

# The OHNEP Interprofessional Oral Health Faculty Tool Kit

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## Adult Gerontology Primary Care Nurse Practitioner Program

### CURRICULUM INTEGRATION OF INTERPROFESSIONAL ORAL HEALTH CORE COMPETENCIES:

- Adult Gerontology Health Assessment
- Adult Gerontology Health Promotion
- Adult Gerontology Primary Care
- Resources



# INTRODUCTION

The **Oral Health Nursing Education and Practice Program (OHNEP)** is pleased to launch a new edition of the **Interprofessional Oral Health Faculty Tool Kit** to provide you with user-friendly curriculum templates and teaching-learning resources to use when integrating oral health and its links to overall health in your Adult Gerontology Primary Care (AGPCNP) Nurse Practitioner Program.

Oral health and its links to overall health has been identified as an important population health issue in [Oral Health in America: Advances and Challenges](#) (2021), [Healthy People 2030](#) (2020). The [HRSA Interprofessional Oral Health Core Competencies](#) (2014), [NONPF Nurse Practitioner Role Core Competencies](#) (2022), [The Essentials: Core Competencies for Professional Nursing Education](#) (AACN, 2021) and the [IPEC Core Competencies for Interprofessional Collaborative Practice](#) (2016) provide a framework for the innovative oral health curriculum templates and exciting resources that illustrate how oral health and its links to overall health provide strategies that expose students to interprofessional experiences by integrating oral health “bytes” into courses across the AGPCNP curriculum.

Exciting teaching-learning strategies that take students from **Exposure to Immersion to Competence** can begin in or out of the classroom, link to simulated or live clinical experiences, and involve interprofessional community-based service learning, advocacy and policy initiatives as venues you can easily use to integrate oral health into your existing AGPCNP curriculum. The curriculum templates illustrate how oral health can be integrated into health promotion, health assessment and clinical management courses.

The new edition of the [Smiles for Life](#) (2020) interprofessional oral health curriculum provides a robust web-based resource for you to use along with the oral health curriculum template for each course. A good place to begin oral health integration is by transitioning the **HEENT** component of the history and physical exam to the **HEENOT** approach. In that way, you and your students will **NOT** forget about including oral health in patient encounters.

Research evidence continues to reveal an integral relationship between oral and overall health. Chronic diseases managed by Adult Gerontology Primary Care Nurse Practitioners, such as Diabetes, Cardiovascular Disease, HPV, Cancer and Respiratory conditions, are but a few of the health problems that have oral manifestations that can be treated by AGPCNPs or referred to our dental colleagues. It is important for AGPCNPs on the frontlines of primary care to have the oral health competencies necessary to recognize both normal and abnormal oral conditions and provide gender-affirming care to patients with education, prevention, diagnosis, treatment and referral as needed.

We encourage you and your students to explore the resources in the templates as you “weave” oral health and its links to overall health into your Adult Gerontology Primary Care Nurse Practitioner program. If you need additional technical assistance, please feel free to contact us at [OHNEP@nyu.edu](mailto:OHNEP@nyu.edu).

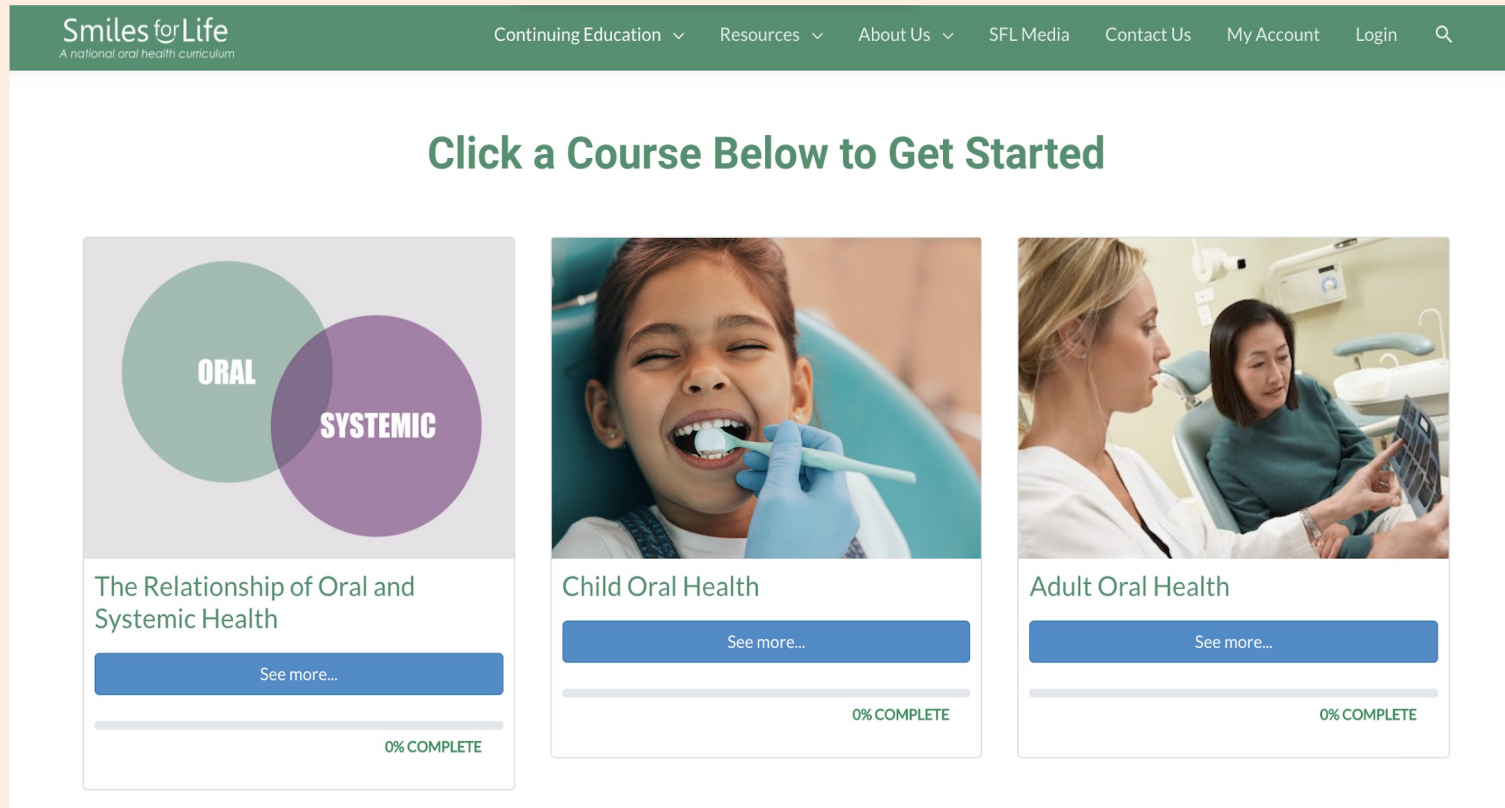
# AGPCNP Curriculum Integration of Interprofessional Oral Health Competencies in Health Assessment

ADULT-GERONTOLOGY HEALTH ASSESSMENT	1) EXPOSURE: INTRODUCTION	2) IMMERSION: DEVELOPMENT	3) COMPETENCE: ENTRY-TO-PRACTICE	ENTRY LEVEL ASSESSMENT  INTERPROFESSIONAL PARTNERSHIP & COLLABORATIVE PRACTICE FOR OPTIMIZATION OF PATIENT HEALTH OUTCOMES
<p>HRSA Oral Health Competencies: Oral Health Risk Assessment, Oral Health Evaluation, Oral Health Preventive Intervention, Communication and Education</p>	<p><b>KNOWLEDGE: ORAL EXAM</b> <i>Goal:</i> Understand the oral exam</p> <ul style="list-style-type: none"> <li>Complete <a href="#">Smiles for Life (SFL)</a> Module #7, including Clinical Cases, and submit Certificate of Completion</li> <li>Review the materials provided in the <a href="#">ACE.S Teaching Strategies</a> that focus on oral health (NLN)</li> <li>Read <a href="#">Oral Health: An Essential Component of Primary Care</a> (Hummel et al., 2016)</li> </ul>	<p><b>SKILL/BEHAVIOR</b> <i>Goal:</i> Describe best practices in dental caries management across the lifespan</p> <p>Read and discuss <a href="#">CAMBRA</a> resources :</p> <ul style="list-style-type: none"> <li><a href="#">Tooth Disease and Treatment</a> (Appendix 1)</li> <li><a href="#">Caries Risk Assessment Form</a> (Appendix 2)</li> <li>Review the <a href="#">ADA Caries Risk Assessment Form (Age &gt;6)</a> (Appendix 3)</li> <li>Review Oral Abnormalities in the SFL Photo Gallery on the mobile app</li> </ul>	<p><b>SKILL/BEHAVIOR</b> <i>Goal:</i> Demonstrate integration of HEENOT in oral health history, risk assessment and physical exam of adults during simulation lab</p> <ul style="list-style-type: none"> <li>Read <a href="#">Putting the Mouth Back in the Head: HEENT to HEENOT</a> (Haber et al, 2015)</li> <li>Complete a health history and physical exam of an adult that integrates oral health in clinical simulation experience.</li> </ul>	
<p>AACN Essentials: Person-centered care, Population health, Inter-professional partnerships, Knowledge for nursing practice, Scholarship for nursing discipline</p>	<p><b>KNOWLEDGE: ORAL CARE OF ADULT</b> <i>Goal:</i> Understand issues in oral care of adults</p> <ul style="list-style-type: none"> <li>Complete <a href="#">Smiles for Life (SFL)</a> Modules #1, 3, 5, including Clinical Cases, and submit Certificates of Completion</li> </ul> <p>Read:</p> <ul style="list-style-type: none"> <li><a href="#">Oral Health Patient Facts</a>: Overview, Diabetes, HPV</li> <li><a href="#">Oral Health in America: Working-Age Adults</a> (NIDCR, 2021)</li> </ul>	<p><b>SKILL/BEHAVIOR</b> <i>Goal:</i> Demonstrate integration of HEENOT competency in history and physical exam of adult in clinical setting</p> <ul style="list-style-type: none"> <li>Present sample electronic health record of adult with oral health included in history, risk assessment, exam and plan (HEENOT)</li> <li>Complete a health history and physical exam of an adult that integrates oral health in a primary care clinical setting.</li> </ul>	<p><b>SKILL/BEHAVIOR</b> <i>Goal:</i> Collaborate with DDS/DH, medical and/or pharmacy students to develop oral health assessment competencies</p> <ul style="list-style-type: none"> <li>Collaborate as a team to complete an oral health history and physical exam of an adult including frequency of sugar/tobacco/alcohol intake and relevant social determinants of health (Appendix 4)</li> </ul>	
<p>NONPF Competencies: Knowledge of Practice, Person-centered care, Population health, Interprofessional collaboration and practice, Technology and information literacy</p>	<p><b>KNOWLEDGE: ORAL CARE OF OLDER ADULT</b> <i>Goal:</i> Understand issues in oral care of older adults</p> <ul style="list-style-type: none"> <li>Complete <a href="#">Smiles for Life (SFL)</a> Module #8, including Clinical Cases, and submit Certificate of Completion</li> <li>Watch Geriatric Oral Health Webinar Series (Appendix 5)</li> </ul> <p>Read:</p> <ul style="list-style-type: none"> <li><a href="#">Oral Health Patient Facts</a>: Older Adult</li> <li><a href="#">Oral Health in America: Older Adults</a> (NIDCR, 2021)</li> <li><a href="#">Tooth loss among older adults</a> (Dye et al., 2019)</li> <li><a href="#">Older Adults: Unique Challenges at the Interface Between Nutrition and Oral Health</a> (GSA, 2020)</li> <li><a href="#">Senior Oral Health</a> (Greenberg et al., 2020)</li> </ul>	<p><b>SKILL/BEHAVIOR</b> <i>Goal:</i> Demonstrate integration of HEENOT in oral health history, risk assessment and physical exam of older adults during simulation lab</p> <ul style="list-style-type: none"> <li>Review Oral Abnormalities in the SFL Photo Gallery on the mobile app</li> <li>Assess nutrition challenges related to oral health problems for an older adult client</li> <li>Present sample electronic health record of older adult with oral health and nutrition challenges included in history, risk assessment, exam and plan (HEENOT)</li> </ul>	<p><b>SKILL/BEHAVIOR</b> <i>Goal:</i> Demonstrate integration of HEENOT competency in oral health assessments of older adult in clinical experience</p> <ul style="list-style-type: none"> <li>Perform oral health history, physical exam and complete risk assessment of older adult, with accurate documentation of oral health assessment findings</li> <li>Demonstrate interprofessional competencies by collaborating with a nutritionist and speech-language pathologist to address nutrition and oral health challenges for an older adult client</li> </ul>	

# Smiles for Life: A National Oral Health Curriculum

<https://smilesforlifeoralhealth.org>

[Click here](#) to download materials for implementing modules in a classroom setting.



The screenshot shows the Smiles for Life website interface. At the top is a green navigation bar with the logo and menu items: Continuing Education, Resources, About Us, SFL Media, Contact Us, My Account, Login, and a search icon. Below the navigation bar is a white section with the heading "Click a Course Below to Get Started". Three course cards are displayed in a row. The first card features a Venn diagram with two overlapping circles, one green labeled "ORAL" and one purple labeled "SYSTEMIC". Below the diagram is the title "The Relationship of Oral and Systemic Health", a blue "See more..." button, and a progress bar at the bottom showing "0% COMPLETE". The second card shows a close-up of a child's mouth being examined by a dental professional wearing blue gloves. The title is "Child Oral Health", followed by a blue "See more..." button and a "0% COMPLETE" progress bar. The third card shows a dental professional in a white coat talking to a patient in a dental chair. The title is "Adult Oral Health", followed by a blue "See more..." button and a "0% COMPLETE" progress bar.

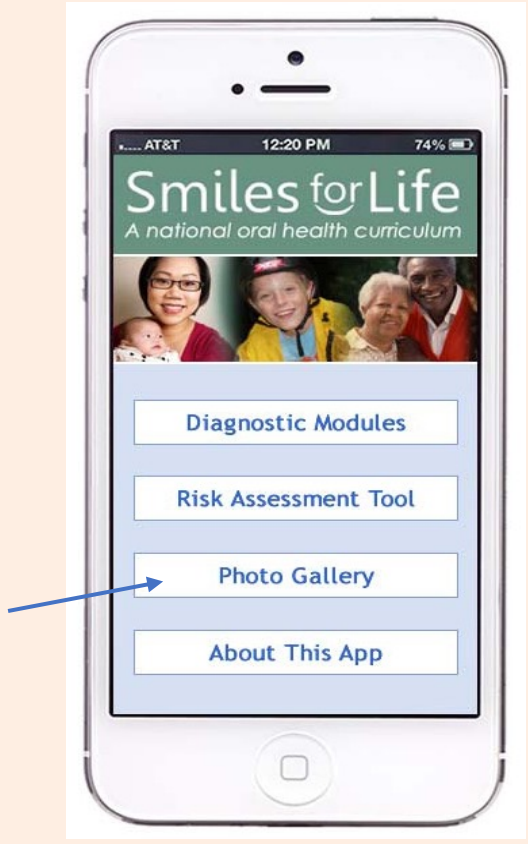
# Smiles for Life: A National Oral Health Curriculum

## Recognizing Oral Abnormalities

Download the Smiles for Life Oral Health mobile app to access the Photo Gallery.

PCNP Students should find and review the following oral abnormalities:

- Dental caries
- White spots
- Severe caries
- Fluorosis
- Developmental enamel defects
- Healthy teeth
- Iron staining of teeth
- Abscess
- Angular cheilitis
- Mucocele
- Eruption hematoma
- Epstein pearls
- Palate/Mandibular bony tori



# APPENDIX 1

# Adult Gerontology Health Assessment

## CAMBRA Tooth Disease and Treatment

### Tooth Disease and Treatment



#### Tooth decay is a serious disease!

- Starts on the surface of the teeth and continues to get worse
- Can cause permanent damage in as little as 6 months!
- Can cause sensitivity
- Ultimately may mean drilling, fillings and crowns

#### What causes tooth decay?

- Not flossing and brushing every day at home
- "Dry mouth" from medicines that reduce saliva flow
- Foods with too much sugar
- Fillings that you already have can wear away
- Braces, retainers and bridges you already have can attract bacteria that causes decay
- Putting infants to bed with drinks containing sugar
- Moms can pass on the bacteria that causes decay to their kids
- Using any form of tobacco

#### Stage One Disease: Pre-Cavities

- Your tooth loses minerals on the outer surface
- This is usually invisible to the naked eye
- Areas where teeth touch are really vulnerable

#### Stage Two Disease: White Spots

- These are the first visible signs
- They appear near your gum line or near your braces
- Think of them as "hot spots"

#### Stage Three Disease: Cavities

##### Regular Cavities

- Part of the healthy tooth is destroyed
- Has to be cleared of decay and filled
- If decay gets too deep, the tooth and root have to be removed and you'll need a crown, bridge or implant

##### Root Cavities

- Start on the tooth surface near the gums
- Faster growing than regular cavities
- More common in adults
- Can make teeth sensitive and painful when eating or drinking cold or hot beverages

##### Secondary Cavities

- Over time, older fillings can crack or chip
- Plaque and bacteria get under them and cause new decay
- Need to be refilled or replaced with a crown, bridge or implant

#### Fight tooth decay with proper care.

- Avoid drilling, filling and tooth loss with early detection
- Learn to remove plaque by brushing properly without damaging enamel
- Your dental professional may recommend using:
  - A power toothbrush
  - A special toothpaste
  - A special oral rinse
- Floss every day to remove plaque between your teeth
- Don't miss appointments with your dental professional

#### You may also need stronger medicines or more frequent visits to the dental office.

- High-strength fluoride varnishes, gels or rinses applied during your dental office visit can help, even for adults
- Prescription fluoride toothpaste or rinse may need to be used between visits
- Prescription sensitivity toothpaste can be helpful for people with root cavities
- More office visits may be needed to remove plaque and tartar build-up that you are missing at home

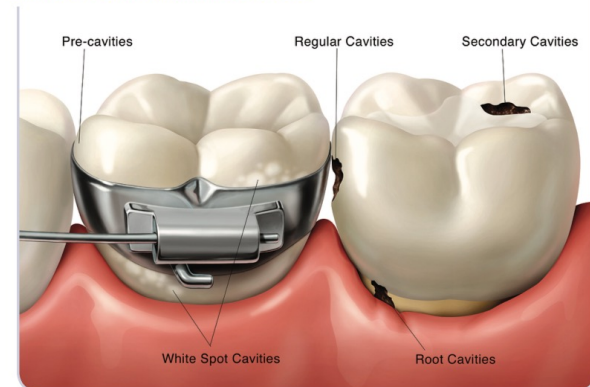


1. Diagnosis and Management of Dental Caries Throughout Life. National Institutes of Health Consensus Development Conference Statement, March 26-28, 2001.

Avoid drilling, filling and loss with early detection.



Dental professionals can spot early signs of problems and recommend home care treatments.



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# APPENDIX 2

# Adult Gerontology Health Assessment

## CAMBRA [Caries Risk Assessment Form](#)

### Caries Risk Assessment Form

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

► Factors increasing risk for future cavities may include, but are not limited to:<sup>1</sup>




**High Risk Factors**

- 3 or more carious lesions/restorations in last 36 months
- Teeth missing due to caries in last 36 months
- Cariogenic diet (frequent high sugar and acidic food/drinks)
- Xerostomia (medication, radiation, disease induced)
- Chemo/radiation therapy
- Physical or mental disability which prevents proper oral health care

**Moderate Risk Factors**

- Active caries in previous 12 months
- Poor oral hygiene
- High titers of cariogenic bacteria
- Active orthodontic treatment (fixed or removable)
- Poor family dental health
- Genetic abnormality of teeth
- Suboptimal fluoride exposure
- Irregular professional dental care
- Drug/alcohol abuse
- Numerous multi-surface restorations
- Eating disorders
- Presence of exposed root surfaces
- Restoration overhangs and open margins
- Prolonged nursing (bottle or breast)
- Developmental or acquired enamel defects
- Other \_\_\_\_\_

**Diagnosis**

-  **Low Risk** = no factors checked
-  **Moderate Risk** = only moderate risk factors checked
-  **High Risk** = at least one condition in high risk checked

► Proposed treatment for improved prognosis:

The American Dental Association recommends the use of in-office fluoride varnish or a 4 minute (APF) gel every 3-6 months and home use prescription strength fluoride toothpaste or rinse for patients who are at an elevated risk for caries.<sup>2</sup>



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<sup>1</sup> This form is adapted from the American Dental Association Publications—  
Caries Risk Assessment Form (Age > 6)

<sup>2</sup> Weyant RJ, Tracy SL, Anselmo T, Beltran-Aguilar ED, et al. Topical Fluoride for Caries Prevention: Executive Summary of the Updated Clinical Recommendations and Supporting Systematic Review. JADA 2013;144(11):1279-1291.

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# APPENDIX 3

# Adult Gerontology Health Assessment

## American Dental Association [Caries Risk Assessment Form \(Age >6\)](#)

ADA American Dental Association® America's leading advocate for oral health			
Caries Risk Assessment Form (Age >6)			
Patient Name: _____			
Birth Date: _____		Date: _____	
Age: _____		Initials: _____	
	Low Risk	Moderate Risk	High Risk
Contributing Conditions		Check or Circle the conditions that apply	
I.	Fluoride Exposure (through drinking water, supplements, professional applications, toothpaste)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
II.	Sugary Foods or Drinks (including juice, carbonated or non-carbonated soft drinks, energy drinks, medicinal syrups)	Primarily at mealtimes <input type="checkbox"/>	Frequent or prolonged between meal exposures/day <input type="checkbox"/>
III.	Caries Experience of Mother, Caregiver and/or other Siblings (for patients ages 6-14)	No carious lesions in last 24 months <input type="checkbox"/>	Carious lesions in last 7-23 months <input type="checkbox"/>
IV.	Dental Home: established patient of record, receiving regular dental care in a dental office	<input type="checkbox"/> Yes	<input type="checkbox"/> No
General Health Conditions		Check or Circle the conditions that apply	
I.	Special Health Care Needs (developmental, physical, medical or mental disabilities that prevent or limit performance of adequate oral health care by themselves or caregivers)	<input type="checkbox"/> No	Yes (over age 14) <input type="checkbox"/>
II.	Chemo/Radiation Therapy	<input type="checkbox"/> No	Yes (ages 6-14) <input type="checkbox"/>
III.	Eating Disorders	<input type="checkbox"/> No	<input type="checkbox"/> Yes
IV.	Medications that Reduce Salivary Flow	<input type="checkbox"/> No	<input type="checkbox"/> Yes
V.	Drug/Alcohol Abuse	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Clinical Conditions		Check or Circle the conditions that apply	
I.	Cavitated or Non-Cavitated (incipient) Carious Lesions or Restorations (visually or radiographically evident)	No new carious lesions or restorations in last 36 months <input type="checkbox"/>	1 or 2 new carious lesions or restorations in last 36 months <input type="checkbox"/>
II.	Teeth Missing Due to Caries in past 36 months	<input type="checkbox"/> No	<input type="checkbox"/> Yes
III.	Visible Plaque	<input type="checkbox"/> No	<input type="checkbox"/> Yes
IV.	Unusual Tooth Morphology that compromises oral hygiene	<input type="checkbox"/> No	<input type="checkbox"/> Yes
V.	Interproximal Restorations - 1 or more	<input type="checkbox"/> No	<input type="checkbox"/> Yes
VI.	Exposed Root Surfaces Present	<input type="checkbox"/> No	<input type="checkbox"/> Yes
VII.	Restorations with Overhangs and/or Open Margins: Open Contacts with Food Impaction	<input type="checkbox"/> No	<input type="checkbox"/> Yes
VIII.	Dental/Orthodontic Appliances (fixed or removable)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
IX.	Severe Dry Mouth (Xerostomia)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Overall assessment of dental caries risk: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High			
Patient Instructions: _____ _____			

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## APPENDIX 4

# Adult Gerontology Primary Care

### Diabetes Case Study (Pt. 1)

**HX:** The 70 y.o. patient presents to her primary care provider complaining of a 6-month history of fatigue, increased thirst, frequent urination, blurry vision, pain when chewing, and sore bleeding gums associated with brushing. The patient also noticed that her front bottom teeth wiggle more than usual, causing anxiety about losing her teeth. The patient reports not having seen a primary care provider in 3 years and a dentist in 5 years because the family dentist retired and she does not have health insurance.

**PMH:** Patient denies any past medical history

**PSH:** Appendectomy at age 12

**ROS:** Denies fevers, mouth sores, ear pain or throat discomfort. Denies chest pain or shortness of breath.

**FH:** Father and paternal grandfather were diagnosed with T2D in their 50s. Patient's father has HTN and dyslipidemia and receives hemodialysis 3 times a week. Patient's mother has HTN and Alzheimer's disease. Both parents reside in a nursing home. Patient is an only child. Pt. has 2 adult children who are healthy and do not live at home. Patient is widowed, her spouse died of cancer 2 years ago.

**Social history:** Lost insurance when she changed job three years ago. Pt. was employed as a part-time office manager when she lost her job due to COVID shutdown. Pt. has not been to a primary care provider since losing job and health insurance. Pt. has not enrolled in Medicare even though she is eligible. Pt. denies smoking, alcohol consumption, or illicit drug use and is an active member of her church congregation.

## Diabetes Case Study (Pt. 2)

### Oral-Systemic Risk Assessment

- Identify the oral-systemic assessment findings (Hx and PE HEENOT)
- What does the history and physical tell us about this patient?
- What additional data do you need to collect (eg. labs, diet and exercise, etc)?
- Identify oral-systemic risk factors

### Differential Diagnosis(es)

- Identify the tentative diagnoses for the oral health problems
- Identify the tentative diagnoses for the systemic health problems
- Discuss the important oral-systemic connections

### Develop a management plan for the oral-systemic conditions affecting this patient, including:

- Preventive interventions that include screening and behavior change counseling that are fundamental to patient-centered care
- Anticipatory guidance
- Oral health maintenance
- Social determinants of health
- Collaboration and referral

### Questions to Guide Your Interprofessional Collaboration

Roles and Responsibilities: What is the scope of the role and responsibilities of each of the providers on your team today?

Collaboration: How can the Nurse Practitioner, Dentist, Physician, Pharmacist, and Social Worker collaborate to promote this patient's health?

### Team Building & Communication:

- What do you think are the most effective strategies to help a Nurse Practitioner, Physician, Dentist, Pharmacist, and Social Worker function as a community-based primary care team?
- What are the most effective ways for the IP team to communicate?

### Referrals and Follow-up:

- How do the social determinants of health influence which referrals need to be made for this patient?
- What providers does this patient need to see? When? How often?
- What are the follow up actions for each team member to maximize coordinated care for this patient?

## APPENDIX 4

# Adult Gerontology Health Assessment

### Geriatric Oral Health Webinar Series

[Oral Health: Overview for Older Adults](#)

[Oral Health in Acute Care Settings](#)

[Oral Health In Long-Term and Palliative Care Settings](#)

[Oral Health in Dementia](#)



# AGPCNP Curriculum Integration of Interprofessional Oral Health Competencies in Health Promotion

ADULT-GERONTOLOGY HEALTH PROMOTION	1) EXPOSURE: INTRODUCTION	2) IMMERSION: DEVELOPMENT	3) COMPETENCE: ENTRY-TO-PRACTICE
<p>HRSA Oral Health Competencies: Oral Health Risk Assessment, Oral Health Evaluation, Oral Health Preventive Intervention, Communication and Education</p>	<p><b>KNOWLEDGE: ORAL HEALTH EDUCATION</b>  <i>Goal:</i> Understand oral disease and the role that nurses can play in oral care</p> <p>Read:</p> <ul style="list-style-type: none"> <li>• <a href="#">Integrating Oral Health into Health Professions School Curricula</a> (Gill et al., 2022)</li> <li>• <a href="#">Oral health in primary care: Integration of enhanced oral health education</a> (Phillips et al., 2022)</li> <li>• <a href="#">Integrating oral health curricula into nurse practitioner graduate programs</a> (Dolce et al., 2018)</li> <li>• <a href="#">The global oral health workforce</a> (Lobbezoo &amp; Aarab, 2021)</li> </ul>	<p><b>SKILL/BEHAVIOR</b>  <i>Goal:</i> Critically evaluate current oral health research in the media</p> <ul style="list-style-type: none"> <li>• Find news story on oral health and evaluate its accuracy by searching evidence-based literature</li> <li>• Post copies of media piece and supporting/refuting literature on Discussion Board and lead discussion in class</li> </ul>	<p><b>SKILL/BEHAVIOR</b>  <i>Goal:</i> Advocate for improving oral health care</p> <ul style="list-style-type: none"> <li>• Identify an oral health advocacy organization in your state, access your state’s resource page and identify oral health issues in your community</li> </ul> <p>Read:</p> <ul style="list-style-type: none"> <li>• <a href="#">Oral diseases: a global public health challenge</a> (Peres et al., 2019)</li> <li>• <a href="#">The Lancet Oral Health Series: Implications for Oral and Dental Research</a> (Watt et al., 2019)</li> </ul>
<p>AACN Essentials: Person-centered care, Population health, Inter-professional partnerships, Knowledge for nursing practice, Scholarship for nursing discipline</p>	<p><b>KNOWLEDGE: ORAL HEALTH MAINTENANCE</b>  <i>Goal:</i> Understand importance of maintaining oral health throughout the lifespan</p> <p>Read:</p> <ul style="list-style-type: none"> <li>• <a href="#">Oral Health in America: Working-Age Adults</a> (NIDCR, 2021)</li> <li>• <a href="#">American Cancer Society (ACS) Fact Sheets</a></li> <li>• <a href="#">Five Major Steps to Intervention (The "5 A's")</a> (AHRQ)</li> <li>• <a href="#">Interventions for Tobacco Smoking Cessation in Adults, Including Pregnant Persons</a> (USPSTF, 2021)</li> </ul>	<p><b>SKILL/BEHAVIOR</b>  <i>Goal:</i> Develop primary care oral health literacy program for adults</p> <p>Plan with DDS/DH students:</p> <ul style="list-style-type: none"> <li>• Evidenced-based primary care oral health literacy program for adults</li> <li>• Evidence-based oral cancer screening program for smoking adults</li> </ul>	<p><b>SKILL/BEHAVIOR</b>  <i>Goal:</i> Advocate for smoking cessation in smoking adults</p> <p>Review Appendices 1&amp;2:</p> <ul style="list-style-type: none"> <li>• <a href="#">First-time therapies for smoking cessation</a></li> <li>• <a href="#">Smoking Cessation Guidelines</a></li> <li>• Engage smoking adults in evidence-based smoking cessation program</li> <li>• Implement evidence-based cancer screening program in smoking adults</li> </ul>
<p>NONPF Competencies: Knowledge of Practice, Person-centered care, Population health, Interprofessional collaboration and practice, Technology and information literacy</p>	<p><b>KNOWLEDGE: ORAL-SYSTEMIC CONNECTION</b>  <i>Goal:</i> Understand relationship between oral and systemic health</p> <p>Review <a href="#">Smiles for Life (SFL) Module #1</a></p> <p>Read:</p> <ul style="list-style-type: none"> <li>• <a href="#">The oral microbiome: Role of key organisms and complex networks in oral health and disease</a> (Sedghi et al., 2021)</li> <li>• <a href="#">Oral Health in America: Older Adults</a> (NIDCR, 2021)</li> <li>• Review the materials provided in the <a href="#">ACE.S Teaching Strategies</a> (NLN) that focus on oral health</li> </ul>	<p><b>SKILL/BEHAVIOR</b>  <i>Goal:</i> Develop primary care oral health literacy program for older adults</p> <ul style="list-style-type: none"> <li>• Read <a href="#">Older Adults: Unique Challenges at the Interface Between Nutrition and Oral Health</a> (GSA, 2020)</li> <li>• Plan evidence-based nutrition and oral health education program with DDS/DH students for older adults</li> </ul>	<p><b>SKILL/BEHAVIOR</b>  <i>Goal:</i> Identify Medicaid and sliding scale dental clinics</p> <ul style="list-style-type: none"> <li>• Develop list of dental providers in the area to whom you can refer patients who accept Medicaid or sliding scale</li> </ul>

ENTRY LEVEL ASSESSMENT

SUMMATIVE ASSESSMENT

INTERPROFESSIONAL PARTNERSHIP & COLLABORATIVE PRACTICE FOR OPTIMIZATION OF PATIENT HEALTH OUTCOMES

CONSTRUCTS

# APPENDIX 1

# Adult Gerontology Health Assessment

## First-time therapies for smoking cessation

**TABLE 2. First-line therapies for smoking cessation<sup>41</sup>**

Drug	Advantages	Disadvantages	Contraindications	Dosing
<b>OTC</b>				
<b>Nicotine gum</b>	<ul style="list-style-type: none"> <li>• Delays weight gain (4 mg strength)</li> <li>• Faster onset of nicotine delivery</li> </ul>	<ul style="list-style-type: none"> <li>• Should not be used in patients with dentures or temporomandibular joint disorders</li> <li>• May cause dyspepsia, mouth irritation, or jaw ache</li> <li>• Patients may misuse like regular gum</li> </ul>	Disease-related concerns in patients with acute cardiovascular conditions	<ul style="list-style-type: none"> <li>• 2 or 4 mg (4 mg for those who smoke 20 or more cigarettes per day)</li> <li>• Do not exceed 24 pieces/day</li> <li>• “Chew and park” until taste disappears (about 30 min)</li> </ul>
<b>Nicotine lozenge</b>	<ul style="list-style-type: none"> <li>• Delays weight gain (4 mg strength)</li> <li>• Faster onset of nicotine delivery</li> </ul>	<ul style="list-style-type: none"> <li>• May cause sore mouth, throat irritation, or coughing</li> <li>• Chewing may cause nausea or headache</li> </ul>	Disease-related concerns in patients with acute cardiovascular conditions	<ul style="list-style-type: none"> <li>• 2 to 4 mg (4 mg for patients who smoke their first cigarette within 30 min of waking)</li> <li>• Do not exceed 20 lozenges per day</li> <li>• Let the lozenge dissolve in mouth (takes 10 to 20 min); do not chew</li> </ul>
<b>Nicotine patch</b>	Provides consistent nicotine to prevent withdrawal symptoms	<ul style="list-style-type: none"> <li>• Local skin reactions</li> <li>• Insomnia and vivid dreams (can remove patch 1-2 h before bedtime)</li> </ul>	Skin problems	<ul style="list-style-type: none"> <li>• Patients should be started on 21 mg patch and behavioral counseling if they smoke more than 10 cigarettes per day</li> <li>• Worn for 24 h</li> <li>• Patch does not need to be removed for sports</li> <li>• Do not cut the patch</li> <li>• Remove the patch before any MRI procedures</li> </ul>
<b>Prescription</b>				
<b>Nicotine inhaler</b>	Hand-to-mouth action mimics smoking	<ul style="list-style-type: none"> <li>• May cause local irritation of mouth and throat</li> <li>• Short duration of benefit</li> </ul>	<ul style="list-style-type: none"> <li>• Caution in patients with severe reactive airway disease</li> </ul>	<ul style="list-style-type: none"> <li>• Each cartridge lasts about 20 min with frequent puffing</li> <li>• 16 cartridges can be used in a day; each cartridge contains 4 mg of nicotine over 80 inhalations</li> </ul>
<b>Nicotine nasal spray</b>	Fastest nicotine replacement therapy delivery system	<ul style="list-style-type: none"> <li>• Rapidly relieves withdrawal symptoms</li> <li>• Highest risk for dependence</li> <li>• May cause taste or smell disturbances</li> </ul>	<ul style="list-style-type: none"> <li>• Caution in patients with severe reactive airway disease</li> <li>• Not recommended in patients with nasal disorders</li> <li>• Nasal irritation</li> </ul>	<ul style="list-style-type: none"> <li>• 1 to 2 doses/h (1 dose = 1 spray in each nostril)</li> <li>• Do not exceed 10 sprays/h or 80 sprays per day (40 doses)</li> </ul>
<b>Sustained-released bupropion</b>	<ul style="list-style-type: none"> <li>• Consider for patients with depression</li> <li>• Delays weight gain</li> </ul>	Insomnia (second dose should be taken by 3 p.m.)	<ul style="list-style-type: none"> <li>• History of seizure (lowers seizure threshold)</li> <li>• History of eating disorders</li> </ul>	150 mg once daily for 3 days, then 150 mg twice daily (take 8 h apart)
<b>Varenicline</b>	Highest cessation rates for single therapy	<ul style="list-style-type: none"> <li>• Most expensive</li> <li>• Concerns in patients with cardiovascular or mental health conditions</li> <li>• Vivid dreams</li> </ul>	Recently removed in those with history of neuropsychiatric events	<ul style="list-style-type: none"> <li>• Days 1 to 3: 0.5 mg once daily</li> <li>• Days 4 to 7: 0.5 mg twice daily</li> <li>• Day 8 to week 12: 1 mg twice daily</li> </ul>

## Smoking Cessation Guidelines



**REMINDER METHODS FOR SMOKING STATUS**

- rubber stamps, labels or stickers
- preprinted form
- computerized record
- adding smoking status to vital signs, allergies information or yearly physical forms
- writing smoking status on inside of chart

**TALKING TIPS**

- "As your physician, I strongly advise you to stop smoking. Quitting smoking is one of the most important ways to stay healthy."
- "I'm here to help you quit when you're ready."
- "Until you are ready, try to protect your family and friends from your smoking by not smoking in your home or car."

**TALKING TIPS**

- "I'm interested in helping you quit. Would you like my help?"
- "How do you feel about quitting smoking?"
- "Please read this material and come back to discuss it."

**TALKING TIPS**

- "What strategies are you planning to use when you have strong urges to smoke?"
- "It's a good idea to tell your family and friends you're quitting smoking and to ask for their help."
- "Have you thought about using stop-smoking medications like nicotine gum, the 'patch' or bupropion?"

## SMOKING CESSATION GUIDELINES

How to Treat your Patient's Tobacco Addiction

**Step 1: Ask each patient: "Do you smoke or have you ever smoked?"**

- Record in a prominent place in the chart the patient's smoking status—smoker, never-smoker or ex-smoker.
- Follow up at reasonable intervals.

**Step 2: Ask each smoking patient: "How do you feel about your smoking?"; "Are you thinking about quitting?"**

- Tailor your intervention according to the patient's answers (see below) using a patient-centred approach.

**Step 3: How to Intervene**  
(Adapted from the Stages of Change Model, see page 6)

**Not Thinking About Quitting**

*Objective:* To help the patient reflect on his/ her smoking.

- Ask about and discuss the impact of smoking on the patient's life.
- Link every smoking-related illness in the patient to his/ her smoking.
- Provide a strong personalized message.
- Encourage patient to make his/ her house and car smoke free.
- Provide relevant educational materials.

**Thinking About Quitting**

*Objective:* To increase patient's motivation to quit.

- Offer to help your patient.
- Ask about your patient's concerns about quitting and discuss ways of dealing with them (see The Pros and Cons of Smoking and Quitting, page 7).
- Provide patient materials (see Patient Handouts, page 16).
- Suggest a follow-up visit.

**Ready to Quit**

*Objective:* To help the patient find the right treatment.

**Note:** A special, longer appointment may be necessary.

- Assess nicotine dependence, past quitting history and comorbidity (see Choosing the Right Intervention, page 5).
- Ask about other smokers in the patient's home and workplace.

**Support Strategies**

- Offer your support and optimistic coaching.
- Encourage patients to seek help from family and friends.
- Assure patient that slips and relapses are normal (see Dealing with Relapse, page 12).

# AGPCNP Curriculum Integration of Interprofessional Oral Health Competencies in Primary Care

ADULT-GERONTOLOGY PRIMARY CARE	1) EXPOSURE: INTRODUCTION	2) IMMERSION: DEVELOPMENT	3) COMPETENCE: ENTRY-TO-PRACTICE
<p>HRSA Oral Health Competencies: Oral Health Risk Assessment, Oral Health Evaluation, Oral Health Preventive Intervention, Communication and Education</p>	<p><b>KNOWLEDGE: ADULT WITH CHRONIC DISEASE</b>  <i>Goal:</i> Recognize oral health manifestations of chronic diseases in adults  <i>Review:</i></p> <ul style="list-style-type: none"> <li>• <a href="#">Smiles for Life (SFL)</a> Modules #1, 3, 7, 8</li> <li>• Oral Abnormalities in the SFL Photo Gallery on the mobile app</li> </ul> <p><i>Read:</i></p> <ul style="list-style-type: none"> <li>• <a href="#">Clinical manifestations of gastrointestinal diseases in the oral cavity</a> (Al-Zahrani et al., 2021)</li> <li>• <a href="#">Cardiovascular prevention starts from your mouth</a> (Masi et al., 2019)</li> </ul>	<p><b>SKILL/BEHAVIOR</b>  <i>Goal:</i> Provide comprehensive health maintenance services to adults with chronic diseases</p> <ul style="list-style-type: none"> <li>• Discuss underlying pathophysiology related to association between oral health and CVD</li> <li>• Develop a primary care management plan for patient with either GERD or CVD and include HEENOT in history, risk assessment, exam and plan</li> </ul>	<p><b>COLLABORATIVE CASE STUDY</b>  <i>Goal:</i> Collaborate interprofessionally on adult chronic disease case with oral health needs</p> <ul style="list-style-type: none"> <li>• Collaborate with DDS/DH students to develop a management plan for adult with CVD and oral health problems (Appendix 1)</li> <li>• Collaborate with DDS/DH students to use motivational interviewing to engage patient in identifying oral health CVD risk-reduction lifestyle changes</li> </ul>
<p>AACN Essentials: Person-centered care, Population health, Inter-professional partnerships, Knowledge for nursing practice, Scholarship for nursing discipline</p>	<p><b>KNOWLEDGE: ADULT WITH SEXUALLY TRANSMITTED INFECTION</b>  <i>Goal:</i> Recognize oral health manifestations of STIs in adults  <i>Read:</i></p> <ul style="list-style-type: none"> <li>• <a href="#">Sexually Transmitted Diseases and Your Mouth</a> (Mouth Healthy)</li> <li>• <a href="#">Cancer (Head and Neck)</a> (ADA)</li> <li>• <a href="#">Improving HPV Vaccine Confidence: An Interprofessional Challenge</a> (Cipollina, 2022)</li> <li>• <a href="#">Making the case for interprofessional education and practice collaboration to address rising rates of HPV-associated oropharyngeal cancers</a> (Haber et al., 2022)</li> </ul>	<p><b>SKILL/BEHAVIOR</b>  <i>Goal:</i> Identify oral manifestations of infectious diseases in adults</p> <ul style="list-style-type: none"> <li>• Read <a href="#">Human papillomavirus infection and oral squamous cell carcinoma - a systematic review</a> (Melo et al., 2021)</li> <li>• Choose one STI, post photo of oral manifestations on discussion board and lead discussion in class on its oral manifestations: Strep, Thrush, HIV, Syphilis, HPV, Gonorrhea</li> <li>• Develop talking points to use with adults to decrease HPV vaccine hesitancy</li> </ul>	<p><b>COLLABORATIVE CASE STUDY</b>  <i>Goal:</i> Collaborate interprofessionally on adult STI case with oral health needs</p> <ul style="list-style-type: none"> <li>• Collaborate with DDS/DH students on developing a management plan for adult with STI and oral health needs (Appendix 2)</li> </ul>
<p>NONPF Competencies: Knowledge of Practice, Person-centered care, Population health, Interprofessional collaboration and practice, Technology and information literacy</p>	<p><b>KNOWLEDGE: OLDER ADULT PRIMARY CARE</b>  <i>Goal:</i> Recognize oral health needs of older adults  <i>Read:</i></p> <ul style="list-style-type: none"> <li>• <a href="#">Influence of oral health on frailty in patients with type 2 diabetes aged 75 years or older</a> (Ishii et al., 2022)</li> <li>• <a href="#">Diabetes mellitus and periodontal disease: The call for interprofessional education and interprofessional collaborative care</a> (Siddiqi et al., 2022)</li> <li>• <a href="#">Oral Health in America: Older Adults</a> (NIDCR, 2021)</li> <li>• Review oral health materials in the <a href="#">ACE.S Teaching Strategies</a> (NLN)</li> </ul>	<p><b>SKILL/BEHAVIOR</b>  <i>Goal:</i> Provide comprehensive health maintenance services to older adults</p> <ul style="list-style-type: none"> <li>• Read <a href="#">Developing an Interprofessional Oral Health Education System That Meets the Needs of Older Adults</a> (Atchison et al., 2019)</li> <li>• Collaborate on discussion board on case study of older adult with diabetes (Appendix 3)</li> <li>• Collaborate on developing an oral health management plan for older adult with diabetes and periodontal disease and include HEENOT in history, risk assessment, exam and plan</li> </ul>	<p><b>COLLABORATIVE CASE STUDY</b>  <i>Goal:</i> Collaborate interprofessionally on geriatric case with cognitive decline and oral health needs</p> <p><i>Read:</i></p> <ul style="list-style-type: none"> <li>• <a href="#">Dry Mouth Effects of Top 50 Prescription Medications</a> (Appendix 4)</li> <li>• <a href="#">Dose-dependent association between xerostomia and number of medications among older adults</a> (Storbeck et al., 2021)</li> <li>• Post and explain medication-related causes of xerostomia in older adults and management strategies on discussion board</li> </ul>

ENTRY LEVEL ASSESSMENT

SUMMATIVE ASSESSMENT

INTERPROFESSIONAL PARTNERSHIP & COLLABORATIVE PRACTICE FOR OPTIMIZATION OF PATIENT HEALTH OUTCOMES

## Cardiovascular Disease Case Study (Pt. 1)

**HX:** The patient, age 50, presents at an urgent care center complaining of a 6-month history of headaches, fatigue, blurry vision, pain when chewing, and sore bleeding gums associated with brushing. In the past week the patient also noticed that his front bottom teeth wiggle more than usual, causing anxiety about losing his teeth. The patient reports not having seen a primary care provider in 3 years and a dentist in 5 years because the family dentist retired and he does not have health insurance.

**PMH:** Patient reports being diagnosed with “high blood pressure” about 7 years ago, but denies any other past medical history. He stopped taking his blood pressure pills when he lost his insurance.

**PSH:** Tonsillectomy at age 5 for chronic URIs

**ROS:** Denies fevers, mouth sores, ear pain or throat discomfort. Denies chest pain or shortness of breath. Patient acknowledges being overweight and states that “it is part of getting older”

**FH:** Father and paternal grandfather were diagnosed with HTN in their 50s. Patient’s father has HTN and dyslipidemia and receives hemodialysis 3 times a week. Patient’s mother has HTN and Alzheimer’s disease. Both parents reside in a nursing home. Patient has two siblings who live in distant states. Pt. has 2 young adult children, age 23 and 21, who are healthy and do not live at home. Patient is divorced for 2 years; his ex-spouse lives locally and works as a Teacher Aide in an elementary school.

**Social history:** Lost health insurance when he lost his job as an auto mechanic three years ago during COVID. Pt. has not been able to find employment with health benefits. He has just about exhausted his savings. He has not been to a primary care provider since losing job and health insurance and has not taken medication for his hypertension since losing his health insurance. Pt. denies smoking, alcohol consumption, or illicit drug use.



## Cardiovascular Disease Case Study (Pt. 2)

### Oral-Systemic Risk Assessment

- Identify the oral-systemic assessment findings (Hx and PE HEENOT)
- What does the history and physical tell us about this patient?
- What additional data do you need to collect (eg. labs, diet and exercise, etc)?
- Identify oral-systemic risk factors

### Differential Diagnosis(es)

- Identify the tentative diagnoses for the oral health problems
- Identify the tentative diagnoses for the systemic health problems
- Discuss the important oral-systemic connections

### Develop a management plan for the oral-systemic conditions affecting this patient, including:

- Preventive interventions that include screening and behavior change counseling that are fundamental to patient-centered care
- Anticipatory guidance
- Oral health maintenance
- Social determinants of health
- Collaboration and referral

### Questions to Guide Your Interprofessional Collaboration

Roles and Responsibilities: What is the scope of the role and responsibilities of each of the providers on your team today?

Collaboration: How can the Nurse Practitioner, Dentist, Physician, Pharmacist, and Social Worker collaborate to promote this patient's health?

### Team Building & Communication:

- What do you think are the most effective strategies to help a Nurse Practitioner, Physician, Dentist, Pharmacist, and Social Worker function as a community-based primary care team?
- What are the most effective ways for the IP team to communicate?

### Referrals and Follow-up:

- How do the social determinants of health influence which referrals need to be made for this patient?
- What providers does this patient need to see? When? How often?
- What are the follow up actions for each team member to maximize coordinated care for this patient?

## APPENDIX 2

# Adult Gerontology Primary Care

### STI Case Study

**Chief Complaint:** 35 yo female Lisa presents to clinic complaining of hoarseness of voice, sores in mouth.

**Current Health Status:**

Lisa has no other health problems.

**Medications:** None

**Sexual History:** multiple partners, intermittent condom use

**Physical Exam:**

Alert, oriented, 35 yo old female

HEENOT – Eyes, Ears, nose and dentition normal. Scattered papillomas on tongue and pharynx.

Abdomen – soft, nontender

MS – nl

Gyn – No visible lesions – cervical studies pending

Neuro – nl

**What else would you like to know?**

**What is your differential?**

**What tests will you order?**

**What is your diagnosis?**

**What treatment will you prescribe?**

**Where do you refer patient?**

**What is your follow-up?**

## APPENDIX 3

# Adult Gerontology Primary Care

### Diabetes Case Study (Pt. 1)

**HX:** The 70 y.o. patient presents to her primary care provider complaining of a 6-month history of fatigue, increased thirst, frequent urination, blurry vision, pain when chewing, and sore bleeding gums associated with brushing. The patient also noticed that her front bottom teeth wiggle more than usual, causing anxiety about losing her teeth. The patient reports not having seen a primary care provider in 3 years and a dentist in 5 years because the family dentist retired and she does not have health insurance.

**PMH:** Patient denies any past medical history

**PSH:** Appendectomy at age 12

**ROS:** Denies fevers, mouth sores, ear pain or throat discomfort. Denies chest pain or shortness of breath.

**FH:** Father and paternal grandfather were diagnosed with T2D in their 50s. Patient's father has HTN and dyslipidemia and receives hemodialysis 3 times a week. Patient's mother has HTN and Alzheimer's disease. Both parents reside in a nursing home. Patient is an only child. Pt. has 2 adult children who are healthy and do not live at home. Patient is widowed, her spouse died of cancer 2 years ago.

**Social history:** Lost insurance when she changed job three years ago. Pt. was employed as a part-time office manager when she lost her job due to COVID shutdown. Pt. has not been to a primary care provider since losing job and health insurance. Pt. has not enrolled in Medicare even though she is eligible. Pt. denies smoking, alcohol consumption, or illicit drug use and is an active member of her church congregation.

## Diabetes Case Study (Pt. 2)

### Oral-Systemic Risk Assessment

- Identify the oral-systemic assessment findings (Hx and PE HEENOT)
- What does the history and physical tell us about this patient?
- What additional data do you need to collect (eg. labs, diet and exercise, etc)?
- Identify oral-systemic risk factors

### Differential Diagnosis(es)

- Identify the tentative diagnoses for the oral health problems
- Identify the tentative diagnoses for the systemic health problems
- Discuss the important oral-systemic connections

### Develop a management plan for the oral-systemic conditions affecting this patient, including:

- Preventive interventions that include screening and behavior change counseling that are fundamental to patient-centered care
- Anticipatory guidance
- Oral health maintenance
- Social determinants of health
- Collaboration and referral

### Questions to Guide Your Interprofessional Collaboration

Roles and Responsibilities: What is the scope of the role and responsibilities of each of the providers on your team today?

Collaboration: How can the Nurse Practitioner, Dentist, Physician, Pharmacist, and Social Worker collaborate to promote this patient's health?

### Team Building & Communication:

- What do you think are the most effective strategies to help a Nurse Practitioner, Physician, Dentist, Pharmacist, and Social Worker function as a community-based primary care team?
- What are the most effective ways for the IP team to communicate?

### Referrals and Follow-up:

- How do the social determinants of health influence which referrals need to be made for this patient?
- What providers does this patient need to see? When? How often?
- What are the follow up actions for each team member to maximize coordinated care for this patient?

# APPENDIX 4

# Adult Gerontology Primary Care

## Dry Mouth Effects of Top 50 Prescription Medications

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### Dry Mouth Effects of Top 50 Prescription Medications

Drug (Brand Name)	Generic Name	May Cause Dry Mouth	Drug (Brand Name)	Generic Name	May Cause Dry Mouth
Abilify	aripiprazole	No	Nasonex	mometasone nasal	No
Advair Diskus	fluticasone and salmeterol	No	Nexium	esomeprazole	Yes
Afluria	influenza virus vaccine	No	Novolog	insulin aspart	No
Benicar	hydrochlorothiazide and olmesartan	Yes	Novolog Flexpen	insulin aspart	No
Benicar HCT	hydrochlorothiazide and olmesartan	Yes	Nuvaring	ethinyl estradiol/norgestrel	No
Bystolic	nebivolol	No	Ortho-Tri-Cy Lo 28	ethinyl estradiol/norgestimate	No
Celebrex	celecoxib	Yes	Oxycontin	oxycodone	Yes
Cialis	tadalafil	Yes	Premarin	conjugated estrogens topical	No
Crestor	rosuvastatin	No	Pristiq	desvenlafaxine	No
Cymbalta	duloxetine	Yes	Proventil HFA	albuterol inhalation	Yes
Dexilant	dexlansoprazole	No	Spiriva Handihaler	Tiotropium Bromide	Yes
Diovan	hydrochlorothiazide and valsartan	Yes	Suboxone	buprenorphine/naloxone	No
Flovent HFA	fluticasone inhalation	Yes	Symbicort	budesonide and formoterol	Yes
Focalin XR	dexmethylphenidate	No	Synthroid	levothyroxine	No
Humalog	insulin lispro	No	Tamifu	oseltamivir	No
Janumet	metformin/sitagliptin	No	Toprol-XL	metoprolol	Yes
Januvia	sitagliptin	No	Travatan Z	travoprost ophthalmic	No
Lantus	insulin glargine	No	Ventolin HFA	albuterol inhalation	Yes
Lantus Solostar	insulin glargine	No	Vesicare	solifenacin succinate	Yes
Levemir	insulin detemir	No	Viagra	sildenafil	Yes
Lo Loestrin Fe	ethinyl estradiol/norethindrone	No	Voltaren	diclofenac	Yes
Lumigan	bimatoprost ophthalmic	No	Vytorin	ezetimibe/simvastatin	No
Lunesta	eszopiclone	Yes	Vyvanse	lisdexamfetamine	Yes
Lyrica	pregabalin	Yes	Xarelto	rivaroxaban	No
Namenda	memantine	No	Zetia	ezetimibe	No

1. Top 100 Drug List [http://www.medscape.com/viewarticle/825053#vp\\_2](http://www.medscape.com/viewarticle/825053#vp_2)  
 2. Dry Mouth List <http://www.ohnep.com/clientuploads/pdfs/Public%20Info/Seniors/DryMouthMedications.pdf>  
 3. <http://www.drugs.com>

3M Oral Care  
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St. Paul, MN 55144-1000 USA  
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3M Canada  
Post Office Box 5757  
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ONLINE RESOURCES

[OHNEP.org](https://www.ohnep.org)

[SmilesforLifeOralHealth.org](https://smilesforlifeoralhealth.org)  
National Oral Health Curriculum

[MCHOralHealth.org](https://mchohalhealth.org)  
National Maternal & Child Oral Health Resource Center

[IPECollaborative.org](https://ipecollaborative.org)  
Interprofessional Educational Collaborative

[www.APTRweb.org/?PHLM\\_15](https://www.aptrweb.org/?PHLM_15)  
Oral Health Across Lifespan Module

[HealthyPeople.gov](https://www.healthypeople.gov)  
10-year national health goals for Americans

[NLN.org](https://www.nln.org)  
National League for Nursing

[AuthorityDental.org](https://www.authoritydental.org)  
Health Resources for Older Adults

[www.HIGN.org](https://www.hign.org)  
Hartford Institute Geriatric Oral Health

[www.IPE.UToronto.ca](https://www.ipe.utoronto.ca)  
University of Toronto’s Centre for Interprofessional Education

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