

ORAL HEALTH MANUAL



SUNNYMEDE TRUST
TEETH RELIEF



Sharon Rankin BDS BA
Marian Lennon MSc BA

First Edition

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CHAPTER 3:**ORAL HEALTH PROMOTION**

This section will outline the basics of Oral Health and includes:

- THE ORAL HEALTH MESSAGE
- COMMON RISKS AND INFLUENCES
- ORAL HEALTH IN THE COMMUNITY
- ORAL HEALTH HABITS & SKILLS

THE ORAL HEALTH MESSAGE

Diet & Dirt

If you remember nothing else from this manual, remember these 2 words.

Diet and dirt are the two main causes of dental disease so Oral Health Promotion should be based around this message. No amount of money or resources will sustain improvement unless these two factors are continually addressed.

WHAT IS ORAL HEALTH PROMOTION?

It is a strategy designed to improve the general health of a population by specifically improving their Oral Health. It aims to offer knowledge and skills to individuals, groups and communities so they can make informed choices about their well being.

Oral Health Promotion has three functions:

Raise Awareness Increase Knowledge Change Attitudes

How people eat and nourish themselves and their children will initially affect the quality of their teeth and gums – how they grow and how they are maintained. Oral Health matters even before teeth come into the mouth so Oral Health promotion needs to be at the heart of Community Health programmes.

Oral Health Promotion can make a real difference to communities because:

- it reinforces the holistic approach to ‘well-being’ and encourages people to take responsibility and do more than just avoid disease
- wherever there are people, there are mouths – it is relevant across all sections of society
- positive action for oral health is positive action for general health – an improvement in one area will also improve others
- it is a flexible, ongoing process that can be adapted as communities develop and change.

*Oral Health is empowering and enables people to influence their own lives because it is done
by people,
with people,
for people:
it is not done to them.*

THERE ARE TWO WAYS TO ANAESTHETISE AREAS OF THE MOUTH:

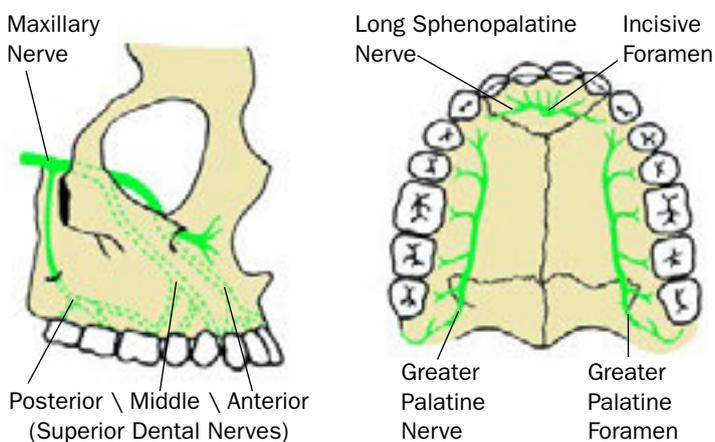
THE INFILTRATION METHOD – applies anaesthetic to the nerve branch endings.

A local infiltration injection is given above the tooth or teeth to be treated.

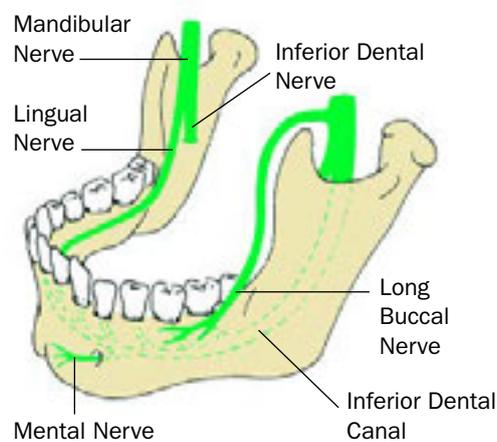
The needle is inserted into the soft tissue above the gum.

The solution soaks through pores in the bone and anaesthetises the nerve supply for those teeth at the site of the injection.

Branches of the **Trigeminal Nerve** supplying the **maxilla** (upper jaw)



Branches of the **Trigeminal Nerve** supplying the **mandible** (lower jaw)

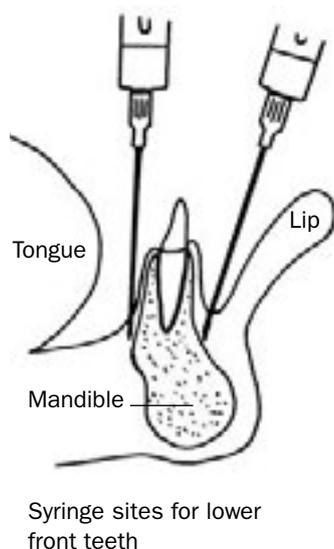


THE NERVE BLOCK INJECTION – applies anaesthetic to the trunk of the nerve.

A nerve block injection anaesthetises the nerve before it enters the jaw. It is used when several teeth in one quadrant need to be anaesthetised or when local infiltration cannot work.

The inferior dental nerve and the lingual nerve lie very close together at the back of the jaw. When the Nerve Block injection is given, it has the effect of anaesthetising all the lower teeth and the lingual gum on one side, together with half the tongue.

It also numbs the lower lip so once the patient confirms numbness here, you can be sure that all the lower teeth on that side are also numb. The gum on the buccal side of the lower jaw remains unaffected by the nerve block injection as it has a separate nerve supply so infiltration will also be required to numb this area.



THE INFILTRATION METHOD

For the Lower Front Teeth (canines and incisors)

The principle here is the same as for the upper teeth.



Buccal (outer)

Hold the lower lip back with one hand so the sulcus can be clearly seen.

Push the point of the needle into the sulcus, next to the tooth to be extracted, to a depth of about 1 centimetre: the point should then lie against the outside of the lower jawbone and at the same level as the end of the root of the tooth.

Dosage: 1½ ml (just over half a cartridge)

Lingual (inner)

The procedure for this is the same. You may need to hold the tongue out of the way if it blocks your view.

The needle is usually inserted into the floor of the mouth next to the inside of the lower jawbone for only a short distance.

A small swelling will occur as the injection is given but this should quickly reduce.

Dosage: ¾ ml (just under half a cartridge)

**All Upper Teeth +
Lower Canines & Incisors**

Require
Infiltration Method

**Lower Teeth:
Premolars & Molars**

Require
Infiltration Method for the outside
Nerve Block Method for the inside

CELLULITIS

This is the spread of infection from an infected tooth, periodontal disease or pericoronitis to other areas of the face, head and neck.

Bacterial infections of the floor of the mouth involving any swelling that may block the airway are known as Ludwig's Angina.



What to look for

- Swelling
- Pain
- Fever
- Trismus – inability to open jaw/mouth
- Drooling

Treatment

Antibiotics – Penicillin (see p.52)

Remove cause of infection usually by incision, drainage, and extraction of tooth

Refer the patient to hospital.

OSTEOMYELITIS

Osteomyelitis is an acute or chronic bone infection, usually caused by bacteria.

Spread of the infection can be from an abscess, tooth extraction or directly from cellulitis.

It is more commonly seen in the mandible than in the maxilla.



Image courtesy of C Scully, SR Flint, SR Porter, KF Moos: *Oral and Maxillofacial Diseases*, 3rd edition; Taylor & Francis 2004

What to look for

- Pain in the bone
- Local swelling, redness, and heat
- Fever
- Nausea
- General discomfort, uneasiness, or ill feeling (malaise)
- Drainage of pus through the skin (in chronic osteomyelitis)
- Numbness of the lip
- Trismus - inability to open the jaw/mouth

Treatment

- Drainage of abscess
- Referral to the hospital for IV intravenous antibiotic therapy and further management

For chronic infections, surgical removal of dead bone tissue is usually required.