



Dental Care for a Medically Complex Patient

As our life expectancy increases, the number of patients with complex medical needs continues to rise. With a larger aging population, co-morbidities are growing, and treatments are needed to manage them. At present, nearly two-thirds of adults over the age of 65 years have more than one medical condition. Data from 2021 shows that approximately 64.8% of adults over 18 have taken at least one prescription medication in the prior year, and the number of medicines used increases with age. Additional factors like poor health literacy, financial and resource access challenges, and inadequate social support, among others, contribute to the complexity of healthcare needs. Dental professionals need to be prepared to mitigate risks associated with their care and promote positive health outcomes.

Medical history taking

One of the first steps in managing a medically complex patient is to take a thorough medical history to identify any ongoing illnesses, past surgeries, medications, or treatments that might affect a patient's safety when completing a dental procedure. It is important to consider how these factors may affect oral health or if they are risk factors for complications.

For example, patients with diabetes have a higher chance of developing periodontal disease, which can lead to pain, difficulty with normal chewing, tooth loss, and slowed healing. They may also suffer from dry mouth and increased glucose in the saliva, which makes them more prone to certain infections such as thrush. Poorly controlled diabetes further elevates this risk. Likewise, there is a documented link between oral health and cardiovascular health. While poor oral hygiene alone may not directly cause heart disease, individuals with oral health issues show higher rates of problems such as heart attack and stroke. Routine oral care should be prioritized, especially in patients with additional underlying cardiovascular risk factors.

Similarly, individuals with renal disease are also at risk of poor outcomes without proper oral care, especially if they are receiving dialysis or have had an organ transplant. Dialysis patients, for example, may be on blood-thinning medications that increase bleeding risks during dental procedures, while transplant recipients often take immunosuppressive drugs, making them more prone to infections. Patients with renal disease requiring antibiotics may need dosage adjustments or special instructions for use. Likewise, patients with certain respiratory illnesses could be more prone to oral infections due to medications or be at higher risk of systemic infections if oral pathogens spread. These are only a few examples of how medical conditions and treatments can influence oral health and complicate dental care. Dentists play an important role in identifying symptoms that might suggest an undiagnosed or poorly managed condition. They can act as a link to further care before the conditions worsen.

Avoiding medical emergencies

Caring for medically complex patients can be more challenging than treating otherwise healthy patients, and there are additional risks to consider. Medical emergencies are rare but can occur in any patient.

Patients with underlying issues like cardiovascular, renal, respiratory, or other diseases are at higher risk of complications like heart attack, stroke, poor healing, or issues with anesthesia. Special populations such as pediatric patients or pregnant individuals present additional challenges. Children with complex medical needs are, like adults, at higher risk of poor outcomes and may have impairments that affect their or their caregiver's ability to maintain good oral health outcomes. Similarly, pregnant patients may face additional precautions when receiving dental treatments. Extra care is required for these patient populations.

Dental professionals should be prepared for various scenarios, both emergent and those that arise later as complications, and understand the liability risks associated with caring for medically complex populations. They can reduce risk by strictly requiring clearance by an appropriate physician for dental procedures that involve anesthesia, surgery, or a significant risk of bleeding. This is relevant for patients with a history of or currently experiencing joint replacement, cardiac surgery, bleeding disorders, cancer treatment, and other significant medical conditions.

Strategies for Risk Reduction

Several risk reduction strategies should be considered when preparing to care for medically complex patients.

1. Comprehensive Clinical Assessment

A thorough clinical workup of all patients is necessary for risk reduction when caring for medically complex patients. This includes obtaining detailed information from the patient or caregiver regarding their medical history, medications, past surgeries, family and social history, and other relevant details. It would be beneficial to cross-reference the information provided by the patient or their caregiver with other sources, such as medical records or pharmacy records, though this may not always be feasible. This information allows a dental provider to better assess pre-treatment needs, whether it includes obtaining a treatment clearance, addressing risks of poor outcomes or likelihood of complications, and creating a plan to proactively meet these concerns.

2. Patient Education and Communication

Effective patient education is also vital to ensure appropriate care for medically complex patients. Dentists should explain the risks and benefits of all procedures, offer alternative treatment options when applicable, and ensure patients are fully informed about what to expect. Empowering patients to be involved in their care will garner better adherence and

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compliance with the treatment and ensure better outcomes. Patients who receive thorough education will be better positioned to follow all care instructions, increasing the likelihood of a safe and effective intervention. Likewise, treatment follow-up should be clearly communicated with the patient. Medically complex patients may have other competing care needs or restrictions on routine aftercare methods. For example, a medically complex patient may have limited pain management strategies that they can safely use after a dental procedure. They may also be more prone to infections, so awareness of infection signs and follow-up would be paramount to avoid complications.

3. Proactive Emergency Planning

Proactive preparation for providing care can reduce risks associated with caring for medically complex patients. Dental providers and their teams should be trained and ready to recognize signs of emergencies and to initiate management or triage. Emergency management supplies and medications should be quickly accessible and regularly checked to ensure they are up-to-date and in working order. Team members should be Cardiopulmonary Resuscitation (CPR) certified and understand their roles in seeking additional intervention, such as contacting and coordinating with emergency medical services.

4. Protocols and Documentation

Dental providers should plan to create protocols and procedures that address the many unique needs of medically complex patients. This can include guidelines around screening patients and ensuring that they are appropriate candidates for a dental procedure, risk reduction strategies to limit the likelihood of poor outcomes, staff training, ongoing professional development, identifying and managing medical emergencies, and more. All dental care team members should regularly participate in professional development and training to stay current with changes in medical care and emergency preparedness. Adequately preparing all team members can help ensure a more seamless resolution if and when emergencies arise. Additionally, thorough

documentation of all procedures, interventions, and steps to reduce complications should be clear and maintained appropriately to avoid future liability concerns. Finally, providers should maintain adequate liability coverage for when any issues arise.

5. Liability Coverage

With the potential for higher risks associated with providing care to medically complex patient populations, dental providers should maintain appropriate liability coverage. Liability coverage will help ensure that dental professionals are protected in the event that issues arise, allowing them to focus on providing care and solutions to the patient and easing the stress of legal or liability concerns.

AT A GLANCE: RISK REDUCTION STRATEGIES

- ✔ Take a comprehensive clinical assessment, including their medical history, medications, past surgeries, and family and social history.
- ✔ Provide comprehensive patient education on the risks and benefits of all procedures, competing medical needs related to other diseases, and pain management. Offer alternative treatment options when applicable.
- ✔ Prepare the team to recognize early signs of emergencies and initiate management or triage.
- ✔ Make sure the clinic's emergency management supplies and medications are accessible, up-to-date, and in working order.
- ✔ Ask patients to provide clearance from their physician before the planned dental procedure.
- ✔ Document in detail all procedures, interventions, steps to reduce complications, and any incidents that may occur like the ADA, AAPD, and ASA.

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Alleged Negligence Involving Extraction and Implant Placement with Nerve Injury Successfully Defended at Trial

In the event that you become a defendant in a malpractice action, a comprehensive dental record is your best method of defense. Inadequate and inaccurate records make it very difficult to effectively defend a dentist against a claim or lawsuit, even when treatment meets the standard of care. Although improvements would be possible, this case represents an example of overall good documentation practices, resulting in a defense judgment.

CLAIM CASE STUDY

Practitioner: General dentist

Claimant: 50-year-old male in good health with an unremarkable medical history.

Risk management topics: Documentation, radiograph options, informed consent and patient management (nerve injury)

Facts: The patient treated with the insured general dentist for approximately seven (7) years before the incident. When the patient was first examined in the office, he complained of periodic discomfort with tooth 20 (pre-existing root canal therapy (RCT) and a crown). The dentist recommended monitoring the tooth, since both clinical and radiographic findings were within normal limits.

Symptoms of pain and occlusal sensitivity recurred a few months before the incident, and the dentist referred the patient to an endodontist for assessment and possible RCT retreatment. Upon opening the tooth, the endodontist observed a small crack line extending into the root of tooth 20. He advised the patient that retreatment would not be successful and extraction would be necessary. He recommended that the patient speak with his dentist about options to replace tooth 20.

After discussing the treatment options with the patient and covering the benefits and risks of each, the dentist suggested that the patient consider replacement of tooth 20 with an implant-supported crown. Teeth 19 and 21 would be acceptable fixed bridge retainers, as these teeth had no existing restorations. Consequently, an implant-supported crown would be a more conservative and preferred approach. The patient agreed to proceed with implant therapy.

According to his custom and practice, the dentist took a periapical radiograph of the treatment area, and he

also obtained a new panorex image. After reviewing the available information, he decided to select an implant length of 10 mm, which appeared to allow at least 2 to 3 mm of bone between the implant and the mental foramen/mental nerve.

The extraction and implant placement were carried out under local anesthesia (mental nerve block). The procedure was completed with no apparent complications. However, the patient contacted the dentist the following day and complained that he still had numbness of the lower left lip and chin. The dentist saw the patient that afternoon and, although he was confident of the implant placement, suggested its removal to err on the side of safety. The patient agreed. After removing the implant, the dentist completed a baseline assessment of the patient's symptoms and the extent of the numbness/paresthesia. The results of subjective and objective tests were documented, and the dentist scheduled a follow up in one week to re-assess the patient's condition. He also prescribed a methylprednisolone dose pack and instructed the patient take all of the tablets over the coming days as directed.

Although the patient experienced improvements over the next 3 weeks (per the patient's comments and documented assessments by the dentist), he decided to seek a second opinion with another general dentist about a month after the implant placement. Dentist number two recommended patience and continued observation in this situation. However, he provided the patient with the name of an oral surgeon with nerve injury treatment experience. Upon examination and after obtaining a Cone-beam computed tomography (CBCT) image, the oral surgeon recommended to continue the conservative approach, as surgical exploration was not warranted in his opinion. He also prescribed a second course of methylprednisolone for the patient.

The patient did not return to the treating dentist or the two subsequent dentists. About six months after the incident, the treating dentist received a demand letter from the patient's attorney indicating that a lawsuit would be filed in the near future unless their demand of \$250,000 was met.

Key allegations: Negligent implant placement; inadequate informed consent; failure to refer for implant therapy

Alleged injury/damages: Permanent nerve injury, related future medical/medication expenses, pain and suffering, mental anguish.

Analysis: Nerve injury cases can be difficult to defend, even when documentation is acceptable and defense experts opine that the insured dentist met the standard of care. If a dentist is not an effective witness in their own defense and/or if trial will occur in certain plaintiff-friendly venues, pursuing a reasonable settlement with or without mediation may be preferred to prevent a non-favorable judgment.

Several factors led to the decision to move to trial in this case.

- The dentist's documented implant planning was meticulous and supported by defense experts. Obtaining a CBCT would have improved the defense, but defense experts agreed that this was not a breach of the standard of care. The dentist showed due diligence in planning and executing implant placement.
- The dentist's custom and practice for informed consent was well-documented in office procedures and other patient records. Part of his consent process involved always including a progress note about the doctor-patient consent discussion. Unfortunately, the written informed consent document was misplaced and could not be located during legal discovery. Although the progress note did not include the full details of the written consent form, the progress note documentation supported that a valid informed consent was obtained.
- The patient's symptoms had improved by approximately 75% at the time of his deposition, based on an independent clinical assessment. Defense experts agreed that local anesthesia may have caused post-procedure paresthesia. The patient's improving symptoms could be consistent with either an anesthetic injury or a reversible surgical injury. In either case, experts believed that a full recovery was still possible.

- Finally, the dentist's quick action to remove the implant and assess the scope of altered sensation when the patient reported numbness were very important to the defense. These activities met the standard of care and allowed for ongoing assessment of the patient's level of recovery. Even though the dentist did not obtain a new radiograph before removing the implant, the CBCT taken by the oral surgeon that the patient consulted provided supporting evidence. The space remaining after the implant was removed by the insured dentist indicated that the implant had not encroached on the mental nerve.

Outcome: The jury in this case returned a judgment for the defense. With no indemnity payment, the total incurred cost involved claim expenses only, which totaled approximately \$115,000 for claim management and all pre-trial and trial-related legal expenses.

Readers may be interested in learning more about professional liability claims associated with nerve injuries and other causes. Access the latest information in the CNA Dental Professional Liability Claim Report on the Dentist's Advantage website.

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N-14961-1225