



Getting the All-Clear Signal: Medical Clearance Forms and Follow-Up

By TDIC Risk Management Staff

It's been a long day, but a good day, at your practice. When you finally head home for dinner, it's getting dark and traffic is not on your side. Red lights flash ahead. Two cars speed through the crossing before the gates come down, but you slow to a stop and wait. The bell rings loudly, the striped gate arm lowers and the warning light glows. There's no mistaking that a train is coming. And, once it passes, the ringing stops, the gates rise and the light goes out. You have the all-clear signal to drive ahead.

Wouldn't it be nice if signals were as clear in life and in dentistry?

In a perfect world, all the elements for a patient's total health would come together seamlessly to make care easy and stress-free. In the real world, though, it takes thoughtful coordination between the dentist and patient's physician prior to dental treatment, especially when it comes to medically compromised patients. And the key to getting the "all-clear" to proceed with treatment is a medical clearance form.

Take, for instance, the case of a 66-year-old patient whose medical history included open-heart surgery and high blood pressure. His dentist started the medical clearance process the right way — she sent a form requesting more information to the patient's physician. The physician shared that the patient was taking Coumadin for atrial fibrillation and was, therefore, subject to bleeding.

Unfortunately, here's where signals got crossed. Based on the form response, and without seeking further clarification from the physician, the dentist instructed her patient to discontinue taking Coumadin five days prior to any treatment. Over the course of four years, the patient suspended his anticoagulant regimen before every dental appointment.

Following this protocol, the patient had stopped taking his Coumadin prior to a recall appointment at which the dentist diagnosed a needed root canal and crown. The procedure was scheduled one week after, which resulted in the patient resuming Coumadin for only three days and then suspending it again for another five. At the time the patient presented for treatment, local anesthetic was administered and he appeared to fall asleep. However, when the dentist attempted to wake him, he was unresponsive. Paramedics transported the patient to the hospital and it was determined he had suffered a massive stroke during the dental procedure.

Medical experts who reviewed the case stated Coumadin takes time to reach therapeutic levels in the bloodstream. By following the dentist's instruction to stop the regimen five days prior to any treatment, the patient was placed at increased risk of stroke. Once therapeutic levels of anticoagulant were decreased, a stroke could have occurred at any time. Starting and stopping Coumadin in succession for two dental appointments likely increased the patient's risk.

According to the ADA, there is strong evidence that typical dental patients do not need to discontinue anticoagulant use; local measures can be used to control bleeding. For patients with a higher risk of bleeding, any suggested modification to the medication regimen prior to dental treatment should only be done with advice from the patient's physician. In the event a physician refuses to provide medical clearance for dental treatment, The Dentists Insurance Company (TDIC) recommends getting the patient involved in contacting his or her physician directly.

The dentist in this case should have explored the options thoroughly with the patient's physician and discussed alternatives to stopping the anticoagulation regimen.

Further clarification prior to treatment and clear communication between dentists and physicians can truly save lives.

What is your role in the medical clearance process?

The following preventive measures can protect your practice and your patients:

- 1. Obtain health history.**
Every new patient should complete a health history form. The form should be reviewed, signed and dated by the patient at each appointment, as well as initialed and dated by the dentist. Both signatures serve as evidence that the information is current and the patient's health was discussed. Additionally, TDIC recommends checking with your carrier or local dental society every two years for any form updates. TDIC policyholders have online access to sample health history forms in English and Spanish.
- 2. Request medical clearance.**
Be sure to describe the treatment plan in detail, including both anticipated prescriptions and over-the-counter medications. For medically compromised patients, it is important to speak directly with the treating physician. However, a conversation is not a

substitute for a signed medical clearance form. TDIC also offers a newly updated sample medical clearance for dental treatment form that can be customized to include specific questions for the physician.

3. Proceed with treatment.

Once the medical clearance form has been returned, review it for a qualified signature and clear responses. Nurse practitioners are registered nurses with advanced training in diagnosing and treating illnesses, so a medical clearance form signed by a nurse practitioner following a standardized procedure, rather than a physician, is acceptable. The most important steps of the process are verifying and clarifying any medical issues causing concern.

As health care becomes increasingly integrated, opportunities to collaborate for the best patient experiences increase. Take note of medical compromise warning lights. And take time to coordinate your treatment with the patient's physician to ensure a safe and effective outcome.

TDIC's Risk Management Advice Line can be reached at 800.733.0634.

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