DEMENTIA FRIENDLY DENTAL PRACTICES

Patient Management

Presenter

Steve Shuman, DDS, MS, FGSA

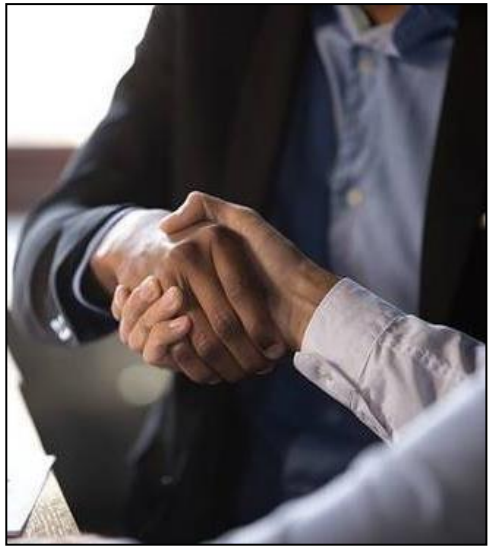
Professor, University of Minnesota School of Dentistry

& Minnesota Geriatric Workforce Enhancement Program;

Dental Director, Walker Methodist Dental Clinic, Minneapolis

Disclosures

- Employer:
  - UMN School of Dentistry
- UMN Affiliation Agreement:
  - Walker Methodist Health Center, Mpls
- Grants:
  - ASTER Labs, Shoreview, MN
    - NIH/NIDCR and CDC contracts
  - MN Northstar Geriatric Workforce Enhancement Program (HRSA)
- I will not discuss off-label or investigational product use.



Project Partners

ACT ON ALZHEIMER'S

A Program of TRELLIS™

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Minnesota Northstar Geriatrics Workforce Enhancement Program

MN GWEP

The Minnesota Northstar GWEP is supported by the Health Resources and Services Administration (HRSA) Geriatrics Workforce Enhancement Program of the U.S. Department of Health and Human Services, Award No. U1QHP33076; the University of Minnesota Office of Academic Clinical Affairs; and the Otto Bremer Trust.

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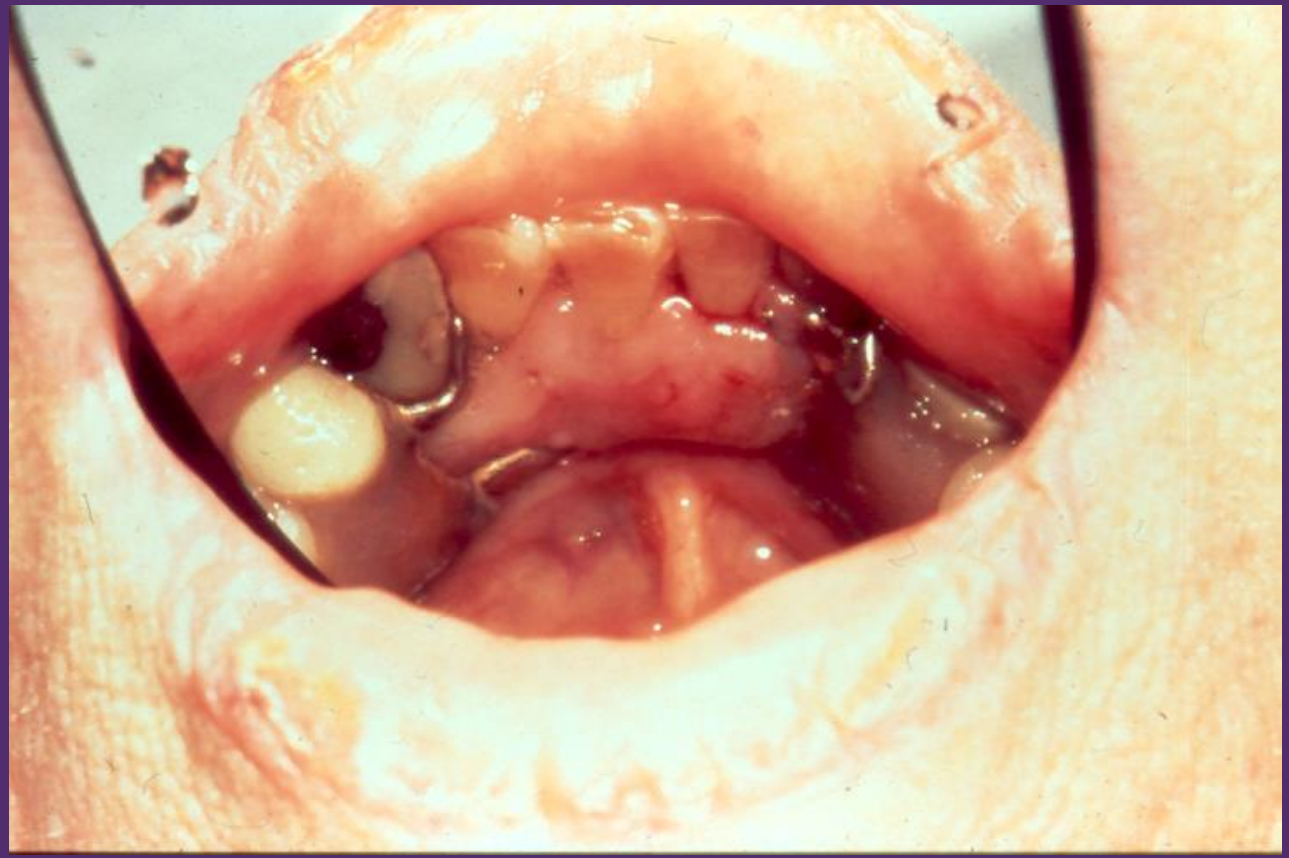
Delta Dental of Minnesota Foundation

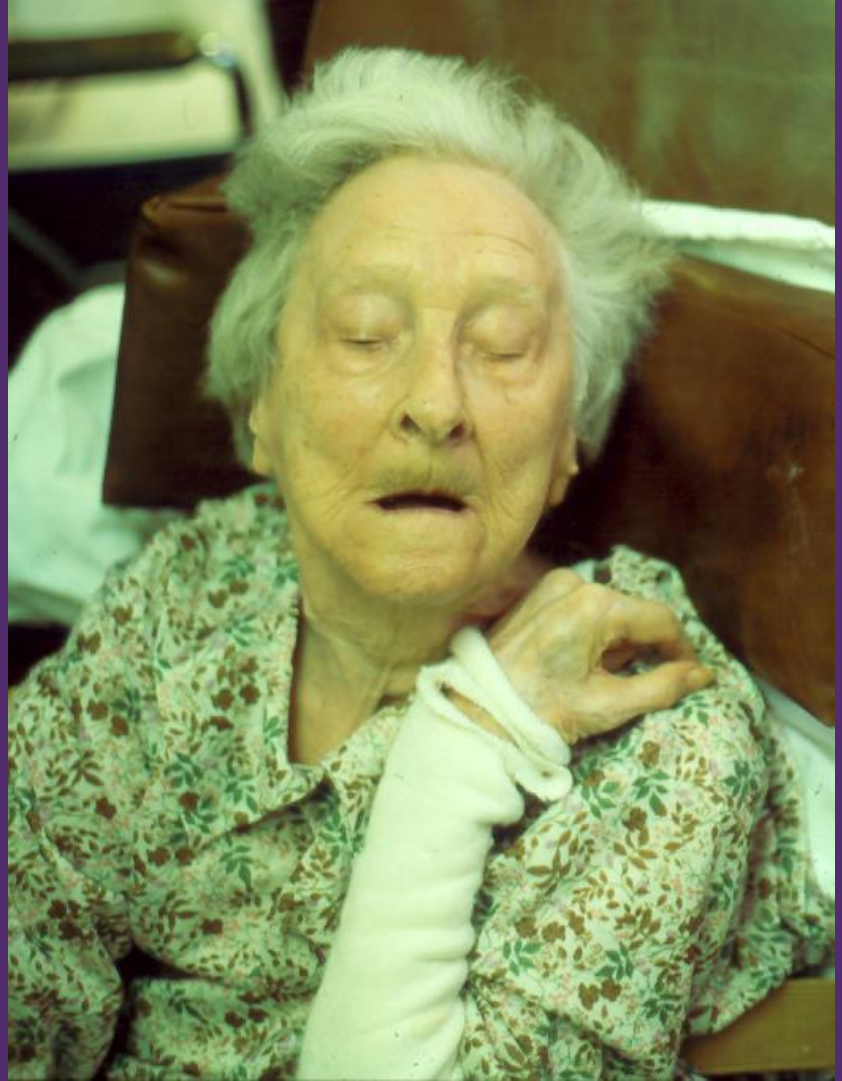
MINNESOTA DENTAL ASSOCIATION®

The Barclay Group

Patient M.B.

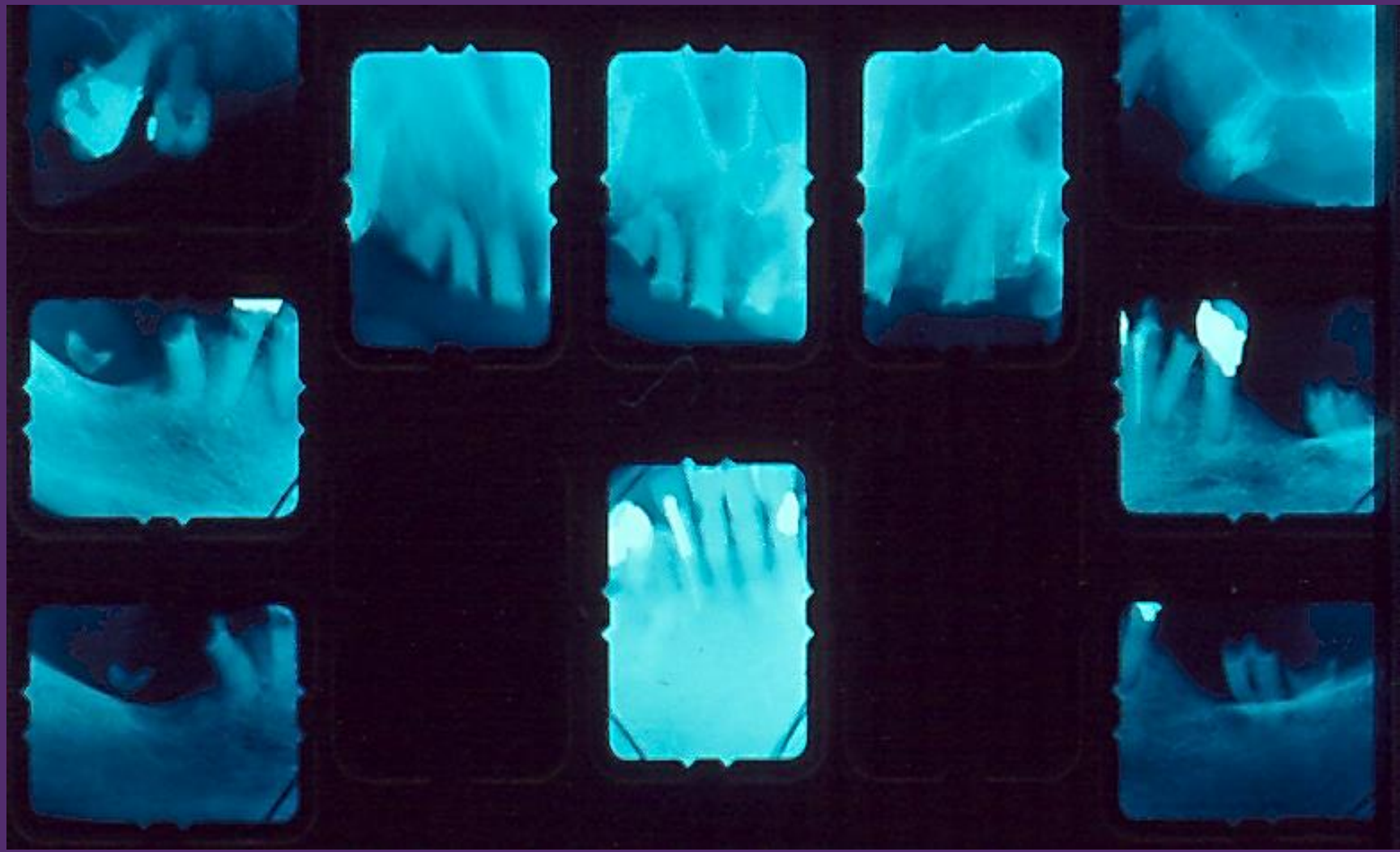
84 y.o. with Alzheimer's dementia from assisted living with pain LLQ; exam reveals Mn RPD that has not been removed for 2 years and is overgrown by soft tissue.





Patient C.S.

89 y.o. w/ advanced Alzheimer's and resistant to cares; NH staff reports pain when utensils touch teeth during feeding; now on large doses of pain medication. "Can anything be done about her teeth?"



---------- Forwarded message ---------
From: [redacted].org>
Date: Mon, Mar 28, 2022 at 10:47 PM
Subject: Dentist Resources for someone with memory loss
To: hpcao@umn.edu <hpcao@umn.edu>

Hello,

I came across your email while looking on the

I work with family caregivers at the [redacted]
recommendations for a dentist that work well
to find some resources and thought I might in
such qualifications?

Thank you for your time and any info you car

---------- Forwarded message ---------
From: [redacted].com>
Date: Mon, Apr 11, 2022 at 4:43 PM
Subject: Dental care/Alzheimer's disease
To: shuma001@umn.edu <shuma001@umn.edu>

Hello Dr. Shuman.

My name is [redacted] and I'm looking for advise/suggestions. I happened across your name as I was looking for dental care for my mother. I read a U of MN article about your dental program that incorporates working with people with Alzheimer's Disease. I think this is ground breaking and thank you for your efforts in this area. My mother is a resident at [redacted] on their memory care floor. She has advanced Alzheimer's disease.

It came to my attention yesterday that my mom was missing roughly the bottom third to fourth of her right central incisor. This led me to try to find in-house dental care and so far I'm coming up empty-handed. My mom requires a Hoyer lift for transfers and I am no longer able to transport her to appointments because of this. I also believe, given her Alzheimer's, it would take specialized care even if I were able to get her in to a clinic/office setting. I'm wondering if you could provide any suggestions for care. Remarkably, she doesn't seem to be in any pain and it doesn't seem to have affected her ability to eat or drink.

I'd appreciate any insight you might provide.

With thanks,

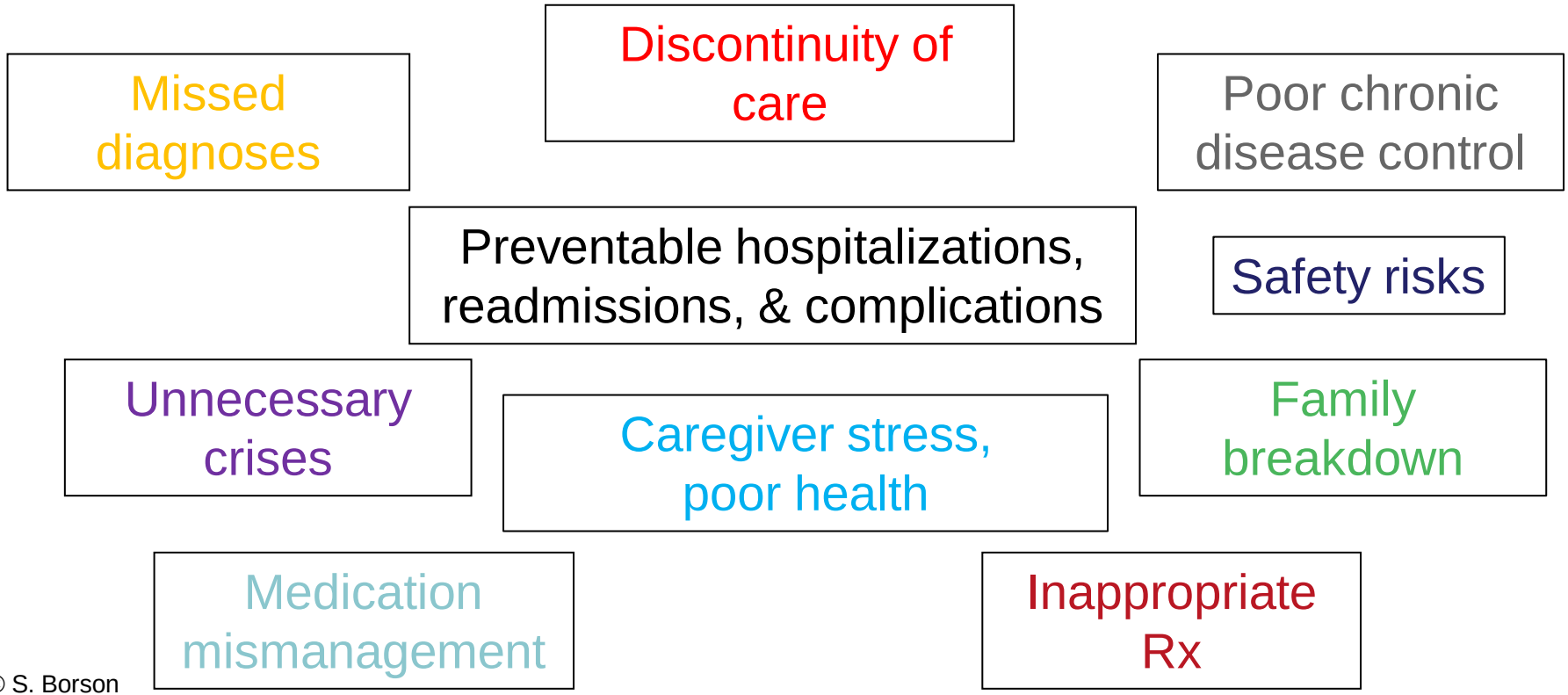
ALZHEIMERS · **Published** March 16, 2022 3:21pm EDT

Alzheimer's disease impacting 6.5M older Americans

Alzheimer's Association says Alzheimer's deaths have more than doubled between 2000 and 2019

By **Julia Musto | Fox News**

Targets for Improving Dementia Care



Dementia Friendly Communities

Objectives for Dementia Friendly Dental Practices (DFDP)

1. **Recognize** signs, symptoms and potential causes of dementia
2. **Communicate** effectively with patients, care partners and medical providers
3. **Assess** decision-making and secure appropriate consent
4. **Employ** effective patient management strategies
5. **Develop** appropriate restorative, prosthetic and preventive treatment plans
6. **Recognize safety concerns** such as wandering, driving, abuse or neglect
7. **Support dementia patients and care partners** with education and community resources as needed

DEMENTIA FRIENDLY DENTAL PRACTICES

Identification and Communicating Concerns

ACT ON ALZHEIMER'S

Minnesota Northstar
MN GWEP
Geriatrics Workforce Enhancement Program

Dementia Defined

- Acquired disorder of intellectual function
- A syndrome of two or more cognitive deficits, usually including memory and one or more of the following:
  - aphasia (language disturbance)
  - apraxia (motor activities)
  - agnosia (recognize/identify objects)
  - executive function (planning, organizing, sequencing, abstracting)
- Persistent and progressive
- Severe enough to affect daily functioning

Amer Psych Assoc, Diag & Stat Manual of Mental Disorders, 5th Ed, 2013

Potentially Treatable Causes of Cognitive Impairment

- **Delirium**
- **Depression (a common confounder)[1]**
- **Drug toxicity**
- **Toxins (alcohol, heavy metals, etc.)**
- **Nutritional deficiency (B-12, folate, niacin)**
- **Normal pressure hydrocephalus**
- **Hypo, Hyperthyroidism**
- **Neoplasm (treatable)**
- **Subdural hematoma**

1. Alzheimer's or depression: Could it be both? Mayo Clinic, 2021
2. Tripathi M, Vibha D. Reversible dementias. Indian J Psychiatry.Jan; 51(Suppl1): S52–S55, 2009

Irreversible Causes of Dementia

- Degenerative
  - Alzheimer's (60-80%)
  - Lewy Body
  - Fronto-temporal
    - Pick's Disease
  - Huntington's Disease
- Vascular/multi-infarct (5-10%)
- Infections
  - Creutzfeldt-Jakob Disease
  - AIDS
- Traumatic
  - Craniocerebral injury
  - Chronic Traumatic Encephalopathy (CTE)

Alzheimer's Association Facts & Figures Report 2020
(www.alz.org/media/documents/alzheimers-facts-and-figures.pdf)

Rationale for timely detection

1. Some causes can be reversed or stabilized
2. Prioritize shared decision-making
3. Simplify and improve management of dental and other healthcare conditions
4. Reduce ineffective, expensive, crisis-driven use of healthcare resources
5. Allow planning to optimize quality of life
   - Person-centered care
   - Decrease burden on family and care partners
6. Promote a safe and satisfying environment that supports independence

Balasa M, et al. 2011; Boise L, et al. 1999; Boise et al., 2004; Boustani et al., 2003; Boustani et al., 2005; Holzer C, Warshaw G. 2000; Silverstein & Maslow, 2006

Two Ways to Identify

1. **Signs and Symptoms**

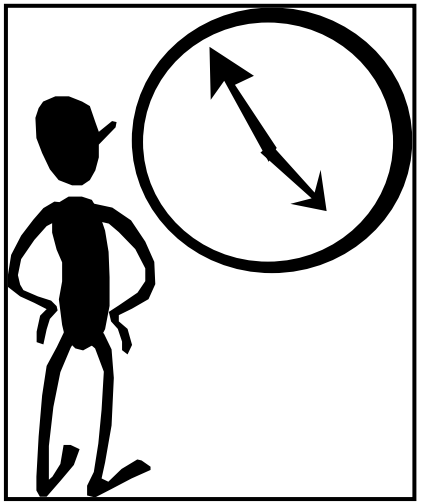
2. **Brief Cognitive Screening**

Alzheimer's Early Signs & Symptoms

1. **Memory loss that disrupts daily life**
2. **Challenges in planning or solving problems**
3. **Difficulty with familiar tasks**
4. **Trouble understanding visual images, spatial relationships**
5. **Language problems**
6. **Time and place disorientation**
7. **Poor or decreased judgment**
8. **Misplacing things and losing ability to retrace steps**
9. **Mood, behavior or personality changes**
10. **Withdrawal from work or social activities**

Alzheimer's Association, www.alz.org

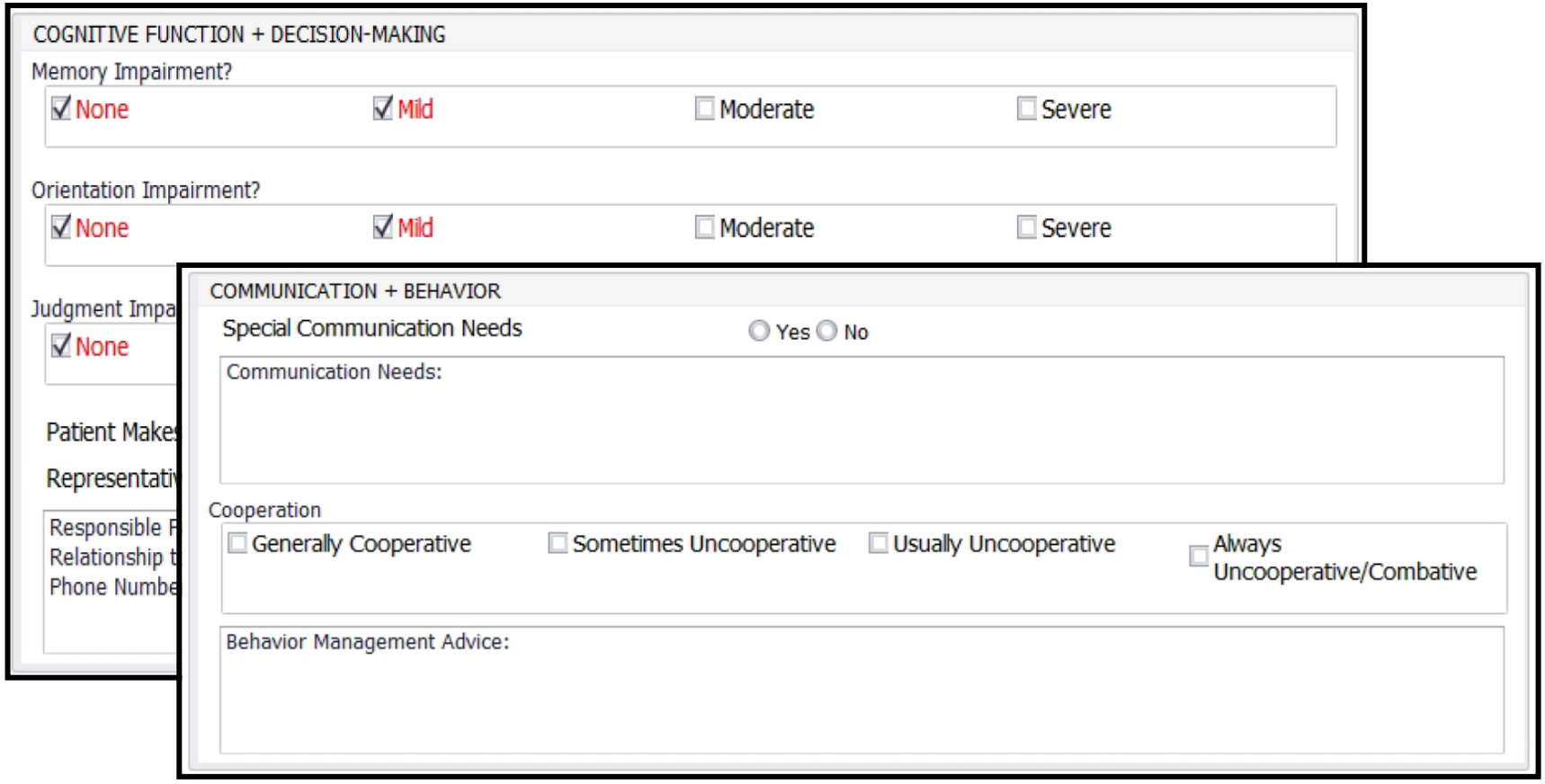
MINICog©



- Two-part test worth a total of 5 points
  - 3 item recall (3 pts)
  - Simple clock drawing test (2 pts)
- 4 or 5 = normal
- 0 – 3 = impaired
- Takes about 3 minutes
- Strong sensitivity and specificity
- Less influenced by ethnicity, language, education level, socioeconomic level
- Can detect mild cognitive impairment and a variety of dementias

Borson, Int J Geriatr Psychiatry, 2000

Documentation: Dental EHR



A case…

An 74 year-old patient of yours came in for a check-up and cleaning. The dental hygienist reports some gum inflammation with tenderness and sensitivity in one area. When you ask about this, she says she has been having a little pain but isn't sure when it started. You also see on her medical history that she was recently in the hospital, but when you ask why she says, "something happened and … well, I don't know. The doctor never told us what was wrong and sent me home." When you ask if it was anything serious, she says, "I don't think so. I have trouble with my diabetes sometimes so it was probably because of that or something but I feel fine now."

What would you do?

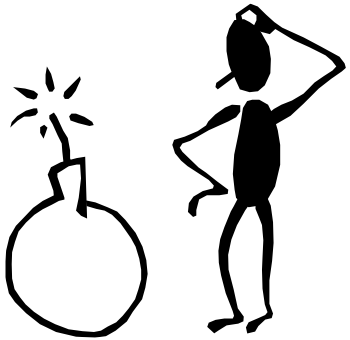
Communicating Concerns Video

https://www.youtube.com/watch?v=fuYqOyOrW1U

Communicating Concerns and Making a Referral

1. **Pick your moment**
   - Quiet time/place without interruptions; Pt and/or care partner relaxed
2. **Choose your words carefully**
   - Reassuring, positive, non-judgmental; "Have you noticed any changes in …"
3. **Be specific**
   - Use examples: "I've noticed …"
4. **Be positive**
   - Reassurance that further assessment/diagnosis will help get support needed
5. **Don't worry if patient/care partner don't respond well**
   - Discuss with primary medical provider(s); Contact other resources for advice and assistance
6. **Referral**
   - Primary Care Medical Provider(s): NP or physician
   - Senior LinkAge Line or other community resources

Some Consequences of Dementia in the Dental Office



- Increased oral/dental pathology:
  - Forgetting daily oral hygiene
  - Forgetting to remove dentures
  - Dietary alterations
  - Lack of regular professional care
  - Lip/tongue chewing after local anesthesia
- Lost dentures
- Behavioral issues during treatment
- Consent issues
- Stressed care partners
- Safety issues (wandering, driving, abuse/neglect)

Patterns of Tooth Loss in Older Adults with and without Dementia: A Retrospective Study Based on a Minnesota Cohort

Xi Chen[1], DDS, PhD, Stephen K. Shuman, DDS, MS,† James S. Hodges, PhD,‡ Laël C. Gatewood, PhD,§ and Jia Xu, MS‖*

OBJECTIVES: To study tooth loss patterns in older adults with dementia.

DESIGN: Retrospective longitudinal study.

SETTING: A community-based geriatric dental clinic in Minnesota.

PARTICIPANTS: Four hundred ninety-one older adults who presented to the study clinic as new patients during the study period, remained dentate after finishing the initial treatment plan, and returned for care at least once thereafter were retrospectively selected. One hundred nineteen elderly people with *International Classification of Diseases, Ninth Revision*, codes 290.x, 294.1, or 331.2 or a plain-text diagnosis of dementia, Alzheimer's disease, or chronic brain syndrome in the medical history were considered having dementia.

INTERVENTION: All existing dental conditions were treated before enrollment. Dental treatment was continually provided for all participants during follow-up.

MEASUREMENTS: Tooth loss patterns, including time to first tooth loss, number of tooth loss events, and number of teeth lost per patient-year were estimated and compared for participants with and without dementia using Cox, Poisson, and negative-binomial regressions.

RESULTS: Participants with dementia arrived with an average of 18 and those without dementia with an average of 20 teeth; 27% of remaining teeth in the group with dementia were decayed or retained roots, higher than in the group without dementia ($P<.001$). Patterns of tooth loss did not significantly differ between the two groups; 11% of participants in both groups had lost teeth by 12 months of follow-up. By 48 months, 31% of participants without dementia and 37% of participants with dementia had lost at least one tooth ($P=.50$). On average, 15% of participants in both groups lost at least one tooth each year. Mean numbers of teeth lost in 5 years were 1.21 for participants with dementia and 1.01 for participants without dementia ($P=.89$).

CONCLUSION: Based on data available in a community-based geriatric dental clinic, dementia was not associated with tooth loss. Although their oral health was poor at arrival, participants with dementia maintained their dentition as well as participants without dementia when dental treatment was provided. **J Am Geriatr Soc 58:2300–2307, 2010.**

Key words: tooth loss; dementia; older adults

Oral health is a significant concern for older adults with dementia because of its relationship to quality of life, systemic health, and well-being. Impaired oral health not only affects people's quality of life,[1] but also compromises their systemic health[1,2] and increases risk of physical and mental disability.[3–6] Previous studies found that oral health is poor in older adults with dementia. People with dementia have poorer oral hygiene and experience more oral diseases and conditions, such as dental caries, periodontal disease, soft tissue pathology, denture-related problems, and decreased denture use, than those without dementia.[7–19] For instance, one study found that individuals with dementia experienced more coronal and root caries, were less likely to use dentures, and had a greater prevalence of denture-related oral mucosal lesions than those without dementia.[8] In addition to high prevalence of dental caries, annual caries increment was also higher in older adults with dementia.[9,18] In a large-scale longitudinal study, the number of new surfaces affected by caries during a 1-year follow-up of participants with dementia was approximately twice as high as in those without dementia.[9] Type and severity of dementia

From the *Department of Dental Ecology, University of North Carolina, Chapel Hill, North Carolina; and †Department of Primary Dental Care, ‡Division of Biostatistics, and §Health Informatics, Department of Lab Medicine and Pathology, University of Minnesota, Minneapolis, Minnesota.

The abstract of this paper has been submitted and accepted for presentation in the 62nd Annual Scientific Meeting of the Gerontology Society of America.

[1]Dr. Xi Chen was a dental fellow and a PhD student at the University of Minnesota when the work was performed. This work was part of his PhD dissertation.

Address correspondence to Xi Chen, Department of Dental Ecology, University of North Carolina School of Dentistry, Campus Box 7450, Chapel Hill, NC 27599. E-mail: xi_chen@dentistry.unc.edu

DOI: 10.1111/j.1532-5415.2010.03192.x

Outcomes of Dental Care

- Dementia pts had much poorer oral health than non-demented pts on arrival (caries, fx teeth, etc.)
- With regular treatment, tooth loss equalized with non-demented pts.
- **Conclusion:**

  Dentition can be maintained if good dental care is provided!

Chen, Shuman, et al, JAGS 2010

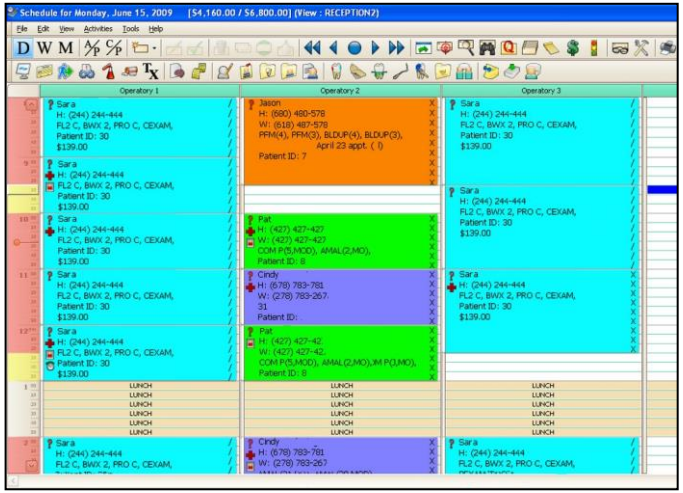
DEMENTIA FRIENDLY DENTAL PRACTICES

Clinical Tips

General Management Tips

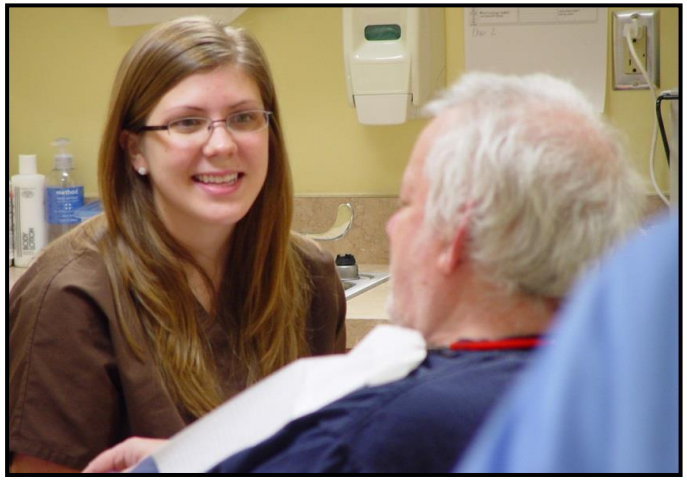
- Reduce environmental stimuli
  - Background noise
  - Excess activity
- Familiar faces and objects
- Careful verbal and non-verbal communication
- Gentle behavior management strategies
- Back off if agitation appears or increases
- Carefully document treatment plans, fees, instructions
- Involve essential care partners

Scheduling



- Rec. 60 min or less to start
- Care partner guidance
  - AM or PM better?
  - Outside stressors to avoid?
- Earlier appts for more complex tx (exts, endo, etc.)
  - Pt rested
  - Easier post-op care, monitoring
- Be flexible if problems arise
  - Try another day/time
  - Troubleshoot with care partner

Verbal Communication



- Approach from front at same level
- Shorter words, phrases, simple sentences
- Repeat exactly or paraphrase slightly
- Calm, slow, clear speech
- Lower pitch
- One question at a time & wait for response
- Closed choice or yes/no questions (vs. open-ended)
- Validate feelings & redirect as needed
- Do NOT correct or argue

Non-verbal Communication

- Same level as patient
- Direct eye contact & smile
- Slow movements
- Gentle touching
- Demonstrate procedures first
- Monitor facial expressions for discomfort, distress

"People with dementia know intuitively whether they are being accepted by a caregiver – caring touch, gentleness, speed of movement, tenderness of voice, and body posture do not escape their sensitive awareness."

Kovach CR. Late-stage dementia care: a basic guide, 1997

Other Communication Strategies

Technique	Description
RESCUING	Another caregiver enters to “help.”
DISTRACTION	Music, objects, touch to distract from stressors
BRIDGING	Person holds same object as caregiver to improve sensory connection and focus
HAND-OVER-HAND	Caregiver’s hand placed over person to guide through activity
CHAINING	Caregiver starts activity and person completes it
TASK BREAKDOWN	Activities broken down into smaller steps

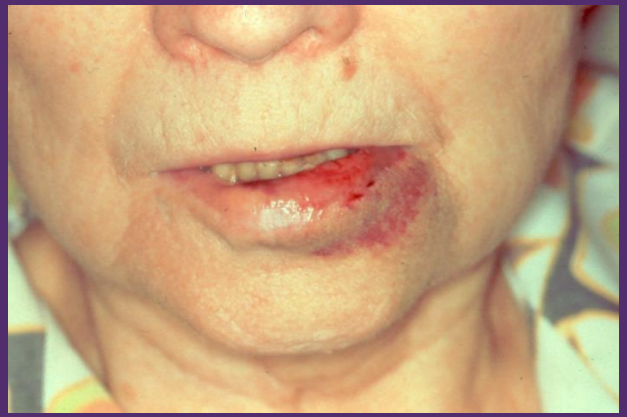
Chalmers, Spec Care Dentist, 2000

Local Anesthesia Tips

- Remember option of no anesthetic for simpler procedures
  - Simple restorative, supragingival, calcified pulps, etc.
- Agents & delivery
  - Avoid/minimize long-acting agents (e.g., bupivacaine)
  - Minimize blocks vs. infiltration/PDL injections with stronger agents (e.g., 4% articaine w/ 1:200K epi)
  - Vasoconstrictors OK in limited amounts per usual guidelines
- Careful technique with aspiration
  - Wide enough needle to aspirate
  - Gow-Gates (2%) safer than IA block (10-20%) to avoid intravascular injections*
- Max. 2-3 x 1.8 cc carpules per visit for ASA II, III or other medical risks
- Warn about potential lip, tongue chewing
- Monitor facial expressions to assess efficacy/signs of pain

*Watson & Gow-Gates, Anesth Pain Control Dent. 1992

Patient I.S.



WILDER SENIOR DENTAL PROGRAM — Phone: 220-1807

{place label here, if available}
CLIENT NAME:
CLIENT #:

FACILITY:
( ) OP ( ) DH
( ) HCC ( ) WRW ( ) WRE
ROOM #:

PROGRESS NOTES: (Use SOAP)
ABX taken? ( ) Y ( ) N
Other premed: _____ _____ mg @ _____ AM/PM
Anesthesia: _____carpules_____ block infilt.

TIME:
( ) Clinic ( ) Off-site

TODAY'S SERVICES:
( )IE ( )COE ( )LOE ( )RE ( )EME ( )OV ( )OVN ( )FV:S--M--N ( )BM
X-ray: ( )FMX ( )PA1 ( )PA2 x _____ ( )BW x _____
Cleaning/Preventive: ( )PRO ( )PRU ( )PRL ( )GOC ( )OHI ( )FL

T#	TSurf Unit	Tx	DSurf ST	Dx	T#	TSurf Unit	Tx	DSurf ST	Dx
							ANC		

Tx Plan: ( ) New ( ) Update Recall ____ Mo.
Consult: ( ) ABX ( ) Behavior ( ) Other (ST: 1, TA, F, 2, CR, TI, +)

POST-OP ORDERS:
( ) Lip/soft tissues are numb; watch for lip-chewing.
( ) See additional attached orders for: ( ) Surgery ( ) Dentures ( ) Other
( ) Rx: _____

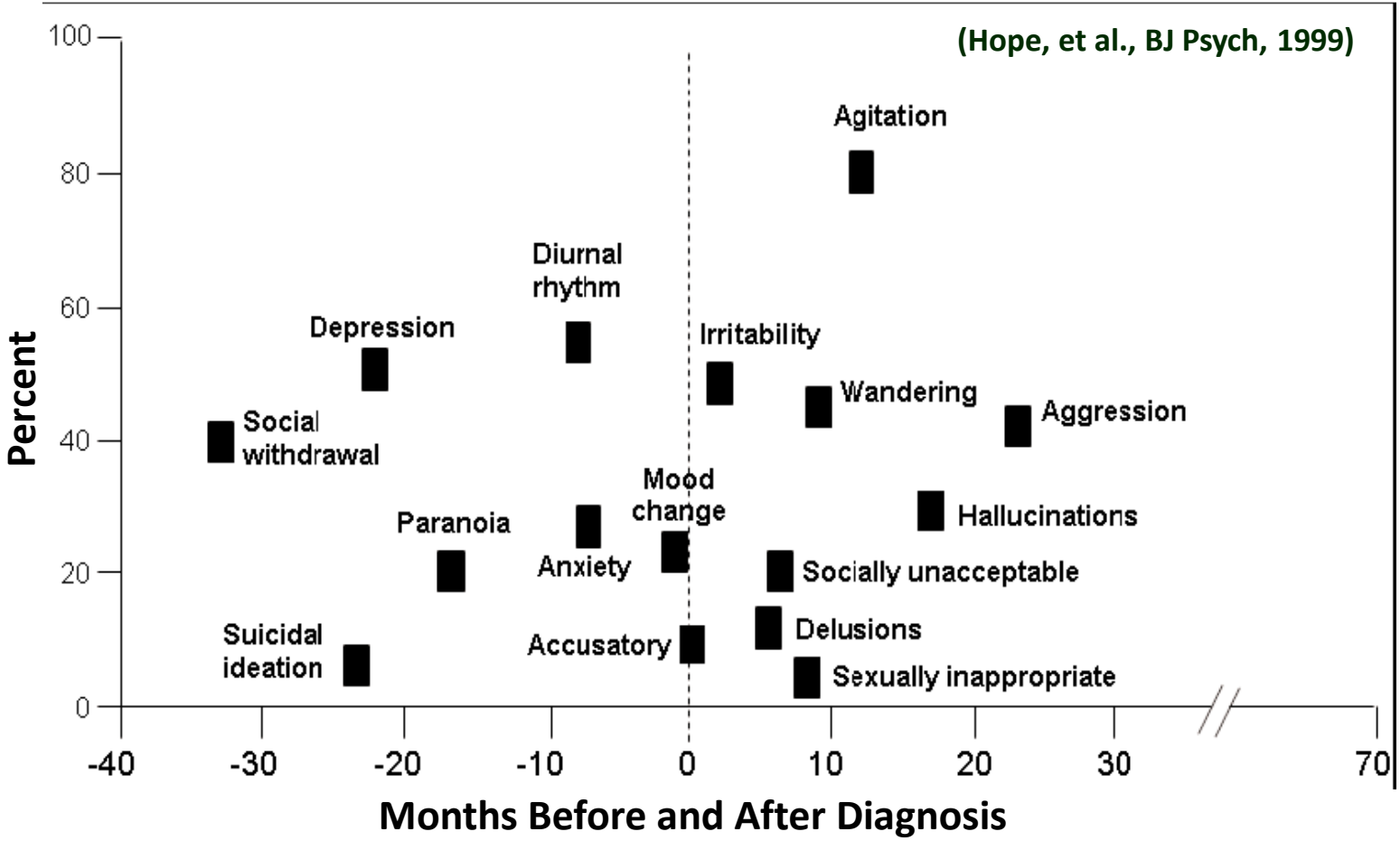
Tooth mould/shade/material: _____
Signature: _____
Provider's Name, Code: _____

DATE:	OFFICE: Amt: _____ N#: _____	SUMMARY OF TODAY'S SERVICES:	SERVICES NEXT VISIT:

ORAL HEALTH PROGRESS NOTE 2/97

( ) See additional attached orders for: ( ) Surgery ( ) Dentures ( ) Other
( ) Rx: _____
Signature: _____
Provider's Name, Code: _____
DATE: OFFICE: Amt: _____ N#: _____ SUMMARY OF TODAY'S SERVICES: SERVICES NEXT VISIT:
ORAL HEALTH PROGRESS NOTE 2/97

Onset of Behavioral Symptoms of Alzheimer's



Behavior Management

- Most unusual behaviors are of little consequence
- Some may need to be managed for safety of patient & care providers:
  - Resistance:
    - Moves away
  - Combativeness:
    - Aggressive, strikes out

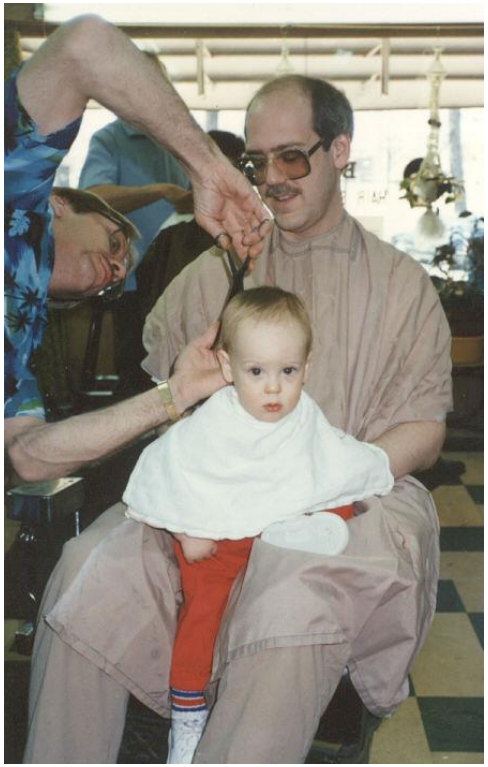
Stepwise Approach

Behavior Management (1)

- General Tips
  - Don’t be surprised by unusual behaviors
  - Avoid leaving patient unattended
  - Test with simple procedures to see what might be possible
    - Radiographs?
    - Alginates?

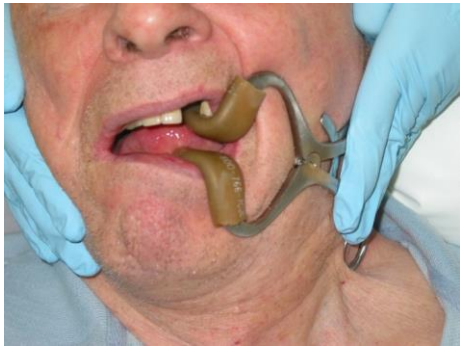
Stepwise Approach

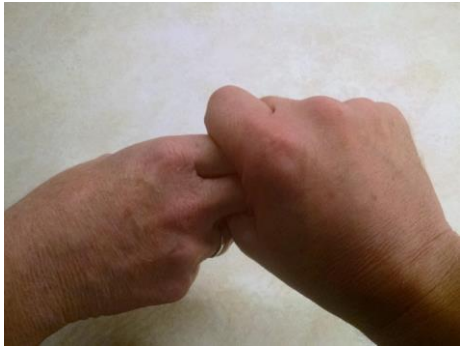
Behavior Management (2)



Reducing movements

- **Gentle holding of hands**
- **Gentle cradling of head**
- **Soft, textured objects to occupy hands**
- **Mouth props as needed (Molt preferred)**
- **Go with the flow (move with the patient!)**





Stepwise Approach
Behavior Management (3)

- **Use anxiolytics with CAUTION as last resort!**
- **NO long-acting agents (e.g., diazepam)!**
- **Consult with NP/MD**
- **Shorter acting agent Rx:**

  Lorazepam
  Sig: 0.5-2 mg p.o. one hour before procedures

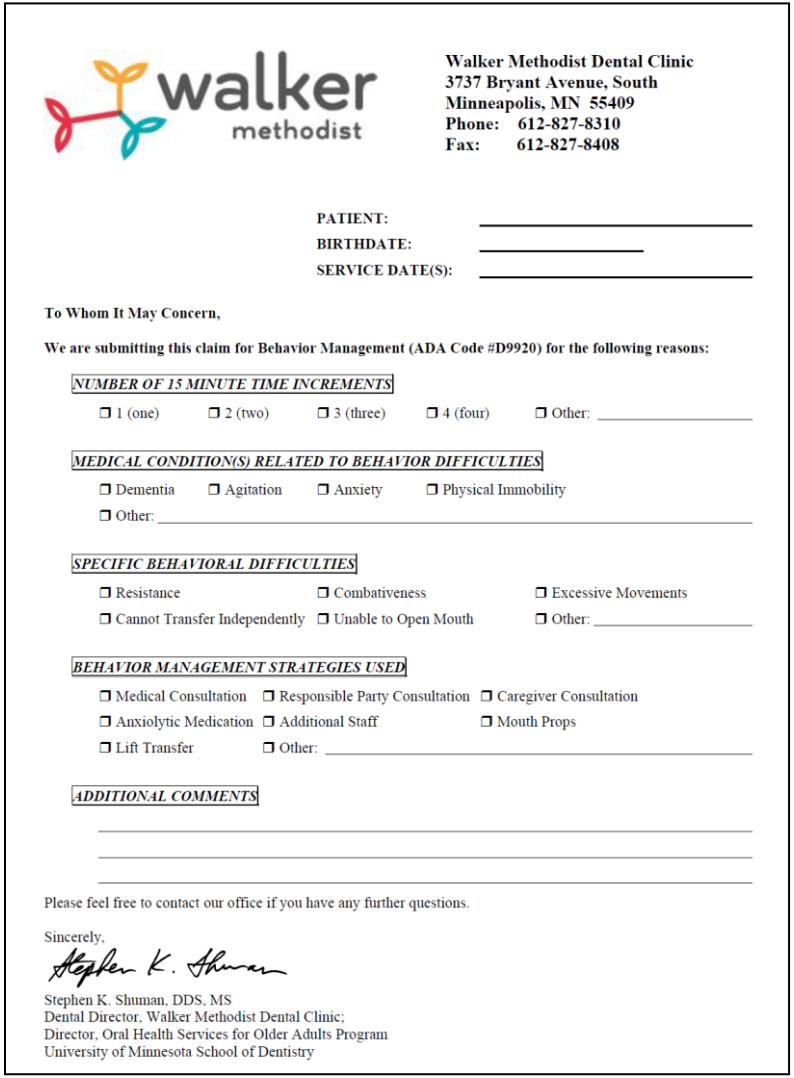
- **If oral agent fails:**
  - **Reevaluate timing first and then dosage**
  - **Consider IV sedation or GA rather than exceeding recommended oral dosages.**

Patient L.T.

An 81 y.o. NH resident with history of dementia and anxiety had extractions #20-22 with 1 mg of lorazepam premed per MD orders. He tolerated the extractions reasonably well but asked to use the bathroom after appointment and then fell off the toilet to the tile floor. He was transported by EMT's to the hospital and diagnosed with a broken shoulder.

Benzodiazepine Risks in Older Adults

- Falls
- Aspiration
- Increased confusion
- Agitation



walker methodist

Walker Methodist Dental Clinic
3737 Bryant Avenue, South
Minneapolis, MN 55409
Phone: 612-827-8310
Fax: 612-827-8408

PATIENT: _____
BIRTHDATE: _____
SERVICE DATE(S): _____

To Whom It May Concern,

We are submitting this claim for Behavior Management (ADA Code #D9920) for the following reasons:

NUMBER OF 15 MINUTE TIME INCREMENTS

❒ 1 (one) ❒ 2 (two) ❒ 3 (three) ❒ 4 (four) ❒ Other: _____

MEDICAL CONDITION(S) RELATED TO BEHAVIOR DIFFICULTIES

❒ Dementia ❒ Agitation ❒ Anxiety ❒ Physical Immobility
❒ Other: _____

SPECIFIC BEHAVIORAL DIFFICULTIES

❒ Resistance ❒ Combativeness ❒ Excessive Movements
❒ Cannot Transfer Independently ❒ Unable to Open Mouth ❒ Other: _____

BEHAVIOR MANAGEMENT STRATEGIES USED

❒ Medical Consultation ❒ Responsible Party Consultation ❒ Caregiver Consultation
❒ Anxiolytic Medication ❒ Additional Staff ❒ Mouth Props
❒ Lift Transfer ❒ Other: _____

ADDITIONAL COMMENTS

_____
_____
_____

Please feel free to contact our office if you have any further questions.

Sincerely,

Stephen K. Shuman, DDS, MS
Dental Director, Walker Methodist Dental Clinic;
Director, Oral Health Services for Older Adults Program
University of Minnesota School of Dentistry

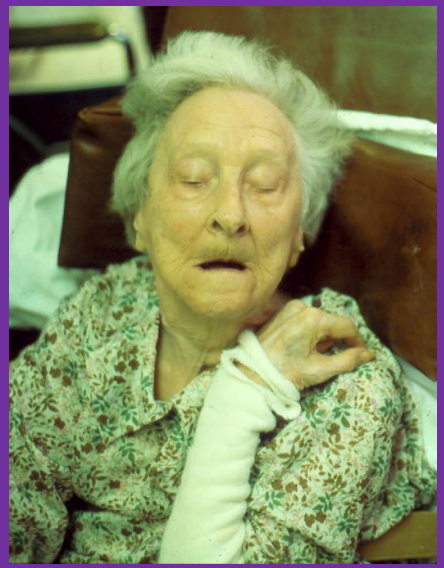
Behavior Management Explanation for Insurance

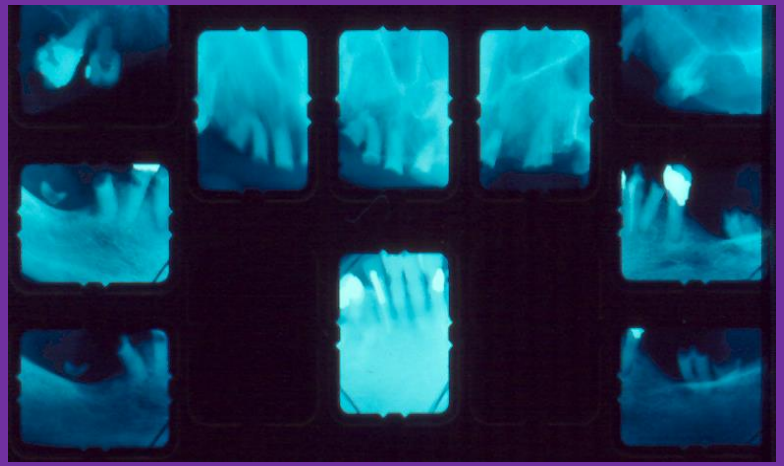
Document in EHR:

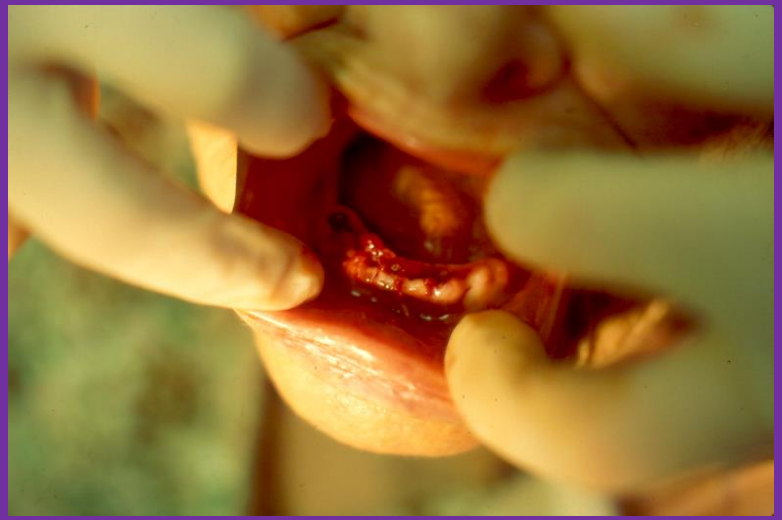
- Type of behavioral intervention
- Reasons
- Dose/duration
- Efficacy & patient tolerance
- ADA code D9920 (CDT 2022)
  - 15 minute increments

Patient C.S.

89 y.o. w/ advanced Alzheimer's and resistant to cares; NH staff reports pain when utensils touch teeth during feeding; now on large doses of pain medication. "Can anything be done about her teeth?"







But what if we can't even get in the mouth?

- Don't write the patient off!!
  - Ask care partners for suggestions
  - Try one more time in case of a bad day/time
  - Recognize that agitation/resistance may decline as disease progresses
- Try for brief visual inspection for obvious problems
- Advise responsible parties, caregivers of situation & possible undiagnosed problems
- Place on 3-6 month recalls & try again when behavioral symptoms may have settled down
- Document situation and course of action

Other Ways to Avoid Trouble

Simplify Post-Op Care

- Extra attention to wound closure
- Hemostatic agents
  - Gelfoam®, CollaPlug®, etc.
- Caution with gauze packs
  - Remove before pt leaves if unaccompanied
- Pain meds already in use?

Communication

- **Printed instructions:**
  - **Easy to read (large font, high contrast print)**
  - **Check-off boxes to limit orders**
  - **Notify key care partners**

Walker Dental Clinic
3737 Bryant Avenue, South
Minneapolis, MN 55409
612-827-8310

CARE OF THE MOUTH AFTER ORAL SURGERY

☐ **GAUZE PACK** – Gauze has been placed over the surgical site(s). Remove at _____am pm.

☐ **SILK SUTURES** (stitches) – Silk sutures need to be removed at the dental office in 7-14 days.

☐ **DISSOLVING SUTURES** (stitches) – Dissolving (gut) sutures will fall out in 5-7 days.

WALKER DENTAL CLINIC *612-827-8310*

CLIENT NAME: Ima Codger

POST-OPERATIVE ORDERS: ORAL SURGERY

X **GAUZE PACK** – Gauze has been placed over the surgical site(s). Please remove at 1:00 AM/PM.

X **DO NOT RINSE MOUTH FOR 24 HOURS** to avoid disturbing blood clots. After 24 hours, patient may rinse gently with warm ~~salt water (1/2 tsp salt in 8 oz. warm water)~~ q 4 h x 2 days.

X **SUTURES** – Silk sutures must be removed by dental staff in 7-14 days. Dissolving sutures will fall out in 5-7 days.

X **BLEEDING** – Following extractions or other oral surgery some bleeding is normal. If bright red bleeding occurs:

1. Place folded gauze pads over the area and have patient bite down firmly for 20 minutes. Repeat x 3 prn.
2. Have patient bite down firmly on a wet teabag for 20 minutes. (Tea contains natural hemostatic agents.)
3. If bright red bleeding still persists after these measures, please call our office or the on-call dentist.

☐ **SWELLING** – Apply ice pack to the face over the surgical area – 20 minutes on and 10 minutes off for one hour.

X **PAIN** – For mild pain, Tylenol may be administered prn per current facility standing orders x 3 days. Call us if pain is not relieved.

X **FOOD & DRINK** – Eat a light/soft diet for 24 hours. Avoid very hot or very cold foods/drinks and use of straws for 24 hours.

☐ **OTHER PROBLEMS:**

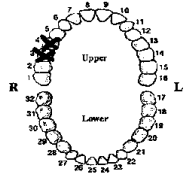
1. Hematoma can occur after some extractions and will fade after 1 or 2 weeks.
2. Small, sharp bone chips may work their way up through the gums during healing. Call our office if these are noted.

X **SMOKING** – Smoking should be avoided or reduced as much as possible during the first 2-3 days after oral surgery to help healing.

X **ORAL HYGIENE** – Do not brush surgical area for 24 hours. After 24 hours, please resume gentle toothbrushing to keep area clean.

X **HOW TO REACH US** – To report severe pain, bleeding or unusual symptoms, please call our office at 612-827-8310 during the clinic day. After clinic hours, please contact the dentist on call.

Surgical Area(s)



DATE: 8/27/06 *POST-OPERATIVE ORDERS: ORAL SURGERY* 5/06 © University of Minnesota

☐ **FOOD AND DRINK** – Avoid hot or cold foods and drinks for 24 hours. Eat a light diet for 24 hours.

☐ **ORAL HYGIENE** – Do not brush the surgical area for 24 hours. After 24 hours, it is important to resume gentle toothbrushing and flossing to keep the area clean.

☐ **HOW TO REACH US** – If severe pain, swelling, bleeding, or unusual symptoms occur, call our office at once. During regular hours please call 612-827-8310. After hours, you should call 612-827-8400 to reach our dentists on emergency call.

Monitoring

- **Earlier in the day and week is better for everyone**
  - **Everyone is more rested**
  - **More LTC staff available**
  - **Easier to handle problems during regular hours**
- **Follow-up calls**
- **Scheduled return visits**

Pre-arrange Help

Enlist aid from care partners:

- **Family**
- **Home health providers**
- **Social workers, case managers**
- **Friends**

DEMENTIA FRIENDLY DENTAL PRACTICES

Safety Issues

An Appointment Problem

An 85 year-old patient arrived for his dental appointment which was actually scheduled for the following week. He appeared confused and upset and says he is sure his appointment is today. He lives about 8 miles away but says it took him a few hours to find your office and he got lost so stopped a few times to ask for directions. Your office manager also reports that he showed up last week thinking he had an appointment and got upset when she told him it was the wrong day. She says she gave him an appointment card with the correct day and time clearly written down, which he put in his wallet.

Approach to Driving Problems

1. Priorities for the dental team
   - Sensitivity to significance & impact of driving disability
   - Ensure safety of patient & others, NOT assessment of driving ability
2. Sharing the concern
   - "It sounds like you had some trouble driving here today and we want to help you get home safely."
3. Options
   - Contact care partner, family, friend
   - Arrange for other transportation
   - Contact CEP for vulnerable adult report & guidance
   - Contact police
4. Follow-up
   - Primary Care Medical Provider: NP or physician
   - Senior LinkAge Line or other community resources

10/07/19 12:15 PI

Confirmed Pt ID

S) CC: Pt arrived
and he got lost so
Also says he cam
had appt that day

O) Med Hx: As ch

A) Repeated conf
himself or others.

P) 1) Called MN V
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Hennepin County Human Services and Public Health Department

Adult Protection Services
A-1400 Government Center
300 South Sixth Street
Minneapolis, MN 55487

www.hennepin.us

October 08, 2019

Stephen Shuman
Walker Dental Clinic
3737 Bryant Ave S
Minneapolis, MN 55409

RE: Adult Maltreatment Report - [redacted] John APS Intake 10/07/2019

Dear Stephen Shuman:

The above referenced report was referred by the Minnesota Adult Abuse Reporting Center Common Entry Point to Hennepin County Adult Protection Services.

In accordance with the Minnesota Vulnerable Adults Act, we are writing to inform you that this matter has been reviewed by the County Lead Agency and has been assigned for investigation. The adult protection social worker is [redacted], , whose telephone number is (612[redacted]

Sincerely,

odified

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THE HUFFINGTON POST

INFORM • INSPIRE • ENTERTAIN • EMPOWER

ENTERTAINMENT | WELLNESS | WHAT'S WORKING | VOICES | VIDEO | ALL SECTIONS

CRIME

Missing, Wandering Alzheimer's Patients A Growing Concern

07/26/2013 08:48 am ET

490

David Lohr

Senior Crime Reporter, T[illegible]ffington Post

6 out of 10 dementia patients may wander

TRENDING

Hillary Clinton Could Win In A Landslide But Still Lose D.C.

Seth Meyers Perfectly Explains How Donald Trump Has Ruined The GOP

Managing the Wanderer

- **Identification**
  - Past history, records
  - Keeps getting up
  - Presence of monitoring devices
- **Prevention**
  - Maintain a “chain of custody”
    - Even for use of restrooms, etc.
  - Minimize long waits
  - Avoid busy, stressful waiting areas
  - Avoid seating by doors
- **Remember:**
  - Watch potential hazards (e.g., coffee pots)
  - Preserve dignity while preserving safety

Dementia friendly dental practice includes care partner support!

Two Doorways to Info & Support

1. **North Dakota Aging & Disability Resource Link**
   - **https://carechoice.nd.assistguide.net/**
   - **Toll Free: 1-855-462-5465 | ND 711 (TTY)**

2. **Alzheimer's Association**
   - **1-800-272-3900 or www.alz.org**
   - **National organization with MN-ND Chapter**
   - **Helpline available 24/7**

Take Home Messages

- **Dementia will be among the most common chronic diseases in adult dental practice.**
- **Most dental care can be provided safely & effectively with some knowledge of the disease process and basic management strategies.**
- **Dental professionals will need to become more comfortable recognizing and managing dementia pts and supporting care partners (that is, dementia friendly!)**
- **Community partners are ready to help!**

Get Involved…

Advanced Training for Clinical Staff

The Dementia Friendly Dental Practices Advanced Training Program is a 6-hour (6 CEU) in-depth curriculum for clinical dental providers covering dementia recognition and assessment, environment and safety issues, ethical and legal concerns, patient management strategies, treatment planning, and patient/care partner support.

Request Advanced Training

http://www.actonalz.org/dental-practice-tools

Thank You!

Steve Shuman, DDS, MS
shuma001@umn.edu