In a well-balanced life, the pressures of practicing dentistry are usually offset with sufficient recreational time to readdress the balance. However, this in turn creates an additional need to ensure that adequate cover is provided for patients in the absence of their usual provider. Sometimes there are colleagues in-house who can provide this service, but single-handed practitioners must seek the support of a colleague from a near-by practice. Either way, it is important to see these “occasional” patients in person and to examine them fully before giving any advice or prescribing treatment.

Consider the case of a patient who visited his local dental practice complaining of sore gums. His regular dentist was away from the practice that day and so the receptionist informed the senior partner of the problem. The partner did not bother to examine the patient, but noticed from the record card that he had suffered from periodontal disease for a long time and told him that his problem was likely to be a recurrence of the same problem. He gave the patient a prescription of Metronidazole.

Unfortunately, the patient’s medical history was not checked and in fact he was on long-term high-dose Warfarin therapy. The antibiotic potentiated the action of the Warfarin and resulted in the patient being hospitalised two days later, needing an emergency transfusion.

The partner sought advice from his indemnity provider and it was agreed that he would arrange to see the patient for a review and explain the problems that could result from a prescription of this type of antibiotic despite it being a drug commonly used to treat periodontal disease. The patient took no further action.

This case illustrates the importance of a clinical examination, to confirm that the prescription was a justified treatment and also the need for careful consideration of the patient’s medical history for possible drug interactions.

Watch out for another Learning Curve from Dental Protection in future editions of Dental Tribune UK.

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