



**School Dental Service**

# **Daily Record of Treatments**

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## Guide to fill Daily Record of Treatments

### General information

- When a patient visits the SDC or when a SDT visits a school to screen children, all names should be entered in daily record of treatment book.
- It is preferable to use different coloured pens for different groups.
- Always maintain two daily record books if SDTT carry out group-mobiles to cover target groups. One book for routine entries (base & out-reach work) and the other for visiting SDTT (who helps to complete the target).

**Other defects:** Followings can be marked under this column.

Example: Mucocele      High frenal attachment      Fractured teeth      and any other oral defect that was not classified under the previous headings

**Referral- Ortho/ other:** Reason for referral should be marked.

E.g.: If it is for an orthodontic reason: 'Ortho'

If it is a fractured Central Incisor: # 1

**Other treatments:** Any other treatment provided that could not be categorized under the above headings could be inserted here.

Examples;      1. Extractions      2. Partial scaling      3. Cleaning & polishing of teeth      4. Stain removal

**Malocclusion:** Criteria for referrals for Malocclusion:

Aim is to identify severe malocclusions in the upper anterior segment. If one or more of these present, refer for orthodontic treatment.

*If a child is not belonging to these categories, but parent is insisting, advice to go to the nearest hospital clinic for further screening for treatment*

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| <ul style="list-style-type: none"> <li>○ Cleft lip/palate</li> <li>○ Permanent tooth/teeth erupted completely out of the arch</li> <li>○ Anterior cross bite</li> <li>○ Reverse over-jet (Class III malocclusion)</li> <li>○ Congenitally missing permanent anterior teeth</li> <li>○ Over-jet more than 8mm (more then 1/3 of a diameter of a mouth mirror)</li> </ul> | <ul style="list-style-type: none"> <li>○ Deep Over-bite: covers more than 2/3 of lower teeth</li> <li>○ Upper Arch Crowding – more than 5mm (overlapping areas of teeth are more than the width of upper central incisor)</li> <li>○ Upper Arch Spacing – more than 5 mm (spaces more than the width of uppercentral incisor)</li> </ul> |
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**Treatment completion:** only 6 possible entries

C = Casual patient

H = Healthy; *(child do not have dental caries or gum disease. i.e. gingivitis or calculus. Do not consider 'Malocclusion' or 'Dental Fluorosis' or 'Other defects' to classify children into this category)*

Appt = Appointment given *(child need further treatments, not completed)*

RC = Restorations completed (for Grade 7 children, consider only permanent teeth)

SC = Scaling completed

TC = Treatment completed *(all treatment needs completed)*

**Abbreviations:** Dec. = Deciduous    Per. = Permanent