



## Dentistry/Oral Surgery – Dental Charting

<p><b>Why is it important?</b></p>	<p>Charting is important in that it records the state of health or disease of the oral cavity. It is an integral part of the process of the diagnosis, treatment plan and prognosis.</p>
<p><b>What is charted and why?</b></p>	<p>The first portion of charting is performed prior to intubation. That is the clinician cannot tell if there is wry bite, anterior crossbite, linguoversion, or any other malocclusion if the endotracheal tube is in place. Next all extra-oral and oral soft tissues are evaluated. This includes palpation of the tongue, vestibules, buccal mucosa, and examination of the pharynx and tonsils. The missing teeth are circled. All periodontal pockets are noted using the occlusal view of the tooth. Mobility, gingivitis and furcations are all given a number per tooth. The buccal view and a palatal view of the teeth on the maxilla should be present on your chart to note abnormalities (like gingival hyperplasia, gingival recession, enamel defects, etc.) and there should be a buccal and lingual view of the teeth on the mandible on your chart. This is important to be able to document where the pathology is on each tooth. Plaque and calculus is noted. The AVDC website has a list of the common dental abbreviations.</p>
<p><b>When is the best time to chart the oral cavity?</b></p>	<p>The best time to chart the oral cavity is after full-mouth dental radiography. That way the patient can be in one recumbency (best dorsal) and all monitoring equipment can be properly attached after the patient rotation that occurs with full-mouth radiographs.</p>
<p><b>What charting method is best to use and why?</b></p>	<p>Although some clinics prefer the Triadan tooth numbering system, I have seen it used incorrectly many times. This system is derived from a human system and does not directly apply to veterinary patients. Some clinicians do not realize that deciduous teeth have a different numbering system (starting at 501) and that teeth that are not there normally need to be skipped numerically. There fore, I think it is best to use the anatomic system. In this system, the lower right canine tooth is RmandC. The deciduous right lower canine is dRmandC. The anatomic system avoids any confusion.</p>
<p><b>Who is best to do the charting? Doctor or Technician?</b></p>	<p>The doctor should always do the charting, as all treatment will be based on the full-mouth radiographs and charting. It is also imperative to not use a combined chart, meaning that there should be a pre-operative chart on the front and a post-operative chart on the back, not a combination of the two.</p>
<p><b>Questions?</b> <b>Dentistry and Oral Surgery Expert:</b> <b>Celeste Roy, DVM,</b> <b>Diplomate, AVDC</b></p>	<p>The Veterinary specialty Center of Tucson has a board-certified dentist/oral surgeon available for questions and consultations during the weekdays. She is on call for emergency consultations and procedures for patients seen by the VSCT emergency service. Board-certified dentists have four additional years of training and are certified by the American Veterinary Dental College to assure competency in advanced veterinary dentistry and oral surgery.</p>