

Procedure for Dental Charting

Systematic Approach

1. The first thing you want to do is mark out missing or unerupted teeth for the entire mouth to prevent the wrongful identification of existing teeth.
2. Note the presence of partial and /or complete denture.
3. Remember to always begin on the Maxillary right sextant and repeat the following procedure for each sextant.
4. Check and chart each tooth at one time.
4. Using the air/water syringe and mouth mirror, blow air to see if there are any hidden composites, cracks, decalcification, caries. Use lots and lost or, the drier the tooth- the easier it is to see color/texture change of those sneaky composites. Make sure you blow air and inspect all surfaces. (mesial, distal, facial and lingual). Some composites and decalcified areas can be hidden at the gingival margin.
5. After inspecting the tooth, replace the air/water syringe and pick up the pig tail explorer. Now explore the surfaces of the tooth you just inspected. Use the side of the tip and a light touch to find defective margins and Class V restorations, interproximal overhangs, caries or any other surface irregularity.
6. Use the point of the explorer, explore the occlusal surfaces, facial and lingual grooves with moderate pressure to determine margin integrity of restorations, to confirm an interproximal restoration exists, and to determine if any caries lesion is present in the deep pits (the explorer needs to stick in the deep pits)
7. Now identify what type of restoration this tooth has if any (composite, sealant, amalgam, crown- all porcelain, gold, PFM, part or a bridge or partial) and how many surfaces the restoration covers. Ex. MOD Amalgam. Also, some the will have several separate restorations with different materials. EX. Tooth #2- MO amalgam, B- composite.

8. Chart also gross caries and other irregularities- attrition, abfraction, abrasion, etc., try to memorize a few teeth at a time as you go back and forth with overgloves. If a classmate is charting, have them sit so you can see what they are charting. You are responsible for a correct charting- there is never an acceptable excuse that one of your classmates “charted it wrong”.

9. As mentioned above, repeat this process for each sextant.

10. When reading off the dental chart to an instructor or peer remember the correct order

1. Tooth #
2. Classification and Surface (ex. Class I occlusal or Class II, DO)
3. Material (Amalgam, composite, gold etc.)
4. Crowns ($\frac{3}{4}$ gold crown, Full gold crown, porcelain fused to metal crown)

Note:

DH 70 is the only class you will be able to practice dental charting on people before seeing patients—clinical competence must be acquired in your clinical classes. So, take every opportunity to practice dental charting while you are working with your classmates. You will be tested on this in clinic next semester without a review because you are expected to know the process thoroughly. As you see patients, it will become easier.

Anytime you are in clinic, it is important to practice all these skills – tooth numbering and identification; occlusal classification; and charting for no/abnormal conditions. Our lab time does not provide enough time for you to be totally proficient, but if you integrate the information into your clinical class, you will be applying /practicing and becoming more proficient over time.