

Clinical Tips in Dentistry

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Conditions need special care are:

- (1) Patient reports a previous reactions to drugs {allergic reaction} = Allergy test is a must (by physician).
- (2) Patient with history of cardiovascular problems, e.g., hypertension or coronary artery disease shouldn't receive epinephrine, as it increase heart rate and raise the blood pressure. Hypertensive patients {above 160/95} shouldn't be treated before controlling the blood pressure.
- (3) Individuals with prosthetic heart valve, previous bacterial endocarditis, rheumatic fever with valvular dysfunction, congenital heart malformations or mitral valve prolapse with valvular regurgitation = premedication with: Amoxicillin or erythromycin or clindamycin. Many patients with prosthetic heart valves are on coumadin (anticoagulant drug) = patient's physician should be consulted before any treatment.
- (4) Epilepsy should be known so the appropriate measures can be taken without delay.
- (5) Diabetic patients may suffer during dental treatment as: Hyperglycemia + stress of treatment = diabetic coma. Hypoglycemia and hasn't eaten for several hours = may suddenly feel light-headed and appear intoxicated.
- (6) Prolonged presence of xerostomia may be due to: Large doses of radiation, as component of Sjogren's syndrome, rheumatoid arthritis, lupus erythematosus, and scleroderma; also some of 375 drugs. Xerostomia is conducive to greater carious activity and is therefore extremely hostile to the margin of cast metal or ceramic restorations.

Medical history

(Please answer the questions by circling either no or yes. If you are uncertain about the question, leave it unanswered).

Past medical history

- 1- Have you had any serious illness or been hospitalized? Y N
- 2- Have you had rheumatic fever or rheumatic heart disease? Y N
- 3- Do you have or have you had a heart murmur or mitral valve prolapse? Y N
- 4- Have you had or do you have any heart or blood vessel disease such as a heart attack or stroke? Y N
- 5- Have you been told that your blood pressure is too high? Y N

- 6- Have you had jaundice or hepatitis? Y N
- 7- Have you been treated for a seizure disorder (convulsions or epilepsy)? Y N
- 8- Have you had a tumor or disease that required X-ray, radium or cobalt treatments? Y N
- 9- Have you had excessive or prolonged bleeding following a cut, tooth extraction, or other injury? Y N
- 10- Have you had an allergic or unusual reaction to any drugs or medications (penicillin, aspirin, codeine, etc.)? Y N
- 11- Do you have any allergies? Y N
- 12- Are you currently taking any drugs or medications (such as antibiotics, cortisone, or heart medicine)? Y N
- 13- Are you currently under the care of a physician? Y N
- 14- Approximately how long has it been since you were last seen by a physician? Y N
- 15- Do you have any disease, condition, or problem not listed above? Y N

System review

- 16- Do you have a sore or hoarse throat? Y N
- 17- Do you have a persistent cough, or sometimes cough blood? Y N
- 18- Do you get pains in the heart or chest (angina pectoris)? Y N
- 19- Dose climbing one flight of stairs make you tired and require you to stop and rest so that you can catch your breath? Y N
- 20- Are you pregnant or nursing at present time? Y N.

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