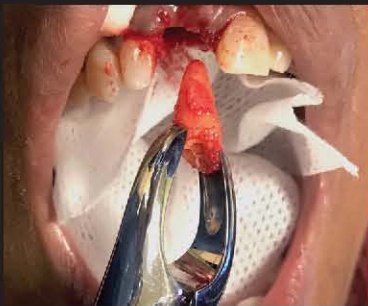


CLINICAL DENTISTRY DAILY REFERENCE GUIDE

	Yes	No	DK
Autoimmune disease	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatoid arthritis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Systemic lupus erythematosus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Asthma	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bronchitis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Emphysema	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sinus trouble	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



WILLIAM A. JACOBSON

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Clinical Dentistry Daily Reference Guide

Clinical Dentistry Daily Reference Guide

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About the Author



Courtesy: Kevin Fiscus Photography

Dr. William Jacobson is a general dentist and an educator. He completed his Bachelor of Arts in Fine Arts at University of San Francisco. Dr. Jacobson received a Doctor of Dental Medicine, Master of Public Health, and various awards of recognition at Case Western Reserve University. To further his training, he completed a General Practice Residency at University of Southern California where he treated medically compromised patients at LAC+USC Medical Center and at the Los Angeles Veterans Affairs. Since completing residency, Dr. Jacobson has been practicing general dentistry at community clinics treating the underserved. He is an Assistant Clinical Professor at University of California, San Francisco School of Dentistry. Dr. Jacobson is also a consultant for the curriculum committee at California Northstate University, College of Dental Medicine.

Dr. Jacobson is a member of the American Dental Association, California Dental Association, and the Sacramento District Dental Society. He is a native Spanish speaker and in his free time enjoys painting.

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Preface

Why I Wrote this Book?

Picture the following scenario. Monday morning you arrive to work:

- 8 a.m.** You need to figure out how to calculate the dosage for amoxicillin in liquid form for a 40-pound child.
- 9 a.m.** A teenager shows up with an avulsed tooth from a skateboard accident and you need to review the dental trauma guidelines before treating the patient.
- 10 a.m.** A patient is requesting nitrous oxide sedation for a filling and you need to quickly review all the indications, contraindications, and steps for administering nitrous, since it has been over a year since you last did this.
- 11 a.m.** A patient comes in for an extraction and reports a history of radiation and chemotherapy and you are unsure if any treatment modifications are necessary.
- 11 a.m.** You are double booked with a patient whose cast metal partial denture just broke and you are not sure what the dental lab needs from you. Just the broken partial? An opposing impression? A bite? A pick-up impression?

The scenarios are endless and it can be overwhelming having to scramble through various sources, from consulting other providers to websites to phone apps to books, to find critical information in a timely manner in order to provide our patients with the safest and best possible care.

The philosopher Plato said, “necessity is the mother of invention,” and for me as a practicing dentist and educator, a book like this is indispensable. For this reason, I made it my goal to write this book to make our lives easier as dentists.

The Journey from Conception to a Published Book

In dental school we entered clinic full time in third year. To cope with the fears that came along with treating human patients (non-manikin) for the first time, I made it my mantra to “learn from every patient encounter,” regardless of the procedure. Every night I would go home and write in my journal. These “daily lessons” included reflecting on the clinical experiences of the day, along with researching answers to questions my patients would ask or I would ask myself. Later I learned that this is referred to as self-directed learning. The “daily lesson” journal entries continued through my General Practice Residency, working at community clinics, and teaching dental students. While teaching dental students at UCSF I came to realize that these students could benefit from my “daily lessons” journal entries that are mostly collecting dust on a bookshelf.

Someone told me “if you have dreams chase them.” Writing this book was one of my dreams and I was determined to realize it, but how? One day I sat on my sofa staring at my bookshelf of dental books. I homed in on the names of the various publishing companies and decided to pitch my idea to them with a formal book proposal. I was ecstatic to hear that John Wiley & Sons, Inc. was intrigued and believed in my vision.

Writing a book is an arduous process. Many challenges were faced, including how to create a book that is both concise and comprehensive, how to write to an audience ranging from dental students to seasoned dentists, how to make time to write a book while teaching dental students and working at a community clinic, and finding dental and medical professionals willing to offer their time to review my chapters.

The manuscript writing process involved clinical information from many sources. I consolidated my “daily lessons” notes from dental school, general practice residency and practicing dentistry, and teaching dental students. Contributions also came from continuing education courses, textbooks, and journal articles. I added my clinical photos, made illustrations, created tables, and obtained permissions to reprint clinical guidelines and figures from various sources. Lastly I consulted with general dentists, dental specialists, lab technicians, pharmacists, pediatricians, academicians, and dental assistants.

To my Readers

Thank you for your support! Whether you are a dental student, a dental resident, a new graduate, a seasoned dentist, a dental educator, or other dental professional, I hope this book provides you with the tools you need to offer the safest, ethical, and best dentistry you can for your patients.

If you have questions or suggestions contact me at CDDRGauthor@gmail.com

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Thank you John Wiley & Sons, Inc. for believing in my vision and for giving me this opportunity to create a book designed to help dental professionals navigate dentistry which ultimately helps patients. A special thank you to Erica, Tanya, Ranjit, Hari, Susan, and Angela at Wiley.

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- John, my brother, for being a visionary and for assuring me during the days of my pre-dental science courses that the other students in my classes did not have higher IQs than me but that success comes by working hard.
- Larissa, my big sister, for always brightening my day no matter how gray.
- My best friend Catherine for being my boulder, my confidant, and my muse.
- And to Pamela Caviness, my previous Dental Director and now friend, for telling me “Don’t doubt yourself for a second” before embarking on this project.

List of Abbreviations

AAE	American Association of Endodontists
AAO	American Association of Orthodontists
AAOS	American Academy of Orthopedic Surgeons
AAP	American Academy of Pediatrics; American Academy of Periodontology
AAPD	American Academy of Pediatric Dentistry
AAT	animal-assisted therapy
AB	antibiotics
ADA	American Dental Association
AED	automated external defibrillator
AIDS	acquired immunodeficiency syndrome
ALT	alanine aminotransferase
AMA	Against Medical Advice (form)
Appt	appointment
aPTT	activated partial thromboplastin time
ART	antiretroviral therapy
AST	aspartate aminotransferase
ASAP	as soon as possible
B	buccal
BLS	Basic Life Support
BMI	body mass index
BOP	bleeding on probing
BP	blood pressure
bpm	beats per minute
BRONJ	bisphosphonate-related osteonecrosis of the jaw
BW	bitewing (radiograph)
CABG	coronary artery bypass graft
CAL	clinical attachment level
CAMBRA	Caries Management by Risk Assessment
CAR	conservative adhesive restoration
CBC	complete blood count
CBCT	cone beam computed tomography
CC	chief complaint
CDC	Centers for Disease Control and Prevention
CDT	Current Dental Terminology
CEJ	cementoenamel junction

Chp	chapter
COE	comprehensive oral evaluation
COMT	catechol-O-methyltransferase
COPD	chronic obstructive pulmonary disease
CPAP	continuous positive airway pressure
CPR	cardiopulmonary resuscitation
CR	centric relation
CVA	cerebrovascular accident
D	distal
DEA	Drug Enforcement Administration
DM	diabetes mellitus
DOB	date of birth
DP	distal palatal
DVT	deep vein thrombosis
EDTA	ethylenediaminetetraacetic acid
e.g.	for example
EMS	emergency medical services
EOE	extraoral exam
ER	emergency room
F	facial
FDA	Food and Drug Administration
FMX	full-mouth examination
FPD	fixed partial denture
GERD	gastroesophageal reflux disease
GI	glass ionomer
HBSS	Hanks' balanced salt solution
HCR	high caries risk
HIPAA	Health Insurance Portability and Accountability Act
HIV	human immunodeficiency virus
HOCL	height of contour line
HPV	human papillomavirus
HTN	hypertension
HVE	high volume evacuator
IANB	inferior alveolar nerve block
i.e.	that is
INR	international normalized ratio
IOE	intraoral exam
IRT	interim therapeutic restorations
IV	intravenous
L	lingual
LED	light-emitting diode
LSTR	lesion sterilization/tissue repair
M	mesial
MAOI	monoamine oxidase inhibitor
MI	myocardial infarction
MICP	maximum intercuspation
Misc	miscellaneous

MME	morphine milligram equivalents
MP	mesial palatal
MR	marginal ridge
MRD	maximum recommended dose
MRONJ	medication-related osteonecrosis of the jaw
MRSA	methicillin-resistant <i>Staphylococcus aureus</i>
MS	multiple sclerosis
MTA	mineral trioxide aggregate
NIDCR	National Institute for Dental and Craniofacial Research
NPI	National Provider Identifier
NSAID	nonsteroidal anti-inflammatory drug
NV	next visit
O	occlusal
OCS	oral cancer screening
OHI	Oral Hygiene Index
OMFS	oral and maxillofacial surgeon
ORN	osteoradionecrosis
OTC	over the counter
PA	periapical (radiograph)
PARL	periapical radiolucency
PCP	primary care physician
PD	probing depth
PDL	periodontal ligament
PDMP	Prescription Drug Monitoring Program
PECS	picture exchange communication system
PFM	porcelain fused to metal
PIP	pressure-indicating paste
POE	periodic oral evaluation
PPS	posterior palatal seal
prophy	prophylaxis
PRR	preventive resin restoration
Pt	patient
Pt's	patient's
Pts	patients
Pts'	patients'
PT	prothrombin time
PTSD	post-traumatic stress disorder
PVS	polyvinyl siloxane
QTH	quartz-tungsten-halogen
RA	rheumatoid arthritis
RCT	root canal treatment
RIND	reversible ischemic neurologic deficit
RMGI	resin-modified glass ionomer
RPD	removable partial denture
rpm	revolutions per minute
RX	prescription
SADE	sensory-adapted dental environments

SDF	silver diamine fluoride
SLOB	same lingual opposite buccal (rule)
SM	space maintainer
SRP	scaling and root planing
SSRI	selective serotonin reuptake inhibitor
TB	tuberculosis
TIA	transient ischemic attack
TMD	temporomandibular joint disorder
TMJ	temporomandibular joint
USS	ultrasonic scaler
VDO	vertical dimension of occlusion
VDR	vertical dimension at rest
VPS	vinyl polysiloxane
vs.	versus
WBC	white blood cell (count)
WHO	World Health Organization
WL	working length
WNL	within normal limits
WOR	wax occlusal rims
WW	wrought wire