

GUIDELINES FOR CASE STUDIES

Sub Headings to be used in Case Studies		Relevant Syllabus section
1.	Introduction	1.1.5, 2.2
2.	Source of patient referral	1.1.4, 2.4
3.	Patient's presenting complaint	1.1.4, 2.4
4.	History of the presenting complaint	1.1.4, 2.1, 2.4
5.	Relevant medical history	1.1.4, 2.2, 2.4
6.	Past dental history	1.1.4, 2.1, 2.4
7.	General and social circumstances to include: Patient's age Gender Smoking history Alcohol history	1.1.4, 2.2, 2.4
8.	Contacts with other disciplines	1.1.1, 1.1.11, 2.4
9.	Patient assessment (Treatment plan)	1.1.3, 1.1.4, 1.1.5, 2.1, 2.2, 2.4, 2.6
10.	Why the patient requires sedation	1.1.3, 1.1.10, 2.1, 2.4, 2.6
11.	Possible difficulties to be considered before providing treatment including medico-legal	1.1.1, 1.1.5, 1.1.7, 1.2.1, 1.2.3, 2.4, 2.6
12.	Which sedation technique is being used	2.1, 2.2, 2.4, 2.6
13.	Preparation of the patient and environment	1.1.1, 2.5
14.	Monitoring and support provided during administration of sedation	1.1.1, 2.2, 2.5, 2.6
15.	Pharmacology / drugs administered and their properties	2.3
16.	Recovery of patient	1.1.1, 2.4, 2.5
17.	Difficulties incurred (if any)	1.1.4, 1.1.6, 1.1.7, 1.1.11, 2.5
18.	Arrangements for follow up care	1.1.8, 1.1.10, 2.4, 2.5
19.	Conclusion with reflective practice	1.1.2, 1.1.3, 1.1.7, 1.1.8, 2.7