

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction
Division Of Prisons

SECTION: Clinical Practice Guidelines

POLICY # CP-26

SUBJECT: Dental Care and HIV/AIDS Patients

PAGE 1 of 2

EFFECTIVE DATE: September 2008

SUPERCEDES DATE: None

PURPOSE

To assure that DOP inmates diagnosed with HIV and AIDS receive high quality dental care.

POLICY

All DOP dentists and hygienists shall follow these guidelines when performing invasive dental procedures on patients with HIV or AIDS. Invasive procedures include extractions, oral surgery, other procedures likely to cause significant bleeding or bacteremia, prophylaxis, and gross debridement. Routine restorative procedures are generally not considered invasive procedures.

BACKGROUND

The immunocompetent, asymptomatic HIV patient does not require any special considerations for dental treatment.

AIDS patients and some HIV patients may present with medical conditions that affect healing after undergoing invasive dental procedures. The two most common conditions of concern are severe neutropenia and severe thrombocytopenia.

A recent CBC with differential showing neutrophil and platelet counts is the best predictor for the risk of post-operative infection and prolonged bleeding.

Patients are at risk for post-operative bleeding if the platelet count is below 50,000 platelets/mm³. Patients with neutrophil counts below 500 cells/mm³ are at risk for post-operative infection.

PROCEDURES

1. DOP protocol specifies that HIV patients have a CBC with differential drawn every six months; AIDS patients have one drawn every three months. These test reports should be in the labs section of the Outpatient Health Record and on OPUS screen MS11.
2. If these reports show platelet or neutrophil abnormalities, it is essential to consult with the patient's Infectious Disease specialist before initiating invasive dental procedures.
3. The dentist should describe the needed dental treatment and document the specialist's advice on the DC-389 (Dental Treatment Record).

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction
Division Of Prisons

SECTION: Clinical Practice Guidelines

POLICY # CP-26

SUBJECT: Dental Care and HIV/AIDS Patients

PAGE 2 of 2

EFFECTIVE DATE: September 2008

SUPERCEDES DATE: None

4. Dentists are also encouraged to seek the advice of the Infectious Disease specialist if there are other medico-dental concerns. The specialist should be informed if a HIV/AIDS patient presents with oral pathology associated with human immunodeficiency virus (candidiasis, aphthous ulcers, hairy leukoplakia, herpetic lesions, etc.) because the condition may foreshadow disease progression.
5. Extensive information on dental treatment and the HIV/AIDS patient may be found at www.hivdent.org.



9/11/08

Paula Y. Smith, MD, Director of Health Services

Date

SOR: Dental Director