CNA HealthPro

Dental Infection Management

Treating dental infections can be a challenging aspect of dental care. In addition to patients presenting with infections of unknown origin, infections are a potential unwelcome sequelae to almost any dental procedure. Infections often precede or exist concurrently with dental treatment, possibly compromising the treatment outcome or complicating the health status of the patient.

It is, therefore, understandable that malpractice claims against dentists often cite infection as the claimant's injury. The most common allegations associated with infection claims are failure to diagnose, failure to treat, failure to refer, inadequate medical history review, and that other unspecified acts of negligence by the dentist occurred that led to infection.

The defensibility of an infection claim is closely related to the quality and quantity of the diagnostic assessments performed by the dentist – usually in response to the patient's complaint – and the thoroughness of the chart documentation. Testimony from plaintiffs and their experts typically allege that a successful outcome would have resulted without injury to the patient if the dentist had properly diagnosed, treated, or referred.

An examination of CNA claim data from 2004-2007 reveals claims coded as "infection" as the primary type of loss resulted in an indemnity payment to the patient in 28.7% of the claims received. This statistic reflects approximately ten percentage points higher than the overall average of indemnity payments in our dental professional liability program. Therefore, our data shows that an indemnity payment occurs more frequently when the claim arises as a result of infection management issues. Additionally, the average indemnity payment for infection claims over the 3½-year time frame was about $4,000 above the overall program average.

Identifying potential risks

Many infections can be difficult to diagnose due to a lack of clinical signs, symptoms, or patient complaints. Nonetheless, certain risk factors for infection can be identified by examining variables that relate to the patient, the dentist, and the treatment performed.

Not surprisingly, many infection-related claims are alleged by patients with poor oral hygiene for whom dental infection – whether acute or chronic – is routine. Our claim experience has shown that the infrequent seeker of dental care often believes that the treatment meant to alleviate the infection, such as caries excavation or pulpal extirpation, caused the infection. Effective dentist-patient and office-patient communication in the form of patient education and informed consent will serve to mitigate this misconception.

Infection risk factors attributable to the dentist begin with the thoroughness of the physical evaluation of the patient. An incomplete assessment may fail to identify the presence or etiology of dental infection, leading to a lack of treatment or entirely inappropriate treatment. Dentists that do not employ appropriate infection control practices expose their patients to a greater risk of infection. Similarly, dentists who elect to perform procedures that would have a lower morbidity rate in the hands of another practitioner, such as a specialist, also present an increased infection risk.

Taking steps

The first step in minimizing the risk of an infection claim includes the maintenance of an accurate and updated patient medical history. Between regular medical history updates, form the habit of regularly inquiring of patients, “Have you had any changes in your health since your last visit to our office?” This simple question could reveal underlying medical changes or concerns indicative of an infection, as demonstrated in the claim example in this issue.

An additional query that also should be included in the history review is whether the patient has a chief dental complaint. Because many allegations of failure to diagnose infection relate to asymptomatic infections alleged to have been missed during initial, recall, or other appointments at which no specific chief complaint was expressed by the patient, this question takes on increased significance.

After the medical history and its implications regarding care have been ascertained, perform any necessary diagnostic tests and examinations. Your assessment should be thorough and include both intraoral and extraoral potential sources of infection. The results of the examination should be documented.

Communication also plays an important role in infection management. Patients should be informed during the informed consent discussion whenever infection is a risk of treatment. Surgical procedures, including extractions, clearly fall into this category. Other procedures with an infection risk include endodontics and cases involving deep carious lesions that have a heightened risk of future endodontics.

When discussing post-operative instructions with patients, educate them about recognizing complications such as infection, as well as the importance of seeking treatment. We recommend written post-operative instructions for this purpose, since many patients simply forget what they were told verbally. It is also important to inform patients how to obtain care for infections outside regular office hours. By giving patients a pager number or phone number to contact you, by having them seek the care of another dentist, or by advising them to go to the nearest hospital or urgent care center for emergency infection management, patients are provided with alternative resources for infection management.

Responding to a known infection

Basic principles of risk identification suggest that a patient who presents with an infection should be identified as an increased professional liability risk. Therefore, special attention to infection management, from diagnosis through resolution, is required.

Follow the suggestions previously noted regarding the medical and dental histories as well as physical assessment. Document the patient’s physical appearance and status, in addition to the performance and results of examinations and diagnostic tests. Document your radiographic findings by retaining and clearly labeling the radiograph and describing your findings in the record.

If infection is present, take the patient’s temperature and record it in the chart. An elevated temperature may signify a more widespread infection than what is clinically visible upon examination. Keep in mind that the absence of clinical findings is also significant to document when addressing infection or the suspicion of infection. The absence of symptoms such as swelling, fever, redness, and pain are all important to record in the patient record. In our experience, such documentation has been especially relevant in claims where the patient asserted that his clinical condition differed from the dentist’s recollection or records.

Once a diagnosis is made, clearly inform the patient of his or her condition. Explain the urgency for treatment, as well as the potential consequences if treatment is delayed or refused. If appropriate, prescribe an antibiotic regimen suitable in dosage, duration, and choice of drug. Document the prescribing or dispensing of the medication in the dental chart.

Consider using the SOAP format of record keeping whenever you are treating an infection. “SOAP” is an acronym for Subjective, Objective, Assessment, and Plan and represents a record keeping format

commonly used by physicians. Its use in documenting infection management will allow you and/or other clinicians to easily understand the patient's presentation as well as your diagnosis and treatment. If multiple treatment options are available, document the reasons for performing a specific treatment and why the other alternatives were not chosen. Complications occasionally arise when treating infections. Should a complication occur, document it thoroughly as well as any corrective action or management steps taken.

If the patient's clinical condition is beyond your treatment expertise, immediately refer the patient to a clinician with the appropriate capability. It may be necessary in some cases to call the dentist to whom you are making the referral to facilitate a timely appointment for the patient. Document the dentist to whom you referred and the patient's response to the recommendation. If the patient refuses the referral, document that fact and re-emphasize the potential consequences of inadequate or no treatment. If the patient does not follow through on the referral, document any additional communication you present to the patient, including reminders and reiteration of your position.

Putting it together

An aspect of dental infection management that is frequently cited in professional liability claims is a failure to follow up. Therefore, we encourage you to follow up with patients you are treating for infection until the infection resolves or until care is transferred to another clinician. The follow-up is best accomplished by calling the patient to assess the progress or scheduling a return visit for post-operative or follow-up examination. Be certain to document such follow-up phone conversations and office visits in the patient record.

Managing dental infections requires an array of risk management skills. Sound clinical judgment, good patient education and communication, and thorough documentation are important facets of providing good patient care that reduces the risk of a professional liability claim.