Angina (chest pain)	Yes	No	Any form of cancer	Yes	No	Any medical condition	Yes	No
Heart murmur	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Kidney problem	<input type="checkbox"/>	<input checked="" type="checkbox"/>	not listed above	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Artificial heart valve	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ulcers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If Yes, please indicate below:		
Heart attack	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Shortness of breath	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
Irregular heart beat	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Artificial joint	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Pacemaker	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stroke / TIA	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Arteriosclerotic disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Diabetes / low diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

The DPSF encourages frequent reporting of unsafe conditions, near misses and adverse events as the only means to close the gap between knowing how to prevent these occurrences and taking the necessary action to do so. Please visit our website.

Reference:
Van Such, M., et. a. Extent of diagnostic agreement among medical referrals. J Eval Clin Pract 23:870-74, 2017.