

# Nashville Area Periodontal Flow Sheet

## Clinical Uses and Applications

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# Reading the Flow Sheet

- Blue Boxes: Exam or Evaluation
- Red Boxes: Treatment
- Green Boxes: Recall/Maintenance
- Arrows: Decision Criteria

# References

- ◉ American Academy of Periodontology  
> [www.aap.org](http://www.aap.org)
- ◉ Burt BA, Eklund SA. Dentistry, dental practice and the community, 5<sup>th</sup> Ed. WB Saunders Co, 1999
- ◉ American Dental Association, Current Dental Terminology 2009/2010

# Initial of Recall Exam

1. Exam by Dentist: 0150 or 0120
2. CPITN/PSR (*Dentist or Hygienist*)

Use Code 0150 for an initial exam, a patients who has not been seen for 3 or more years or who has had significant medical or dental changes since the last exam.

Use Code 0120 for periodic exams and for exams in conjunction with 4910.

Determine the Community Periodontal Index of Treatment Needs (CPITN) or  
Periodontal Screening and Recording (PSR) and record at each exam (initial or periodic). Probe 6 points on each tooth. Determine the score by the WORST spot in the sextant. CPITN records Probing Depth (PD), not Clinical Attachment Loss (CAL).

# Re-Evaluate CPITN (PSR)

- After calculus is removed, accurate CPITN will be easier
- Dentists or hygienist should re-eval ALL PATIENTS following initial prophylaxis
- If scores are still 2s or less, proceed with recall/maintenance
- If deeper PD is found, proceed to Treatment Phase

1. Gross Debridement (4355) if needed
2. OHI/education (1310,1320, 1330)
3. 1-2 week re-eval (OH, calculus, PD)

**If Heavy Calculus is not present,  
Begin with Perio Charting**

1. Perio Charting: PD, recession, furcation, mobility, BoP, OHI (0160)  
*(Dentist or RDH)*
2. Appropriate radiographs(0210, 0330, 0220, 0272 or 0274)
3. Assess risk factors
4. Perio diagnosis (*Dentist*)
5. Perio treatment plan (*Dentist and Hygienist*)
6. SRP (4341, 4342) w/anesthesia as needed
7. Address other local irritants (overhangs, caries, ill fitting crowns)
8. Schedule 2-3 month re-eval

## 2-3 Month Evaluation

- Perio Stable (No PD  $\geq$  5mm w/ BoP, No PD  $\geq$  6mm)
  - › Move to Maintenance/Recall Phase
- Active Disease (PD  $\geq$  5mm w/ BoP OR Any PD  $\geq$  6mm)
- Move to next Treatment phase considering patient's oral hygiene

# Next Treatment Phase: Adequate OH

1. If 1-4 sites of  $\geq 5$ mm w/ BoP Or Any  $\geq 6$ mm, place local antibiotics (4381 per site)
2. If  $> 4$  sites of  $\geq 6$ mm w/BoP, consider systemic antibiotics AND/OR Surgery
3. De-sensitize as needed (9910 per visit)
4. 2-6 month recall as needed (4910 or 1110)
5. Re-apply local antibiotics as needed
6. Refractory Cases: Refer to Periodontist

# Next Treatment Phase

## Poor OH

1. Review OHI, re-scale as needed
2. Consider local antibiotics (*not highly recommended*)
3. 2-6 month recall (4910)
4. If patient's periodontal condition deteriorates, return to Periodontal Charting and work-up phase

# Complete/Recall Phase

1. Prophylaxis, OHI as appropriate  
(1110, 1320, 1330)
2. Check CPITN/PSR

- Patients with stable periodontia, that is no probing depths over 5mm with bleeding on probing (BoP), should be maintained on a recall schedule consistent with known risk factors.
- Appropriate recall schedules may range from 2 months for fragile patients or those at high risk to 6 months for more stable patients.
- If periodontal condition deteriorates, proceed to treatment phase

# Completed Recall Phase

Move here when patient's condition is stable  
(No PD  $\geq$  5mm w/ BoP, No PD  $\geq$  6mm)

1. 3-6 month recall (4910, 1110)
2. Re-eval plaque control
3. Education as needed (1310, 1320, 1330)
4. Recall as needed : 2-6 months (4910 or 1110)

# Ongoing Evaluation

Periodontal status must be carefully evaluated at each recall visit including at a minimum oral hygiene assessment, CPITN and necessary radiographs. If at any point OH is inadequate to maintain periodontal health or Probing Depths or BoP sites increase indicating active periodontal disease, re-evaluation and a new periodontal workup with diagnosis and treatment plan is needed.

Recall frequency may vary from 2 months for fragile patients to 6 months for very stable patients. Perio maintenance is coded 4910 (includes site specific SRP). If oral condition can be maintained through routine prophylaxis, 1110 can be used at recall. Codes must be based on clinical evaluation.