

PIT AND FISSURE SEALANT CLINICAL PATIENT WORKSHEET

Student's Name _____ Date _____

Faculty's Name _____ Patient's Name _____

Use this worksheet to identify errors in procedures. Place a check mark in the box each time a step in the procedure is incorrectly performed or omitted.

***In some cases, a specific procedural step that is identified by an asterisk will require that this step must be correctly performed as improper performance would cause harm to the patient and/or cause failure to the sealant.**

	Operator Evaluate	Partner Evaluat	Faculty Evaluate	Comments
Infection Control/ Patient Safety				
1. Apply barriers to chair, unit, light, air/water syringe, hoses, HYE, saliva ejector,				
2. Don PPE: gloves, mask, gown, scrubs, eye wear, patient safety glasses*				
3. Check medical health history.				
Assemble Armamentaria				
1. Basic set-up: mirror, explorer, cotton pliers				
2. Air-water syringe tip, HYE tip, saliva ejector				
3. Low-speed handpiece with disposable prophy angle				
4. Non-fluoridated/flavored prophy paste				
5 Isolator cotton roll holder, Dri-aids, Dri-tips, Lingua-fix				
6. Etchant, sealant material, applicator tips and brushes				
7. Curing light, tinted safety glasses or shield.				
8. Articulating paper, composite finishing stone, floss				
Tooth Preparation				
1. Remove plaque/pellicle from tooth/teeth with non-fluoridated/flavored prophy paste and rubber cup.*				
2. Rinse surface and suction. Check surface with explorer for complete pumice removal. Rinse again and thoroughly dry.				
3. Use articulating paper and determine the occlusal stops.				
4. Isolate quadrant area with appropriate cotton rolls, holder, Dri-Aid, Dri-angle etc.				
5. Completely dry teeth. *				

Etchant Placement				
1. Place etchant onto enamel surfaces to be sealed; extending beyond the anticipated sealant area with etchant, but not extending onto the inclines or ridges. *				
2. Allow etchant solution to remain for 15 seconds.				
3. Thoroughly rinse removing etchant, while keeping teeth isolated. If teeth become contaminated, re-etch for 10 seconds, and rinse again.				
4. Thoroughly rinse tooth surfaces for at least 20-30 seconds followed by dyeing for 20 seconds. Etchant pattern will not appear on typodont tooth.				
Sealant Placement and Curing				
1. Express small drop of UltraSeal XT plus at the end				
2. Express another small drop; lightly paint on until desired amount is reached. Sealant materials appear thin. Once in place sealant will thicken.				
3. Polymerized sealant by curing light. Hold light as close to surface as possible without touching materials (1-2mm). Standard curing light-cure for 20 seconds; high energy curing light-cure for 10 seconds.				
4. Check the void area, bubbles, etc. with explorer. If sealant needs to be added and surface is still not contaminated, add sealant and cure. If surface is contaminated, repeat etchant for 10 seconds, rinse, dry.				
5. Using a dampened cotton roll, gently remove the inhibition layer from the sealant surface.				
6. Remove isolation materials, rinse and dry.				
7. Check contact with floss.				
8. Check occlusion with articulating paper				
9. Reduce any high areas on the sealant with composite stone.				
Patient Education (not provided during laboratory experiences)				
Infection Control-Patient Safety Clean-Up				
1. Remove barriers on the chair, unit, light, air/water syringe, hose, HVE, saliva ejector, headpiece.				
2. Surface disinfect areas that are not covered with barriers				
3. Prepare and institute sterilization procedures				
4. Manage PPE: gloves, mask, scrubs, eyewear, patient safety glasses.				

PIT AND FISSURE PLACEMENT PRODUCT EVALUATION

Student's Name: _____ Patient's Name: _____

PREPARATION AND ETCHANT

Date: _____ Grade Received: Pass / Fail Faculty: _____

The following areas reflect the errors made that indicate a reduction in the grade.

<i>AREAS</i>	<i>SCORES</i>	<i>COMMENTS</i>
Preparation of Field and Etching (A) Teeth are free of stains/plaque (B) Coronal polish/teeth pre-cleaning (C) Isolation of selected area (D) Etching solution application (E) Etching solution removal	Tooth #1	
	Tooth #2	
	Tooth #3	
	Tooth #4	

SEALANT PLACEMENT

Date: _____ Grade Received: Pass / Fail Faculty: _____

The following areas reflect the errors made that indicate a reduction in the grade.

<i>AREAS</i>	<i>SCORES</i>	<i>COMMENTS</i>
Sealant Application (A) Mixing/ preparation of sealant dispensing procedure (B) Application (C) Occlusal coverage (D) Occlusal thickness (E) Polymerization time (F) Occlusal adjustment	Tooth #1	
	Tooth #2	
	Tooth #3	
	Tooth #4	

KEY FOR GRADING USING PRODUCT EVALUATION

NUMERICAL SCORE	PERCENTAGE SCORE	NUMERICAL SCORE	PERCENTAGE SCORE
10	Pass – Excellent	5	Fail – Critical Errors
7.5	Pass	3	Fail – Critical Errors No Concept

A 7.5 must be received for each of the four teeth per patient in order to pass the clinical experience and/or examination.

Student's Signature: _____

Instructor's Signature: _____ Date: _____

UPDATED MEDICAL HEALTH HISTORY FORM

Name: _____ Date of Birth _____

Your Physician's Name: _____

Your Physician's Address: _____

Briefly describe your general health. _____

Directions: Circle YES or NO to the following:

1. Have you ever had any of the following:

- | | | | |
|-----------------------|--------|-------------------------|--------|
| Measles | YES NO | Jaundice | YES NO |
| Epilepsy | YES NO | Venereal disease | YES NO |
| Diabetes | YES NO | Rheumatic fever | YES NO |
| Tuberculosis | YES NO | Chicken Pox | YES NO |
| Heart Attack | YES NO | Hepatitis | YES NO |
| Mumps | YES NO | Stroke | YES NO |
| Ulcers | YES NO | Asthma | YES NO |
| Thyroid Disease | YES NO | Anemia | YES NO |
| Liver Disease | YES NO | Emotional disease | YES NO |

2. Have you been examined by a physician in the last year? YES NO
3. Have you ever had a serious illness? YES NO
4. Has there been any change in your health in the last year? YES NO
5. Have you ever had surgery? (An operation) YES NO
Please indicate what type of surgery _____
6. Have you gained or lost much weight recently? YES NO
7. Have you ever been treated for ear or eye trouble, other than corrective glasses? YES NO
8. Do you bleed for a long time when you cut yourself? YES NO
9. Have you ever had hives or a skin rash? YES NO
10. Have you ever been told you have heart trouble? YES NO
11. Do you get out of breath easily? YES NO
12. Do you have spells of dizziness? YES NO
13. Do your ankles ever become badly swollen? YES NO
14. Do you have high blood pressure? YES NO
15. Have you ever been told that you have a heart murmur? YES NO
16. Do you have any blood disorder? YES NO
17. Do you have asthma, hay fever, sinusitis or frequent sore throat? YES NO
18. Have you ever had tuberculosis, emphysema or other lung disease? YES NO
19. Do you have stomach trouble, frequent diarrhea or constipation? YES NO
20. Have you ever been told you have kidney or bladder trouble? YES NO
21. Have you ever had syphilis or gonorrhea? YES NO
22. Do you ever have fits, convulsions or seizures? YES NO
23. Do you have arthritis or joint trouble? YES NO

24. Are your joints often painfully swollen? YES NO
25. Have you had a general or local anesthetic? YES NO
26. Have you often had toothaches? YES NO
27. Do your gums bleed when you brush your teeth? YES NO
28. Do your gums itch when you brush your teeth? YES NO
29. Does it hurt when you chew? YES NO
30. Do you have any problems with your jaws? YES NO
31. Do you clench or grind your teeth? YES NO
32. Have you ever had an injury to your face, neck or jaw? YES NO
33. Do you suffer from frequent or severe headaches, neck or back pain? YES NO
34. Have you ever received x-ray or radiation therapy to the head or neck? YES NO
35. Do you have ear pain or pain in front of the ears? YES NO
36. Does your jaw feel tired after a big meal? YES NO
37. Must you chew on one side exclusively? YES NO
38. Is your sleep disturbed by pain of the head and neck region? YES NO
39. Are your daily activities or routine disturbed by pain of the head and neck region? YES NO
40. Do you consider yourself a nervous person? YES NO
41. Do you fee unhappy or depressed? YES NO
42. Are you easily upset? YES NO
43. Are you sensitive or allergic to any medicine? YES NO
- Are you sensitive or allergic to any of the following?
- | | | | |
|-----------------|--------|---------------------|--------|
| Penicillin..... | YES NO | Novocain..... | YES NO |
| Aspirin..... | YES NO | Iodine..... | YES NO |
| Codeine..... | YES NO | Sleeping pills..... | YES NO |
- Other: _____
44. Do you smoke or use tobacco? YES NO
45. Do you drink alcohol daily? YES NO
46. WOMEN – Are you pregnant? YES NO
47. WOMEN – Are you in or have passed through menopause (change of life)? YES NO

When did you last have radiographs (Full Mouth X-rays – 18-20 images) taken?

(Month/Year) _____

List all Prescription and Non-Prescription drugs taken or used in the past 3 months:

List all hospitalizations for any reason:

Reason: _____

PATIENT SIGNATURE: _____

DATE: _____

PATIENT MEDICAL HISTORY

(Please Print)

Patient Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Age: _____ Birth date: _____

Physician: _____ Phone: () _____

Address: _____

Dentist: _____ Phone :() _____

Address: _____

Name of Student _____

The attached Medical History has been reviewed and approved.

Patient Signature _____

Student Signature _____

Instructor Signature _____

Date _____

MEDICAL HEALTH STATEMENT

I, _____ hereby declare that to the best of my knowledge and belief, I do not have or have not had in the past any systemic condition that can affect the pit and fissure sealant procedure. The disclosures of any of these conditions have been included in my medical health history. These systemic conditions include but are not limited to: heart and/or kidney disease, herpes simplex, hepatitis, diabetes, epilepsy, positive HIV, AIDS, organic heart murmur and heart valve replacement. Disclosures of these conditions have been forthcoming on my signed and dated medical health history.

I also acknowledge that Fullerton Dental Assistant School or any participant in the pit and fissure sealant certification course will maintain and keep all course related documents confidential.

Print Name of Patient _____

Patient Signature _____

Date _____

PATIENT RELEASE FORM

I hereby give my permission for a pit and fissure sealant to be performed on me as part of a clinical requirement for pit and fissure sealant certification.

I understand that no charge will be made for the service performed. In consideration thereof, I hereby agree to waive, release, hold harmless, defend and indemnify, as against any and all claims I or my heirs may have now or in the future against its principals and/or agents, arising out of or resulting from my voluntary participation as a patient in the dental trainee program.

I have read and I understand the terms of this agreement.

Signed this _____ day of _____, 20____

Signature _____

Print Name _____

Pit and Fissure Sealant Patient Criteria Form

Date _____

Patient Name _____

The patient named above has been examined by the faculty member and meets the following criteria:

- Patient must be 18 years of age or older.
- Patient must be in good health. (A medical history form will be completed prior to treatment and approved by the instructor.)
- Each patient will have a minimum of four (4) virgin, non-restored, natural teeth, sufficiently erupted so that a dry field can be maintained. In addition, each patient will have a minimum of one tooth in all four quadrants.
- Patients with another 4 qualifying teeth (1 tooth per quadrant) can serve as an additional patient.
- Third molars (#1, 16, 17, and 32) cannot be used to be sealed.

Instructor Signature _____

Instructor Name _____

FULLERTON DENTAL ASSISTANT SCHOOL
2720 North Harbor Blvd. Suite 110
Fullerton, CA 92835

_____ (Student's name) is a student enrolled in the Dental Assistant Program of Fullerton Dental Assistant School. In order to comply with the requirements set forth by California Dental Board on placement of pit and fissure sealants, the student needs for you to examine _____ (Patient's name) for placement of sealants.

Please mark all the teeth that could be sealed with "S" on the occlusal surface on the chart provided. There needs to be at least one tooth each quadrant. The instructor will determine which teeth will be sealed on the clinical setting. Thank you for your support in the Dental Assisting Program.

_____ Dentist Name

_____ License Number

_____ Dentist Signature

_____ Phone Number

_____ Office Address

_____ City State Zip

