

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction
Division Of Prisons

SECTION: Clinical Practice Guidelines

POLICY # CP-28

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SUBJECT: Dental Care and Patients on Oral Anticoagulants

EFFECTIVE DATE: September 2008

SUPERCEDES DATE: None

PURPOSE

To assure DOP inmates on oral anticoagulant therapy receive high quality dental care.

POLICY

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

BACKGROUND

Patients taking anticoagulants (e.g., warfarin [Coumadin], Plavix, Lovenox) are at risk for prolonged bleeding after undergoing invasive dental procedures.

Good communication between the dentist and physician is essential to balance the patient's need for anticoagulant therapy and successful post-operative hemostasis.

PROCEDURES

1. It is essential that the Primary Care Physician be consulted prior to performing invasive dental procedures.
2. The physician may adjust the anticoagulant dosage depending on the drug and underlying medical condition.
3. Patients shall be counseled in the risk and management of post-operative bleeding and be informed of possible sequelae such as prolonged bleeding, oozing and clot breakdown. The discussion should be conducted in terms the patient can understand and be documented on the appropriate consent form.
4. Mechanical measures that may minimize post-procedure bleeding include the placement of bone wax, additional sutures to secure tissue margins, extra gauze to increase pressure on the wound, and the use of ice packs.
5. The patient should also be given clear and complete post-operative instructions to promote hemostasis (e.g., avoid chewing on the wound, no tobacco use, no straws, no spitting).
6. In order to determine the patient's response to treatment, it is advantageous to extract one tooth or clean one quadrant at the first appointment. More procedures may be completed at subsequent appointments if there is no problem with hemostasis.

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7. Appointments should be scheduled early in the week and early in the day so support staff are present to provide assistance if hemostasis becomes a problem.



9/11/08

Paula Y. Smith, MD, Director of Health Services

Date

SOR: Dental Director