

The OHNEP Interprofessional Oral Health Faculty Toolkit

Adult Gerontology Primary Care Nurse Practitioner Program

CURRICULUM INTEGRATION OF INTERPROFESSIONAL ORAL HEALTH CORE COMPETENCIES:

- Adult Gerontology Health Assessment
- Adult Gerontology Health Promotion
- Adult Gerontology Primary Care
- Resources



INTRODUCTION

The **Oral Health Nursing Education and Practice (OHNEP)** program has developed an **Interprofessional Oral Health Faculty Tool Kit** to provide you with user-friendly curriculum templates and teaching-learning resources to use when integrating oral health and its links to overall health in your Adult Gerontology Primary Care Nurse Practitioner program.

Oral health and its relation to overall health has been identified as an important population health issue. *Healthy People 2020* (2011), the 2011 IOM Reports, *Advancing Oral Health in America* and *Improving Access to Oral Health Care for Vulnerable and Underserved Populations*, as well as the IPEC Competencies (2016), challenged HRSA to develop interprofessional oral health core competencies for primary care providers. Publication of the HRSA report, *Integration of Oral Health and Primary Care Practice* (2014), reflects those interprofessional oral health competencies that can be used by Adult Gerontology Primary Care Nurse Practitioners for faculty development, curriculum integration and establishment of “best practices” in clinical settings.

The HRSA interprofessional oral health core competencies, the IPEC competencies and the NONPF core competencies provide the framework for the curriculum templates and resources. Exciting teaching-learning strategies that take students from **Exposure to Immersion to Competence** can begin in the classroom, link to simulated or live clinical experiences and involve community-based service learning, advocacy and policy initiatives as venues you can readily use to integrate oral health into your existing primary care curriculum. The Adult Gerontology Primary Care Nurse Practitioner Program curriculum template illustrates how oral health can be integrated into health promotion, health assessment and clinical management courses.

The *Smiles for Life* interprofessional oral health curriculum provides a robust web-based resource for you to use along with the oral health curriculum template for each course. A good place to begin oral health integration is by transitioning the **HEENT** component of the history and physical exam to the **HEENOT** approach. In that way, you and your students will **NOT** forget about including oral health in patients encounters.

Research evidence continues to reveal an integral relationship between oral and systemic health. Chronic diseases managed by Adult Gerontology Primary Care Nurse Practitioners, such as diabetes, Celiac and HIV, are but a few of the health problems that have oral manifestations that can be treated or referred to our dental colleagues. It is important for nurse practitioners on the frontline of primary care to have the oral health competencies necessary to recognize both normal and abnormal oral conditions and provide patients with education, prevention, diagnosis, treatment and referral as needed.

We encourage you and your students to explore the resources in the templates as you “weave” oral health and its links to overall health into your Adult Gerontology Primary Care Nurse Practitioner program. If you need additional technical assistance, please feel free to contact us at **OHNEP@nyu.edu**.

Smiles for Life: A National Oral Health Curriculum

Access Smiles for Life Modules and Resources here:

<https://smilesforlifeoralhealth.org>

The screenshot shows the website's header with the logo and navigation menu. Below the header, there is a main heading for the 3rd edition curriculum and a sub-heading about educational resources. Two main content areas are visible: 'LEARN ONLINE' with an image of healthcare professionals at a computer, and 'TEACH CURRICULUM' with an image of a lecturer in a classroom.

The screenshot shows the mobile app interface on a smartphone. The app features the same logo and header as the website. Below the header, there are four main menu items: 'Diagnostic Modules', 'Risk Assessment Tool', 'Photo Gallery', and 'About This App'.

Smiles for Life: A National Oral Health Curriculum


Download Smiles for Life Modules

To download the SFL Modules for classroom instruction:

1. Go to <https://www.smilesforlifeoralhealth.org>
2. Select "Teach Curriculum"
3. Select the course(s) you would like to download.
4. Select "Download Module"

Download PowerPoint Presentation


Instructions



1. Click the appropriate link below
2. Select "**Save**" (*NOT* "Open")
3. Browse to choose desired location, and save file (some browsers may default to saving to the Downloads folder)

- The presentation is a PowerPoint **slide show** (.pps) which when opened will automatically display in presentation mode.
- To run the slide show, click on the file. Advance the slides using your mouse or the space bar. To exit slide show, click the ESC button.
- These presentations are locked and are not intended to be editable.
- PowerPoint presentations are only compatible with PC systems.
- A Mac compatible version of the presentation is available.

Download Module




Module 2:
Child Oral Health


Teaching Case for Small Group Instruction: Pediatric

[Learner Version](#)
[Moderator Version](#)


Speaker Notes



Download Video



Knee-to-Knee Child Oral Exam



Mac compatible version

Smiles for Life: A National Oral Health Curriculum

Recognizing Oral Abnormalities

Download the Smiles for Life mobile app to access the Photo Gallery.

A-GNP Students should find and review the following oral abnormalities:

- Linea Alba
- Geographic tongue
- Fissured tongue
- Aphthous ulcers
- Oral papilloma from HPV
- Candidiasis
- Herpes
- Denture Stomatitis
- Angular cheilitis
- Dental caries
- GERD
- Gingival Recession
- Gingivitis
- Periodontitis
- Abscess
- Hairy Leukoplakia
- Oral malignancy
- Melanoma



APPENDIX 1

Adult Gerontology Health Assessment

American Dental Association Caries Risk Assessment Form (Ages >6)

ADA American Dental Association® America's leading advocate for oral health			
Caries Risk Assessment Form (Age >6)			
Patient Name: _____			
Birth Date: _____		Date: _____	
Age: _____		Initials: _____	
	Low Risk	Moderate Risk	High Risk
Contributing Conditions Check or Circle the conditions that apply			
I. Fluoride Exposure (through drinking water, supplements, professional applications, toothpaste)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
II. Sugary Foods or Drinks (including juice, carbonated or non-carbonated soft drinks, energy drinks, medicinal syrups)	Primarily at mealtimes <input type="checkbox"/>		Frequent or prolonged between meal exposures/day <input type="checkbox"/>
III. Caries Experience of Mother, Caregiver and/or other Siblings (for patients ages 6-14)	No carious lesions in last 24 months <input type="checkbox"/>	Carious lesions in last 7-23 months <input type="checkbox"/>	Carious lesions in last 6 months <input type="checkbox"/>
IV. Dental Home: established patient of record, receiving regular dental care in a dental office	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
General Health Conditions Check or Circle the conditions that apply			
I. Special Health Care Needs (developmental, physical, medical or mental disabilities that prevent or limit performance of adequate oral health care by themselves or caregivers)	<input type="checkbox"/> No	Yes (over age 14) <input type="checkbox"/>	Yes (ages 6-14) <input type="checkbox"/>
II. Chemo/Radiation Therapy	<input type="checkbox"/> No		<input type="checkbox"/> Yes
III. Eating Disorders	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
IV. Medications that Reduce Salivary Flow	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
V. Drug/Alcohol Abuse	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Clinical Conditions Check or Circle the conditions that apply			
I. Cavitated or Non-Cavitated (incipient) Carious Lesions or Restorations (visually or radiographically evident)	No new carious lesions or restorations in last 36 months <input type="checkbox"/>	1 or 2 new carious lesions or restorations in last 36 months <input type="checkbox"/>	3 or more carious lesions or restorations in last 36 months <input type="checkbox"/>
II. Teeth Missing Due to Caries in past 36 months	<input type="checkbox"/> No		<input type="checkbox"/> Yes
III. Visible Plaque	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
IV. Unusual Tooth Morphology that compromises oral hygiene	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
V. Interproximal Restorations - 1 or more	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
VI. Exposed Root Surfaces Present	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
VII. Restorations with Overhangs and/or Open Margins: Open Contacts with Food Impaction	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
VIII. Dental/Orthodontic Appliances (fixed or removable)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
IX. Severe Dry Mouth (Xerostomia)	<input type="checkbox"/> No		<input type="checkbox"/> Yes
Overall assessment of dental caries risk: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High			
Patient Instructions: _____ _____			

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APPENDIX 2

Adult Gerontology Health Assessment

Geriatric Oral Health Webinar Series

[Oral Health: Overview for Older Adults](#)

[Oral Health in Acute Care Settings](#)

[Oral Health In Long-Term and Palliative Care Settings](#)

[Oral Health in Dementia](#)



AGPCNP Curriculum Integration of Interprofessional Oral Health Competencies in Health Promotion

ADULT-GERONTOLOGY HEALTH PROMOTION	1) EXPOSURE: INTRODUCTION	2) IMMERSION: DEVELOPMENT	3) COMPETENCE: ENTRY-TO-PRACTICE
<p>IPEC Competencies: Values and Ethics, Roles and Responsibilities, Interprofessional Communication, Teams & Teamwork</p>	<p>KNOWLEDGE: ORAL HEALTH EDUCATION <i>Goal:</i> Understand oral disease and the role that nurses can play in oral care</p> <p>Read:</p> <ul style="list-style-type: none"> • The Primary Care Visit: What Else Could be Happening? (Fulmer & Cabrera, 2012) • Evaluating and Managing Dental Complaints in Primary and Urgent Care (Idzik and Krauss, 2013) 	<p>SKILL/BEHAVIOR <i>Goal:</i> Critically evaluate current oral health research in the media</p> <ul style="list-style-type: none"> • Find news story on oral health and evaluate its accuracy by searching evidence-based literature • Post copies of media piece and supporting/refuting literature on Discussion Board and lead discussion in class 	<p>SKILL/BEHAVIOR <i>Goal:</i> Advocate for oral public health within your community</p> <ul style="list-style-type: none"> • Identify an oral health advocacy organization in your state, access your state’s resource page and identify oral health issues in your community <p>Read:</p> <ul style="list-style-type: none"> • Global burden of oral diseases: emerging concepts, management and interplay with systemic health (Jin et al., 2016) • Prevalence of periodontal disease, its association with systemic diseases and prevention (Nazir, 2017)
<p>HRSA Oral Health Competencies: Oral Health Risk Assessment, Oral Health Evaluation, Oral Health Preventive Intervention, Communication and Education</p>	<p>KNOWLEDGE: ORAL HEALTH MAINTENANCE <i>Goal:</i> Understand importance of maintaining oral health throughout the lifespan</p> <p>Read:</p> <ul style="list-style-type: none"> • Maintaining Oral Health Across the Life Span (Jablonski et al, 2014) • American Cancer Society (ACS) Fact Sheets • Promoting Smoking Cessation (Larzelere & Williams, 2012) • Read: E-Cigarettes and Smoking Cessation: A Primer for Oncology Clinicians (Zborovskaya, 2017) 	<p>SKILL/BEHAVIOR <i>Goal:</i> Develop primary care oral health literacy program for adults</p> <ul style="list-style-type: none"> • Plan with dental students: <ul style="list-style-type: none"> • Evidenced-based primary care oral health literacy program for adults • Evidence-based oral cancer screening program for smoking adults 	<p>SKILL/BEHAVIOR <i>Goal:</i> Advocate for smoking cessation in smoking adults</p> <p>Review Appendices 1-3:</p> <ul style="list-style-type: none"> • Fagerström Test for Nicotine Dependence • First-time therapies for smoking cessation • Smoking Cessation Guidelines
<p>NONPF Competencies: Implements health promotion, maintenance, protection and disease prevention initiatives that are age, gender, culture and health status appropriate; Uses pharmacologic and non-pharmacologic management strategies to ameliorate physical and behavioral symptoms in individuals who have psychiatric/substance misuse disorders</p>	<p>KNOWLEDGE: ORAL-SYSTEMIC CONNECTION <i>Goal:</i> Understand relationship between oral and systemic health</p> <ul style="list-style-type: none"> • Read Systemic Diseases and Oral Health (Tavares et al, 2014) 	<p>SKILL/BEHAVIOR <i>Goal:</i> Develop primary care oral health literacy program for older adults</p> <p>Read:</p> <ul style="list-style-type: none"> • Nutrition in Oral Health (Yacoub & Karmally, 2016) • Tooth Loss and its Association with Dietary Intake and Diet Quality in American Adults (Zhu & Hollis, 2014) • Following health literacy principles, develop evidence-based nutrition and oral health education program with dental students for older adults 	<p>SKILL/BEHAVIOR <i>Goal:</i> Identify Medicaid and sliding scale dental clinics</p> <ul style="list-style-type: none"> • Develop list of dental providers in the area to whom you can refer patients who accept Medicaid or sliding scale

ENTRY LEVEL ASSESSMENT

SUMMATIVE ASSESSMENT

INTERPROFESSIONAL PARTNERSHIP & COLLABORATIVE PRACTICE FOR OPTIMIZATION OF PATIENT HEALTH OUTCOMES

APPENDIX 2

Adult Gerontology Health Assessment

First-time therapies for smoking cessation

TABLE 2. First-line therapies for smoking cessation⁴¹

Drug	Advantages	Disadvantages	Contraindications	Dosing
OTC				
Nicotine gum	<ul style="list-style-type: none"> • Delays weight gain (4 mg strength) • Faster onset of nicotine delivery 	<ul style="list-style-type: none"> • Should not be used in patients with dentures or temporomandibular joint disorders • May cause dyspepsia, mouth irritation, or jaw ache • Patients may misuse like regular gum 	Disease-related concerns in patients with acute cardiovascular conditions	<ul style="list-style-type: none"> • 2 or 4 mg (4 mg for those who smoke 20 or more cigarettes per day) • Do not exceed 24 pieces/day • “Chew and park” until taste disappears (about 30 min)
Nicotine lozenge	<ul style="list-style-type: none"> • Delays weight gain (4 mg strength) • Faster onset of nicotine delivery 	<ul style="list-style-type: none"> • May cause sore mouth, throat irritation, or coughing • Chewing may cause nausea or headache 	Disease-related concerns in patients with acute cardiovascular conditions	<ul style="list-style-type: none"> • 2 to 4 mg (4 mg for patients who smoke their first cigarette within 30 min of waking) • Do not exceed 20 lozenges per day • Let the lozenge dissolve in mouth (takes 10 to 20 min); do not chew
Nicotine patch	Provides consistent nicotine to prevent withdrawal symptoms	<ul style="list-style-type: none"> • Local skin reactions • Insomnia and vivid dreams (can remove patch 1-2 h before bedtime) 	Skin problems	<ul style="list-style-type: none"> • Patients should be started on 21 mg patch and behavioral counseling if they smoke more than 10 cigarettes per day • Worn for 24 h • Patch does not need to be removed for sports • Do not cut the patch • Remove the patch before any MRI procedures
Prescription				
Nicotine inhaler	Hand-to-mouth action mimics smoking	<ul style="list-style-type: none"> • May cause local irritation of mouth and throat • Short duration of benefit 	<ul style="list-style-type: none"> • Caution in patients with severe reactive airway disease 	<ul style="list-style-type: none"> • Each cartridge lasts about 20 min with frequent puffing • 16 cartridges can be used in a day; each cartridge contains 4 mg of nicotine over 80 inhalations
Nicotine nasal spray	Fastest nicotine replacement therapy delivery system	<ul style="list-style-type: none"> • Rapidly relieves withdrawal symptoms • Highest risk for dependence • May cause taste or smell disturbances 	<ul style="list-style-type: none"> • Caution in patients with severe reactive airway disease • Not recommended in patients with nasal disorders • Nasal irritation 	<ul style="list-style-type: none"> • 1 to 2 doses/h (1 dose = 1 spray in each nostril) • Do not exceed 10 sprays/h or 80 sprays per day (40 doses)
Sustained-released bupropion	<ul style="list-style-type: none"> • Consider for patients with depression • Delays weight gain 	Insomnia (second dose should be taken by 3 p.m.)	<ul style="list-style-type: none"> • History of seizure (lowers seizure threshold) • History of eating disorders 	150 mg once daily for 3 days, then 150 mg twice daily (take 8 h apart)
Varenicline	Highest cessation rates for single therapy	<ul style="list-style-type: none"> • Most expensive • Concerns in patients with cardiovascular or mental health conditions • Vivid dreams 	Recently removed in those with history of neuropsychiatric events	<ul style="list-style-type: none"> • Days 1 to 3: 0.5 mg once daily • Days 4 to 7: 0.5 mg twice daily • Day 8 to week 12: 1 mg twice daily

APPENDIX 3

Adult Gerontology Health Assessment

Smoking Cessation Guidelines



REMINDER METHODS FOR SMOKING STATUS

- rubber stamps, labels or stickers
- preprinted form
- computerized record
- adding smoking status to vital signs, allergies information or yearly physical forms
- writing smoking status on inside of chart

TALKING TIPS

- "As your physician, I strongly advise you to stop smoking. Quitting smoking is one of the most important ways to stay healthy."
- "I'm here to help you quit when you're ready."
- "Until you are ready, try to protect your family and friends from your smoking by not smoking in your home or car."

TALKING TIPS

- "I'm interested in helping you quit. Would you like my help?"
- "How do you feel about quitting smoking?"
- "Please read this material and come back to discuss it."

TALKING TIPS

- "What strategies are you planning to use when you have strong urges to smoke?"
- "It's a good idea to tell your family and friends you're quitting smoking and to ask for their help."
- "Have you thought about using stop-smoking medications like nicotine gum, the 'patch' or bupropion?"

SMOKING CESSATION GUIDELINES

How to Treat your Patient's Tobacco Addiction

Step 1: Ask each patient: "Do you smoke or have you ever smoked?"

- Record in a prominent place in the chart the patient's smoking status—smoker, never-smoker or ex-smoker.
- Follow up at reasonable intervals.

Step 2: Ask each smoking patient: "How do you feel about your smoking?"; "Are you thinking about quitting?"

- Tailor your intervention according to the patient's answers (see below) using a patient-centred approach.

Step 3: How to Intervene

(Adapted from the Stages of Change Model, see page 6)

Not Thinking About Quitting

- Objective:* To help the patient reflect on his/ her smoking.
- Ask about and discuss the impact of smoking on the patient's life.
 - Link every smoking-related illness in the patient to his/ her smoking.
 - Provide a strong personalized message.
 - Encourage patient to make his/ her house and car smoke free.
 - Provide relevant educational materials.

Thinking About Quitting

- Objective:* To increase patient's motivation to quit.
- Offer to help your patient.
 - Ask about your patient's concerns about quitting and discuss ways of dealing with them (see The Pros and Cons of Smoking and Quitting, page 7).
 - Provide patient materials (see Patient Handouts, page 16).
 - Suggest a follow-up visit.

Ready to Quit

- Objective:* To help the patient find the right treatment.
- Note:* A special, longer appointment may be necessary.
- Assess nicotine dependence, past quitting history and comorbidity (see Choosing the Right Intervention, page 5).
 - Ask about other smokers in the patient's home and workplace.

Support Strategies

- Offer your support and optimistic coaching.
- Encourage patients to seek help from family and friends.
- Assure patient that slips and relapses are normal (see Dealing with Relapse, page 12).

AGPCNP Curriculum Integration of Interprofessional Oral Health Competencies in Primary Care

ADULT-GERONTOLOGY PRIMARY CARE	1) EXPOSURE: INTRODUCTION	2) IMMERSION: DEVELOPMENT	3) COMPETENCE: ENTRY-TO-PRACTICE
IPEC Competencies: Values and Ethics, Roles and Responsibilities, Interprofessional Communication, Teams & Teamwork	KNOWLEDGE: ADULT WITH CHRONIC DISEASE <i>Goal:</i> Recognize oral health manifestations of chronic diseases in adults Review: <ul style="list-style-type: none"> • SFL Modules #1, 3, 7, 8 • Oral Abnormalities in the SFL Photo Gallery on the mobile app (Appendix ##) • Read The association between celiac disease, dental enamel defects and aphthous ulcers in a United States cohort (Cheng et al., 2010) 	SKILL/BEHAVIOR <i>Goal:</i> Provide comprehensive health maintenance services to adults with chronic diseases Read: <ul style="list-style-type: none"> • Oral Manifestations of GERD (Ranjitkar et al, 2012) • Oral Hygiene Status of Individuals with CVD (Shetty et al, 2012) • Dental Problems in Primary Care (Stephens et al., 2018) • Develop care for either patient and include HEENOT in history, risk assessment, exam and plan 	COLLABORATIVE CASE STUDY <i>Goal:</i> Collaborate interprofessionally on adult chronic disease case with oral health needs <ul style="list-style-type: none"> • A-GNP and dental students to collaborate on developing a management plan for adult with Celiac Disease (Appendix 1) • A-GNP and dental students to present one article from list (Appendix 2) on Celiac Disease in adults and report findings on oral health
HRSA Oral Health Competencies: Oral Health Risk Assessment, Oral Health Evaluation, Oral Health Preventive Intervention, Communication and Education	KNOWLEDGE: ADULT WITH INFECTIOUS DISEASE <i>Goal:</i> Recognize oral health manifestations of STIs in adults Read: <ul style="list-style-type: none"> • Sexually Transmitted Diseases and Your Mouth (Mouth Healthy) • HPV and Oropharyngeal Cancer (CDC 2018) • ADA Statement on HPV • Importance of a team approach to recommending the HPV vaccination (Fontenot et al., 2018) • Oral manifestations of sexually transmitted diseases (Bruce & Rogers, 2004) 	SKILL/BEHAVIOR <i>Goal:</i> Identify oral manifestations of infectious diseases in adults <ul style="list-style-type: none"> • Read Oral syphilis: Report of three cases and characterization of the inflammatory cells (Strieder et al., 2015) • Choose one STI, post photo of oral manifestations on discussion board and lead discussion in class on its oral manifestations: Strep, Thrush, HIV, Syphilis, HPV, Gonorrhea 	COLLABORATIVE CASE STUDY <i>Goal:</i> Collaborate interprofessionally on adult infectious disease case with oral health needs <ul style="list-style-type: none"> • A-GNP and dental students to collaborate on developing a management plan for adult with STI and oral health needs (Appendix 3) • A-GNP, dental and medical students to collaborate caring for adults with infectious diseases in adult dental clinic
NONPF Competencies: Collaborates with individual, family & caregivers in development of educational interventions appropriate to complex acute, critical and chronically-ill patients' needs, values, developmental and cognitive level and health literacy; Implements health promotion, health maintenance, protection and disease prevention that are age, gender, culture and health status appropriate	KNOWLEDGE: OLDER ADULT PRIMARY CARE <i>Goal:</i> Recognize oral health needs of older adults Read: <ul style="list-style-type: none"> • Oral Health Care for Older Adults with Serious Illness: When and How? (Chen & Kistler, 2015) • Randomised clinical trial: Efficacy of strategies to provide oral hygiene activities to nursing home residents (Jablonski et al., 2018) • Reducing care-resistant behaviors during oral hygiene in persons with dementia (Jablonski et al, 2011) • Ensuring Oral Health for Older Individuals (Waldman & Perlman, 2012) 	SKILL/BEHAVIOR <i>Goal:</i> Provide comprehensive health maintenance services to older adults Collaborate together on Discussion Board on: <ul style="list-style-type: none"> • Cardiovascular case study (Appendix 4) • Diabetes case study (Appendix 5) 	COLLABORATIVE CASE STUDY <i>Goal:</i> Collaborate interprofessionally on geriatric case with cognitive decline and oral health needs Read: <ul style="list-style-type: none"> • Oral Health in Residential Aged Care: Are Nurses Bearing the Brunt of a Multidisciplinary Solution? (Villarosa et al., 2018) • Oral Health and Interprofessional Collaborative Practice (Kaufman et al., 2016) • Opportunities for Nursing-Dental Collaboration: Addressing Oral Health Needs Among the Elderly (Coleman, 2005)

ENTRY LEVEL ASSESSMENT

SUMMATIVE ASSESSMENT

INTERPROFESSIONAL PARTNERSHIP & COLLABORATIVE PRACTICE FOR OPTIMIZATION OF PATIENT HEALTH OUTCOMES

Celiac Disease Case Study

A 39-year-old woman presents with symptoms of diarrhea, nausea, flatulence, colic, difficulty with falling asleep, lack of appetite and a weight loss of 20lbs in the last two years.

She also complains of the appearance of lesions in the mouth, particularly on the tongue.

She has had frequent dental problems over the years, including dental caries and root canals.

What else would you like to know?

What is your differential?

What tests will you order?

What is your diagnosis?

What treatment will you prescribe?

Where do you refer patient?

What is your follow-up?

Celiac Disease Reference List

Al-Homaidhi, M.A. (2018). The Effect of Celiac Disease on the Oral Cavity: A Review. *Journal of Dental Health, Oral Disorders & Therapy*, 9(2), 00327. doi: 10.15406/jdhodt.2018.09.00327.

Amato, M., Zingone, F., Caggiano, M., Iovino, P., Bucci, C., & Ciacci, C. (2017). Tooth Wear Is Frequent in Adult Patients with Celiac Disease. *Nutrients*, 9(12), 1321. doi: 10.3390/nu9121321.

Spinell, T., DeMayo, F., Cato, M., Thai, A., Helmerhorst, E.J., ... & Demmer, R.T. (2017). The association between coeliac disease and periodontitis: Results from NHANES 2009–2012. *Journal of Clinical Periodontology*, 45(3), 303-310. doi: 10.1111/jcpe.12856.

APPENDIX 3

Adult Gerontology Primary Care

Case Study: STI

Chief Complaint: 35 yo female Lisa presents to clinic complaining of hoarseness of voice, sores in mouth.

Current Health Status:

Lisa has no other health problems.

Medications: None

Sexual History: multiple partners, intermittent condom use

Physical Exam:

Alert, oriented, 35 yo old female

HEENOT – Eyes, Ears, nose and dentition normal. Scattered papillomas on tongue and pharynx.

Abdomen – soft, nontender

MS – nl

Gyn – No visible lesions – cervical studies pending

Neuro – nl

What else would you like to know?

What is your differential?

What tests will you order?

What is your diagnosis?

What treatment will you prescribe?

Where do you refer patient?

What is your follow-up?

Cardiovascular Disease Case Study

Design an oral exam and treatment plan for a 61 year old man with a prosthetic mitral valve who will undergo deep cleaning of his gingival and gingival pockets.

What are your treatment plans if this patient is allergic to PCN?

Diabetes Case Study

A 65 year old Hispanic male Mr. M. was referred by the Dental clinic because of early evidence of periodontal disease. The patient has family history of Type 2 Diabetes (T2D) and history of caring for his diabetic grandfather for many years. He described himself as an expert in diabetes because of the years of caring for his ailing diabetic grandfather. During the health history, he complained of symptoms of hyperglycemia: fatigue, thirst, and weight loss. On physical exam, his blood pressure was 160/95, BMI of 31, random blood sugar of 332 mg/dl, and HgbA1c > 13%. He was diagnosed with T2D and obesity. He was started on Metformin twice a day and was counseled on diet and physical activity. The patient was referred back to dentistry for continued periodontal care in light of his new diagnosis of T2D.

What is the follow-up nursing primary care action plan for Mr. M.?

What are the 3 months follow-up outcomes?

- Oral Health History
- Physical Health Exam
- Oral-Systemic Risk Assessment
- Action Plan
- Preventive Interventions
- Interventions
- Collaboration
- Referrals

RESOURCES

American Cancer Society. How to Quit Smoking or Smokeless Tobacco.
<https://www.cancer.org/healthy/stay-away-from-tobacco/guide-quitting-smoking.html>

American Dental Association. (2009). ADA Caries Risk Assessment Form. Retrieved from
<http://www.ada.org/en/member-center/oral-health-topics/caries>

American Dental Association. Statement on Human Papillomavirus and Squamous Cell Cancers of the Oropharynx. Retrieved from <https://www.ada.org/en/member-center/oral-health-topics/cancer-head-and-neck>

Association for Prevention Teaching and Research. (2014). 15: Oral Health Across the Lifespan. [learning module]. Retrieved from https://www.aptrweb.org/page/PHLM_15.

Bruce, A. J., & Rogers, R. S. (2004). Oral manifestations of sexually transmitted diseases. *Clinics in Dermatology*, 22(6), 520-527. PMID: 15596324.

Center for Disease Control. (2018) Human papillomavirus (HPV) and Oropharyngeal Cancer. https://www.cdc.gov/cancer/hpv/basic_info/hpv_oropharyngeal.htm

Chen, X. & Kistler, C.E. (2015). Oral Health Care for Older Adults with Serious Illness: When and How? *Journal of the American Geriatrics Society*, 63(2), 375-378. doi: 10.1111/jgs.13240.

Cheng, J., Malahias, T., Brar, P., Minaya, M. T., & Green, P. H. (2010). The association between celiac disease, dental enamel defects, and aphthous ulcers in a United States cohort. *Journal of Clinical Gastroenterology*, 44(3), 191-194. doi: 10.1097/MCG.0b013e3181ac9942

Clark M.B., Douglass A.B., Maier R., Deutchman M., Douglass J.M., Gonsalves W., Silk H., Tysinger J.W., Wrightson A.S., & Quinonez R. (2010). Smiles for life: a national oral health curriculum. 3rd Edition. Society of Teachers of Family Medicine. Retrieved from smilesforlifeoralhealth.com.

Coleman, P. (2005). Opportunities for nursing-dental collaboration: addressing oral health needs among the elderly. *Nursing Outlook*, 53(1), 33-39. PMID: 15761398

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www.OHNEP.org

www.SmilesforLifeOralHealth.org
 National Oral Health Curriculum

www.MCHOralHealth.org
 National Maternal & Child Oral Health Resource Center

www.IPECollaborative.org
 Interprofessional Educational Collaborative

www.APTRweb.org/?PHLM_15
 Oral Health Across Lifespan Module

www.HealthyPeople.gov
 10-year national health goals for Americans

www.ToothWisdom.org
 Health Resources for Older Adults

www.HIGN.org
 Hartford Institute Geriatric Oral Health

www.UKY.edu/NursingHomeOralHealth
 Nursing Home Oral Health

www.IPE.UToronto.ca
 University of Toronto's Centre for Interprofessional Education

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