

# HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction  
Division Of Prisons

SECTION: Clinical Practice Guidelines

POLICY # CP-33

SUBJECT: Management of Dental Hypersensitivity

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EFFECTIVE DATE: August 2011

SUPERCEDES DATE: None

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## PURPOSE

To assure all DOP inmates receive appropriate treatment for dental hypersensitivity.

## POLICY

Dental hypersensitivity primarily results from dentin exposure due to (1) loss of enamel and/or cementum and (2) gingival recession. Etiologies include erosion, mechanical abrasion, bruxism, microfractures, and exposed root surfaces caused by improper brushing or periodontal disease. Pain occurs when dentinal fluid moves within the tubules in response to stimuli such as thermal change. Usually, no other cause for discomfort can be found.

All DOP dentists shall follow the following guidelines when diagnosing and treating dental hypersensitivity. Prescribing sensitivity toothpaste should only be considered in cases where (1) other causes of hypersensitivity have been ruled out, (2) hypersensitivity is confirmed clinically by a positive response to stimuli, and (3) the condition is refractory; three or more fluoride varnish applications and/or Glutaraldehyde/HEMA applications have failed to resolve the condition.

## PROCEDURES

- 1) Evaluate the patient through Sick Call or by referral from other staff.
- 2) Examine the patient for clinical evidence of dental hypersensitivity by response to water, air, or explorer; other sources of tooth sensitivity such as caries, defective restorations, pulp pathology, or tooth fracture must be ruled out. Diagnosis is by exclusion.
- 3) If hypersensitivity is confirmed, the involved tooth surfaces should be treated by application of fluoride varnish (e.g., Duraphat, Duraflor); multiple treatments may be needed.
- 4) Alternatively, or in addition to fluoride varnish therapy, Glutaraldehyde/HEMA (hydroxyethylmethacrylate) application has also been shown to effectively treat hypersensitivity. Multiple applications may be necessary.
- 5) A three-month trial of sensitivity toothpaste may be indicated if at least three applications of fluoride varnish and/or Glutaraldehyde/HEMA (e.g., Gluma®) have failed to relieve hypersensitivity.
- 6) Orders for sensitivity toothpaste are written on the DC-834 (Provider Orders) and documented on the DC-389. Patients shall be instructed to apply the paste only to affected surfaces. In a typical case, one tube will last three months.

Example: Rx Aquafresh Sensitivity Toothpaste  
Disp. One 5.6 oz. tube  
Sig. Use as directed for three months  
No refills

- 7) Chart entries and verbal communications should not state or imply the patient requires sensitivity toothpaste indefinitely. Each order and repeat order will require evaluation. Evaluation is initiated thru the Sick Call process.

### References:

*Dental Clinics of North America*. 2011; 55: 599.

Ritter, etal. Treating cervical dentin hypersensitivity with fluoride varnish. *JADA* 2006; 137(7): 1013-1020.

Saylor, C. D. and Overman, P. R. Dentinal Hypersensitivity: A Review. *Academy of Dental Therapeutics and Stomatology*, February 2011.

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Sleeper, L. J. and Stefanou, L. B. Tips for Chairside Hypersensitivity Treatment. *Dimension of Dental Hygiene*. April 2011; 9(4): 56, 58-59.



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