

Clinical Notes

The Key to Accuracy



Why do we take clinical notes?

- To help provide the best possible care for the patient
 - Knowing the history of the patient helps give continuity of care
- It serves as a means of communication between the treating dentist and any other doctor who will care for that patient.
 - Also a means of communication between same treating dentist today and 6 weeks ago
- Serves as a defense of allegations of malpractice.
 - Always keep in mind that what you write in the record could be read aloud in a court of law. After all, the patient record is a legal document

Informed Consent

The concept of informed consent is actually based on the “assault and battery” doctrine of old common law which would not allow one individual to lay hands on another person without permission

Having a patient sign a consent form does not satisfy your legal duty to discuss proposed treatment with the patient.

Failure to have that conversation is a breach of your moral responsibility to the patient and, in the event of a malpractice lawsuit, could even raise questions about whether you actually received informed consent.

Insurers Views as to the Frequency of Various Record Keeping Errors

Type of Error in Descending Order of Frequency	Average Score
Treatment plan is not documented	6.5
Health history is not clearly documented or updated regularly	6.1
Informed consent is not documented	5.9
Informed refusal is not documented	5.0
Assessment of patient is incompletely documented	4.9
Words, symbols, or abbreviations are ambiguous	4.9
Telephone conversations with patient are not documented	4.6
Treatment rendered is not clearly documented	4.5
Subjective complaints are not documented	4.1
Objective findings are incompletely documented	4.1
Treatment plan is not supported by documented subjective and objective findings	4.0
Reasons for deviation from the original treatment plan are not documented	3.9
Patient non-compliance or failed appointment(s) are not documented	3.7
Records are not legible	3.7
Routine full-mouth periodontal probing not documented	3.4
Insufficient records given the complexity of the issue	3.2
Post-operative instructions are not documented	3.2
Referral to or consultation with another practitioner or physician is not documented	2.8
Comments about the cost of treatment and the patient's payment history	2.6
X-rays were inadequate for the procedure	2.3
Prescription orders are not documented	2.2
Deletions, additions, or corrections are not made properly	2.0
Risk management notations included in the chart	1.4
The name and relationship of the person who gave consent is not documented for minors or patients who are incapacitated	1.4
Alteration of records	1.1
Lost records/X-rays	.7
Records are not written in ink	.7
Record contains notations relating to discussions with an attorney or insurer regarding a possible malpractice lawsuit	.4
Critical or subjective personal comments about the patient in the chart	.4

Feedback and Goals

Which would you prefer?

Patient presented for an invisalign consult. She had had braces previously but after not wearing her retainer desires some teeth moved back into place.

Dr. Keller explained to the patient that Invisalign would be a great option for this circumstance. He felt that the treatment could be done in approx 10 trays and recommended an express 10 treatment. He told patient he could do this treatment for \$2500...

Invisalign consult

Patient doesn't like appearance of teeth

Dr. Keller explained Invisalign

Quoted \$2500

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Which would you prefer?

Patient presented with moderate pain on the upper right lasting about 3 weeks

Radiographs showed no periapical radiolucency

Upon exam doctor found no visible problems. He requested the CariVu and found a crack on the distal marginal ridge of #3. Discussed need for a crown to stop progression of crack. Symptoms dont reflect need for RCT.

Pulp Testing	2	3	4
Percussion	-	+	-
Palpation	-	-	+
Endo Ice	+	+	-
EPT	+	+	+

Patient in pain UR

1BW 1PA

Cracked tooth. Recommend Crown

#3 Positive to percussion and Endo Ice

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Which would you prefer?

Patient presented in severe pain with tooth #14.
Upon exam doctor found tooth #14 with decay into the nerve and periapical radiolucency of the MB root
Doctor explained that patient may be more difficult to get numb. Patient requested to proceed with treatment

2 Lidocaine
2 Septocaine given as booster as patient was still in pain after initial injections

Gingival release, luxator, elevator, crown broke, flap with #15, buccal trough, sectioned roots with high speed, palatal and distal roots retrieved with luxator and root tip forceps, MB root broke and was retrieved fully with root tip picks. Evaluated for sinus perforation, no perforation noted. Placed patient on antibiotics due to proximity to sinus.

Patient has pain #14. Recommend Ext.

4 Carps anesthetic

Ext, gauze, hemostatis. POI given

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