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Question: 1123

A 57-year-old female patient with no known medical history presents for scaling due to 6 mm pockets. Vital signs are: blood pressure 130/85 mmHg, pulse 70 bpm, respiratory rate 26 breaths/min. She denies respiratory symptoms but appears restless. Considering her respiratory rate, what is the most immediate action?

- A. Proceed with scaling and monitor breathing
- B. Administer a bronchodilator
- C. Provide oxygen at 4 L/min
- D. Evaluate for potential respiratory compromise

Answer: D

Explanation: A respiratory rate of 26 breaths/min is elevated, potentially indicating hypoxia, anxiety, or an undiagnosed condition. Evaluating for compromise (e.g., pulse oximetry, history) ensures no serious issues are missed. Bronchodilators or oxygen are premature, and proceeding risks overlooking a critical condition.

Question: 1124

During a busy clinic session, a dental hygienist accidentally drops a container of dental amalgam, resulting in a mercury spill on the operatory floor. The spill covers an area approximately 10 cm in diameter. Considering the potential health hazards and environmental safety protocols, which of the following represents the most appropriate sequence of actions to manage this incident safely and effectively, in accordance with OSHA and EPA guidelines?

- A. Use a vacuum cleaner to remove the mercury, disinfect the area, and resume treatment
- B. Wipe the spill with a paper towel, place it in a biohazard bag, and clean the area with bleach
- C. Ventilate the area, use a mercury spill kit to collect the spill, and dispose of materials in a hazardous waste container
- D. Cover the spill with gauze, notify the dentist, and continue patient care

Answer: C

Explanation: Mercury is a hazardous substance that requires careful handling to prevent vapor inhalation and environmental contamination. Ventilating the area reduces mercury vapor concentration. Using a specialized mercury spill kit ensures safe collection without spreading the spill. Disposal in a hazardous waste container complies with EPA regulations. Vacuuming can aerosolize mercury, wiping with paper towels is ineffective and risky, and covering with gauze does not address the hazard.

Question: 1125

You are treating a patient with severe xerostomia due to Sjögren's syndrome. To effectively manage her

condition, which of the following strategies should be included in her treatment plan?

- A. Frequent consumption of sugary snacks
- B. Daily use of a fluoride mouth rinse
- C. Regular intake of alcoholic beverages
- D. Avoidance of all dairy products

Answer: B

Explanation: Daily use of a fluoride mouth rinse helps to protect against caries and manage xerostomia by providing additional fluoride to strengthen tooth enamel.

Question: 1126

A 28-year-old patient presents with no complaints. A bitewing radiograph reveals a radiopaque deposit on the mesial surface of tooth #19, extending 1 mm below the CEJ, with no bone loss. The clinical exam confirms a hard deposit. What is the most likely diagnosis?

- A. Enamel pearl
- B. Supragingival calculus
- C. Composite restoration
- D. Subgingival calculus

Answer: D

Explanation: The radiopaque deposit extending below the CEJ, confirmed as a hard deposit, indicates subgingival calculus. Supragingival calculus would be above the CEJ, a composite restoration would have defined margins, and an enamel pearl would be a small, round radiopacity near the root.

Question: 1127

A 72-year-old male patient presents for a comprehensive examination. Extraoral assessment reveals bilateral TMJ clicking and tenderness, with a maximum opening of 30 mm. Intraoral examination shows a 3 cm white, non-scrapable patch on the lateral tongue and palpable induration. He reports a 40-year history of cigar smoking. What is the most critical step for oral cancer screening?

- A. Refer to a specialist for biopsy
- B. Perform toluidine blue staining
- C. Advise cessation and monitor lesion
- D. Prescribe an antiseptic rinse

Answer: A

Explanation: A white patch with induration on the lateral tongue in a smoker is highly concerning for leukoplakia or squamous cell carcinoma. Referral for biopsy is essential for definitive diagnosis. Staining is unreliable, monitoring delays treatment, and rinses do not address the lesion's malignant potential.

Question: 1128

A dental hygienist is concerned about a patient with suspected viral hepatitis. What should be included in the infection control protocol for this patient?

- A. Increased frequency of dental visits
- B. Referral to a specialist for further evaluation
- C. Avoid all dental procedures until the condition is confirmed
- D. Use of standard precautions

Answer: D

Explanation: The use of standard precautions is essential when treating any patient, including those with suspected viral hepatitis, to prevent potential transmission of infectious diseases.

Question: 1129

A patient expresses concern about the potential risks of a proposed dental treatment. How should the dental hygienist ethically respond while adhering to the principle of beneficence?

- A. Assure the patient that there are no risks involved
- B. Dismiss the patient's concerns as unnecessary
- C. Provide a detailed explanation of the potential risks and benefits
- D. Recommend the patient seeks a second opinion

Answer: C

Explanation: Providing a detailed explanation of the potential risks and benefits respects the patient's right to informed consent while adhering to the principle of beneficence in promoting patient welfare.

Question: 1130

In assessing a patient's radiographs, you note significant bone loss around the molars, particularly around the furcation areas. What classification of periodontal disease does this suggest?

- A. Stage I periodontal disease

- B. Stage II periodontal disease
- C. Stage IV periodontal disease
- D. Stage III periodontal disease

Answer: D

Explanation: Significant bone loss around furcation areas indicates advanced periodontal disease, classifying it as Stage III, which requires comprehensive periodontal treatment.

Question: 1131

A dental office uses a chemical vapor sterilizer for heat-sensitive instruments. During a routine check, the hygienist notes that the internal chemical indicator strip shows no color change after a cycle. According to the 2024 ADA guidelines, what is the immediate next step?

- A. Use the instruments, as external indicators are sufficient
- B. Repeat the cycle with a new chemical indicator
- C. Reclean and resterilize the instruments in a different sterilizer
- D. Discard the instruments and order replacements

Answer: C

Explanation: A chemical indicator strip failing to change color indicates that the sterilization parameters (e.g., temperature, chemical vapor exposure) were not met, per the 2024 ADA guidelines. The instruments must be considered non-sterile, recleaned, and resterilized in a functioning sterilizer. Repeating the cycle risks missing underlying issues, and external indicators alone are not sufficient. Discarding instruments is unnecessary unless they are damaged.

Question: 1132

A dental hygienist is presented with a patient who refuses fluoride treatment due to concerns about toxicity, citing online articles. The hygienist explains the evidence-based benefits and risks, but the patient remains unconvinced and requests alternative preventive measures. Under the ADHA Code of Ethics, what is the hygienist's most ethical course of action to uphold the principle of nonmaleficence while respecting patient choice?

- A. Document the refusal and provide alternative preventive options like sealants.
- B. Proceed with fluoride treatment to prevent caries, as it is standard protocol.
- C. Insist on fluoride treatment, emphasizing its necessity for oral health.
- D. Refuse to treat the patient unless fluoride is accepted.

Answer: A

Explanation: Nonmaleficence requires the hygienist to avoid harm while respecting patient autonomy. By documenting the patient's refusal and offering evidence-based alternatives, such as sealants or xylitol products, the hygienist minimizes the risk of caries without violating the patient's right to refuse treatment. Insisting on fluoride or refusing care would disregard autonomy and potentially harm the patient-provider relationship.

Question: 1133

A 55-year-old patient with Stage III, Grade C periodontitis and rheumatoid arthritis undergoes NSPT. Probing depths are 5-6 mm, BOP is 50%, and plaque index is 20%. Per AAP guidelines, what is the role of host-modulation therapy in the individualized care plan?

- A. No role unless surgery is planned
- B. Apply local corticosteroids in pockets
- C. Prescribe NSAIDs for pain control
- D. Use low-dose doxycycline to reduce inflammation

Answer: D

Explanation: AAP supports low-dose doxycycline (20 mg) as a host-modulation therapy to reduce inflammation and collagenase activity in high-risk periodontitis patients with systemic conditions like rheumatoid arthritis. NSAIDs are for symptom relief, corticosteroids lack evidence, and modulation is beneficial regardless of surgery.

Question: 1134

During a dietary assessment, you find that a patient regularly consumes flavored yogurt but does not read the labels. What advice should you provide regarding the potential cariogenic nature of these products?

- A. All flavored yogurts are safe for dental health
- B. They should choose plain yogurt to avoid added sugars that can contribute to caries
- C. Flavored yogurts should be consumed only in moderation
- D. Yogurt is always beneficial for dental health regardless of flavor

Answer: B

Explanation: Advising the patient to choose plain yogurt can help them avoid added sugars that contribute to tooth decay, promoting better oral health.

Question: 1135

A 47-year-old male patient presents for a hygiene visit. His medical history includes hyperthyroidism treated with methimazole. Vital signs are: blood pressure 130/85 mmHg, pulse 105 bpm, respiratory rate 16 breaths/min. He reports palpitations. Considering his pulse rate, what is the most appropriate action?

- A. Reassure and proceed with treatment
- B. Evaluate for tachycardia and consult physician
- C. Administer oxygen to stabilize vitals
- D. Monitor pulse every 10 minutes

Answer: B

Explanation: A pulse of 105 bpm with palpitations suggests tachycardia, possibly from hyperthyroidism or medication issues. Evaluating and consulting the physician ensures safety. Reassuring or monitoring risks missing a serious condition, and oxygen is unwarranted.

Question: 1136

A patient presents with a periodontal condition that has not improved despite several rounds of scaling and root planing. When should a referral to a periodontist be initiated?

- A. After one round of SRP
- B. If there is no improvement after two rounds of SRP
- C. Only if the patient requests a referral
- D. After a full year of treatment

Answer: B

Explanation: A referral to a periodontist should be initiated if there is no improvement after two rounds of scaling and root planing, indicating the need for specialized care.

Question: 1137

A 60-year-old patient with a history of periodontal disease presents for a hygiene visit. A periapical radiograph of tooth #9 shows a radiolucency at the apex, measuring 5 mm, with a loss of lamina dura. The tooth is non-vital and has a crown. What is the most likely diagnosis?

- A. Periapical cyst
- B. Chronic apical periodontitis
- C. Periapical granuloma
- D. Acute apical abscess

Answer: A

Explanation: The 5 mm radiolucency at the apex of a non-vital tooth with a crown suggests a periapical cyst, which is a chronic lesion often larger than 5 mm. Chronic apical periodontitis typically has smaller radiolucencies, a periapical granuloma is less defined, and an acute apical abscess would have acute symptoms.

Question: 1138

In your counseling session, a patient asks why they should avoid consuming fruit juices regularly. What is the most accurate explanation regarding the cariogenic effects of fruit juices?

- A. Fruit juices are high in fiber
- B. Fruit juices contain acids and sugars that can contribute to tooth decay
- C. All juices are beneficial for dental health
- D. Fruit juices can only be consumed in moderation

Answer: B

Explanation: Fruit juices often contain both sugars and acids, which can contribute to tooth decay and erosion if consumed frequently, highlighting the importance of moderation.

Question: 1139

A 58-year-old female patient with type 1 diabetes (HbA1c 8.5%) presents with a painful gingival abscess and 7 mm pockets in the maxillary posterior region. Her blood glucose is 200 mg/dL. Radiographs show bone loss and furcation involvement. What is the most critical step before initiating periodontal therapy?

- A. Prescribe antibiotics and analgesics
- B. Perform incision and drainage of the abscess
- C. Consult with her physician for glucose management
- D. Schedule a follow-up for reevaluation

Answer: C

Explanation: Uncontrolled diabetes (HbA1c 8.5%, glucose 200 mg/dL) impairs healing and increases infection risk. Consulting the physician to optimize glucose control is essential before invasive procedures like abscess drainage or periodontal therapy. Antibiotics may be needed, but systemic stability is priority. Follow-up alone delays treatment.

Question: 1140

A dental hygienist is classifying instruments for a new sterilization protocol. The clinic uses explorers that contact intact gingiva but do not penetrate tissue. According to the Spaulding classification, how should these explorers be categorized, and what is the minimum processing requirement?

- A. Critical, sterilization
- B. Semi-critical, high-level disinfection
- C. Non-critical, intermediate-level disinfection
- D. Non-critical, low-level disinfection

Answer: B

Explanation: Explorers contacting gingiva are semi-critical, as they touch mucous membranes without penetrating tissue. High-level disinfection is required to eliminate most pathogens, though sterilization is preferred for added safety, per Spaulding classification.

Question: 1141

In your assessment of a patient with a high sugar diet, you find they consume numerous sugary snacks throughout the day. What dietary change would you suggest that could help reduce their risk of caries?

- A. Limit sugary snacks to once a week
- B. Replace sugary snacks with nuts and cheese
- C. Increase the frequency of brushing
- D. Maintain their current diet but add mouthwash

Answer: B

Explanation: Replacing sugary snacks with nuts and cheese provides nutritional benefits while reducing the risk of caries, as these options are non-cariogenic and can help neutralize acids in the mouth.

Question: 1142

A 59-year-old patient with a history of smoking presents for periodontal evaluation. Probing depths are 5-7 mm generalized, with bleeding on probing at 50% of sites. On the mesiopalatal of tooth #2, the probing depth is 6 mm, and the gingival margin is 2 mm apical to the CEJ. A Nabers probe detects a 4 mm furcation penetration on tooth #2. Radiographs show bone loss of 22% root length. What is the periodontal stage and furcation class?

- A. Stage II, Class I

- B. Stage III, Class II
- C. Stage IV, Class III
- D. Stage III, Class I

Answer: B

Explanation: Generalized probing depths of 5-7 mm and bone loss of 22% indicate Stage III periodontitis (15-33%). The CAL at the mesiopalatal of tooth #2 is 6 mm + 2 mm = 8 mm, supporting Stage III. The 4 mm furcation penetration is Glickman's Class II (cul-de-sac, >3 mm). Smoking history suggests Grade C. Stage II is for <15% bone loss, and Stage IV requires tooth loss or severe complexity. Class I is ≤ 3 mm, and Class III is through-and-through.

Question: 1143

A dental practice is audited for compliance with OSHA's 2024 sharps safety regulations. The auditor observes that used needles are recapped using a two-handed technique before disposal. What is the violation, and what is the correct procedure?

- A. Violation of PPE standards; wear heavier gloves
- B. Violation of engineering controls; install a needle incinerator
- C. Violation of work practice controls; use a one-handed scoop technique
- D. No violation; two-handed recapping is acceptable

Answer: C

Explanation: OSHA's 2024 Bloodborne Pathogens Standard prohibits two-handed needle recapping due to the risk of needlestick injuries, classifying it as a violation of work practice controls. The correct procedure is to use a one-handed scoop technique or a mechanical recapping device to minimize exposure. Engineering controls like sharps containers are required but unrelated to recapping technique, and heavier gloves do not address the issue. Two-handed recapping is explicitly non-compliant.

Question: 1144

A patient has been using nicotine patches to help quit smoking but is still experiencing cravings. What is the best way to Assist her according to the 5 A's model?

- A. Advise her to increase the patch dosage
- B. Arrange for a counseling session to develop coping strategies
- C. Ask her to keep a journal of cravings
- D. Suggest she try vaping as an alternative

Answer: B

Explanation: Arranging for a counseling session provides the patient with additional support and coping

strategies to manage cravings effectively.

Question: 1145

A 68-year-old patient presents for a recall exam, and you are charting using the ADA tooth numbering system. Tooth #3 is missing, and tooth #4 has a carious lesion on the distal surface. The lesion is cavitated, soft, and extends into the dentin, as shown on a bitewing radiograph (radiolucency beyond the dentinoenamel junction). The patient reports sensitivity to sweets. What is the most likely caries classification for tooth #4?

- A. Arrested caries
- B. Incipient caries
- C. Active dentin caries
- D. Secondary caries

Answer: C

Explanation: The cavitated, soft lesion on the distal surface of tooth #4, extending into the dentin with radiographic confirmation and sweet sensitivity, indicates active dentin caries. This type is progressive and symptomatic. Arrested caries is hard. Incipient caries is enamel-limited. Secondary caries occurs at restoration margins.

Question: 1146

A 55-year-old male patient with von Willebrand disease type 1 presents for scaling. His hematologist administers DDAVP preoperatively. Intraoral findings include 6 mm pockets and heavy calculus. If bleeding occurs during scaling, which agent is most effective for hemostasis?

- A. Epinephrine-soaked gauze
- B. Collagen sponge
- C. Saline irrigation
- D. Tranexamic acid rinse

Answer: D

Explanation: Tranexamic acid rinse stabilizes clots, ideal for mucosal bleeding in von Willebrand disease. Collagen sponges are less effective, saline does not promote hemostasis, and epinephrine risks systemic absorption.

Question: 1147

A dental hygienist is taking a cephalometric radiograph for an orthodontic patient. To follow ALARA, the hygienist adjusts the machine to 70-90 kVp, 5-15 mA, and 0.5-1.0 seconds. Which settings and protections minimize exposure while ensuring a clear image?

- A. 90 kVp, 15 mA, 1.0 seconds, no lead apron
- B. 90 kVp, 5 mA, 0.8 seconds, lead apron only
- C. 80 kVp, 10 mA, 0.7 seconds, thyroid collar only
- D. 70 kVp, 5 mA, 0.5 seconds, lead apron with thyroid collar

Answer: D

Explanation: ALARA requires minimal dose. Lower kVp (70), mA (5), and exposure time (0.5 seconds) reduce radiation while maintaining image clarity for cephalometric purposes. A lead apron with thyroid collar protects sensitive tissues, ensuring safety.

Question: 1148

A dental hygienist administers a desensitizing agent under general supervision, unaware that the state requires direct supervision for any topical medicament application. The patient has no adverse effects. What is the legal implication?

- A. Violation of supervision laws, risking disciplinary action.
- B. No violation, as no harm occurred.
- C. Compliant, as desensitizing agents are low-risk.
- D. Permissible, as general supervision covers medicaments.

Answer: A

Explanation: Applying a desensitizing agent under general supervision violates the state's direct supervision requirement for topical medicaments. This breach of the dental practice act could lead to sanctions, such as a warning or fine, regardless of patient outcomes, as supervision rules ensure oversight for safety.

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