Innovations *in* Oral Health

Session 2
Case Study: Mr. Jones

Age: 72
Gender: Male

Mr. Jones has suffered from a recent stroke and is visiting his primary care provider (PCP) for a checkup after being released from the hospital. As a result of the stroke, Mr. Jones is having difficulty swallowing and speaking due to partial facial paralysis.

During the appointment, the PCP performs a head and neck exam and notices that Mr. Jones has a broken and infected tooth in the back of his mouth. He prescribes oral antibiotics and pain medication before referring Mr. Jones to a speech-language pathologist (SLP) for a consult due to his difficulty swallowing.

The next day, Mr. Jones visits with the speech-language pathologist who inspects his mouth as part of her exam to address his difficulty swallowing. The SLP notices that Mr. Jones has very bad breath due to excessive food accumulation on the side of his mouth that is not paralyzed. After speaking to Mr. Jones briefly about how to properly clean his mouth she recommends that he also visit a dentist at some point to address his oral condition after the stroke.

That afternoon, Mr. Jones visits the pharmacy to fill his prescription for oral antibiotics and pain medication. The pharmacist counsels Mr. Jones on how frequently to take his medication and notices his facial paralysis and difficulty speaking but does not question the prescription for pill form antibiotics.

Six weeks pass by and Mr. Jones is rushed to the emergency room by his wife after he experiences severe swelling, difficulty breathing, and severe pain in his mouth.

The emergency room nurse notes that he has a fever and chills when he arrives. An x-ray shows a large area of infection in Mr. Jones' jaw and spread of infection to his surrounding tissues. Mr. Jones has to stay in the hospital for three days and undergo extensive oral surgery to remove the infected tooth.