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36	A	B	C	D	E
37	A	B	C	D	E
38	A	B	C	D	E
39	A	B	C	D	E

PRACTICE QUESTIONS

Elsevier Remotely Proctored Exams

DHEV2

HP Dental Hygiene Exit Exam V2

EDITION

Original Demo

QUESTIONS

15

ISSUED

October 14, 2026

Before you begin

What this is

15 practice questions for Elsevier Remotely Proctored Exams **DHEV2**, each with its answer key and an explanation. Answer a question before you read its key - the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, **DHEV2**
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

Licence

Original Mometrix demo. This free sample contains fewer questions than the full paid edition.

QUESTION 1

SINGLE CHOICE

Which design characteristic most clearly distinguishes a Gracey curet from a universal curet?

- ☒ **A** Gracey curets have a rounded toe and are area-specific, with one cutting edge per blade angled 60-70° to the terminal shank
- ☐ **B** Gracey curets have two parallel cutting edges that meet at a sharp, pointed toe
- ☐ **C** Universal curets are area-specific and designed to adapt only to anterior teeth
- ☐ **D** Gracey curets are rigid instruments used for calculus removal on enamel only, while universal curets are for root surfaces

ANSWER A

WHY Gracey curets are area-specific instruments with a rounded (blunt) toe and a single cutting edge per blade that is offset 60-70° from the terminal shank. They are designed in sets for specific tooth surfaces (e.g., 1/2 and 3/4 for anteriors; 5/6 for anteriors and premolars; 7/8 and 9/10 for posteriors; 11/12 and 15/16 for mesials; 13/14 and 17/18 for distals). Universal curets have two parallel cutting edges that meet at a pointed toe and can be adapted to multiple surfaces and areas of the mouth. Both instrument types can be used on root surfaces and are available in rigid and finishing varieties.

QUESTION 2

SINGLE CHOICE

An adult patient receiving dental hygiene care suddenly becomes pale, diaphoretic, lightheaded, and reports nausea. Vital signs reveal a slow heart rate and a drop in blood pressure. Which position is most appropriate for initial management of this patient?

- ☐ A Upright with feet hanging over the edge of the chair
- ☐ B Trendelenburg (head lower than feet)
- ☒ C Supine with the feet slightly elevated
- ☐ D Left lateral recumbent position

ANSWER C

WHY The clinical picture describes vasodepressor syncope (a simple faint), the most common medical emergency in dentistry. Initial management is to place the patient supine with the feet slightly elevated to promote cerebral blood flow and to loosen restrictive clothing. The upright position worsens cerebral hypoperfusion; Trendelenburg is no longer recommended due to potential respiratory compromise and is not the standard dental office positioning for syncope; left lateral recumbent is used for pregnant patients or those who are vomiting to prevent aspiration.

QUESTION 3

SINGLE CHOICE

A 14-year-old patient with active orthodontic appliances presents with generalized mild gingivitis and no caries. Which professional fluoride modality is most appropriate for caries prevention during routine recall visits?

- ☐ A Neutral sodium fluoride gel in a custom tray for 4 minutes every 6 months
- ☒ B 5% sodium fluoride varnish applied to all tooth surfaces every 3 to 6 months
- ☐ C 1.23% acidulated phosphate fluoride (APF) foam in a tray for 1 minute twice per year
- ☐ D 0.2% neutral sodium fluoride rinse daily at home
- ☐ E Silver diamine fluoride applied annually to pits and fissures only

ANSWER B

WHY For patients with active orthodontic appliances, who are at increased caries risk due to plaque retention around brackets and bands, the ADA and AAPD recommend 5% sodium fluoride varnish applied every 3 to 6 months. Varnish is safe (small amount, adheres to teeth, minimal ingestion), is not affected by the etching/bonding materials present, and does not require a tray. APF gel/foam is contraindicated around composite restorations and orthodontic brackets due to potential acid etching of surfaces. A neutral NaF gel in a tray would not be appropriate because trays are difficult to place around fixed appliances. Daily home rinses are inappropriate for many adolescents who cannot reliably avoid swallowing fluoride products. Silver diamine fluoride is reserved for arresting existing caries lesions, not routine prevention.

QUESTION 4

SINGLE CHOICE

Which statement best describes the role of systematic reviews and meta-analyses in the hierarchy of evidence used in dental hygiene practice?

- ☐ A They represent expert opinion and therefore rank lower than case reports
- ☒ B They summarize evidence from multiple primary studies, providing the highest level of synthesized evidence for clinical questions
- ☐ C They are equivalent in strength to a single well-designed randomized controlled trial
- ☐ D They are only useful when no clinical guidelines exist

ANSWER B

WHY Within the hierarchy of evidence, well-conducted systematic reviews and meta-analyses that pool data from multiple high-quality primary studies occupy the top tier for synthesized evidence on therapy and prevention questions. A single RCT, no matter how well designed, is generally considered lower in the synthesized hierarchy than a systematic review of multiple RCTs. Expert opinion and case reports are lower levels of evidence, and systematic reviews are useful even when guidelines do exist (often forming the basis of guidelines).

QUESTION 5

SINGLE CHOICE

Which fluoride agent is most appropriate for professionally applied topical caries prevention in an adult at high caries risk?

- ☒ A 5% sodium fluoride varnish (22,600 ppm F)
- ☐ B 0.05% sodium fluoride daily rinse
- ☐ C 1.23% acidulated phosphate fluoride gel for 1 minute
- ☐ D 0.2% neutral sodium fluoride rinse weekly

ANSWER A

WHY 5% sodium fluoride varnish (22,600 ppm) is the professionally applied topical fluoride agent most strongly supported by current evidence for caries prevention across age groups and is preferred in adults due to ease of application, safety, and prolonged contact time. The other options describe low-concentration home-use products or older APF gel protocols with less favorable safety profiles and evidence.

QUESTION 6

MULTIPLE CHOICE

Which of the following are CDC-recommended elements of standard precautions for all dental healthcare personnel during patient care? (Choose two.)

- ☒ **A** Hand hygiene before and after patient contact
- ☒ **B** Routine use of personal protective equipment (PPE) including gloves, masks, protective eyewear, and gowns when splashes are anticipated
- ☐ **C** Prophylactic antibiotic administration before all scaling and root planing procedures
- ☐ **D** Heat-sterilization of handpieces and other intraoral devices between patients

ANSWER A - B

WHY Standard precautions, as outlined by the CDC Guidelines for Infection Control in Dental Health-Care Settings (2003) and the 2016 Summary, require hand hygiene before and after patient contact (using alcohol-based hand rub or soap and water), appropriate PPE (gloves, surgical masks, protective eyewear with side shields, and gowns when splash or spatter is anticipated), and safe injection practices. Heat-sterilization of handpieces between patients is also required but is paired with hand hygiene/PPE only as one element among many; here the second pair is handpiece sterilization paired with surface disinfection. Prophylactic antibiotic administration before scaling and root planing is not part of standard precautions.

QUESTION 7

SINGLE CHOICE

A patient receiving local anesthetic begins to complain of itching, hives, and a feeling of throat tightness, and the dental hygienist notes wheezing. Which emergency is most likely occurring?

- ☐ **A** Vasovagal syncope
- ☐ **B** Insulin (hypoglycemic) reaction
- ☐ **C** Acute asthmatic attack
- ☒ **D** Anaphylactic reaction

ANSWER D

WHY The combination of cutaneous signs (pruritus, urticaria), respiratory compromise (throat tightness, wheezing), and rapid onset following exposure to a potential allergen such as a local anesthetic or latex indicates anaphylaxis - a true medical emergency requiring immediate administration of epinephrine and activation of EMS.

QUESTION 8

SINGLE CHOICE

An adult patient receiving periodontal scaling suddenly slumps forward, becomes unresponsive, and is found pulseless and not breathing normally. The dental hygienist should immediately initiate which sequence of actions?

- ☐ **A** Place the patient in an upright position, administer oxygen via nasal cannula, and continue monitoring
- ☒ **B** Call for help, lower the chair to a supine position, begin chest compressions at a depth of at least 2 inches and a rate of 100-120 per minute, and activate the emergency medical services (EMS) system
- ☐ **C** Administer a glucose source orally and obtain a finger-stick blood glucose reading before any other intervention
- ☐ **D** Deliver two rescue breaths and wait 1 minute to reassess before calling EMS

ANSWER B

WHY An unresponsive, pulseless adult patient is in cardiac arrest. The AHA Basic Life Support (BLS) algorithm requires the responder to first call for help and activate EMS, lay the patient supine on a firm surface, and begin high-quality chest compressions (at least 2 inches deep, 100-120 compressions per minute, full chest recoil, minimal interruptions). Rescue breathing is secondary in adult BLS unless a rescuer is trained and willing to provide it. Upright positioning is contraindicated in cardiac arrest. Oral glucose is contraindicated in an unresponsive patient because of aspiration risk. Waiting to reassess wastes the critical window for return of spontaneous circulation.

QUESTION 9

MULTIPLE CHOICE

According to the 2017 World Workshop classification of periodontal and peri-implant diseases, which of the following are required to assign a stage of periodontitis? (Choose two.)

- ☒ **A** Severity of attachment loss and radiographic bone loss
- ☐ **B** Frequency of daily toothbrushing
- ☒ **C** Complexity factors such as probing depth, furcation involvement, and tooth loss
- ☐ **D** Patient's age at diagnosis
- ☐ **E** Distribution (localized vs. generalized) of the lesions

ANSWER A - C

WHY Staging in the 2017 World Workshop framework is based on two dimensions: (1) severity, measured by interproximal clinical attachment loss (CAL) or radiographic bone loss at two non-adjacent teeth, and (2) complexity of management, assessed by probing depths, furcation involvement, mucogingival problems, ridge defects, and tooth loss due to periodontitis. Distribution (localized vs. generalized, or molar-incisor patterns) and toothbrushing frequency contribute to extent descriptors and risk-factor profiling but do not determine stage. Patient age is a modifying factor considered in grading, not staging.

QUESTION 10

MULTIPLE CHOICE

Which of the following patient findings are considered indicators of high caries risk? (Choose two.)

- ☒ **A** Visible cavitated lesions or radiolucencies reaching dentin on radiographs
- ☐ **B** Frequent exposure to fluoridated water and fluoridated toothpaste only
- ☒ **C** Multiple interproximal restorations placed within the past three years
- ☐ **D** Adequate salivary flow and no history of caries in the past 36 months

ANSWER A - C

WHY Active cavitated lesions (or incipient lesions that have progressed into dentin on radiographs) and a high past caries experience (e.g., multiple new or recurrent restorations within three years) are both well-established high-risk indicators on standard caries-risk assessment forms (e.g., CAMBRA, ADA Caries Risk Assessment). Fluoride exposure without other risk factors and adequate saliva with no recent caries history are protective, not high-risk, findings.

QUESTION 11

SINGLE CHOICE

During an intraoral examination, the dental hygienist notes a red, flat lesion with well-defined borders on the floor of the mouth adjacent to the lingual frenulum. Which characteristic most strongly suggests this lesion is malignant rather than traumatic in origin?

- ☐ A The lesion blanches when pressure is applied
- ☒ B The lesion has been present and unchanged for several months per the patient history
- ☐ C The lesion is located on keratinized mucosa
- ☐ D The lesion is tender to palpation

ANSWER B

WHY Malignant lesions typically persist and do not heal; a lesion that has remained unchanged over several months is far more concerning than one that resolves or blanches. Tenderness and blanching more often suggest inflammatory or vascular (traumatic) origin. The floor of the mouth adjacent to the lingual frenulum is a classic high-risk site (lateral/ventral tongue and floor of mouth account for a high percentage of oral cancers), and persistent erythroplakia in this area warrants biopsy referral.

QUESTION 12

SINGLE CHOICE

Under the principles of autonomy in dental hygiene practice, what is the clinician's primary obligation?

- ☐ A To provide treatment regardless of the patient's preference
- ☒ B To respect the patient's right to make informed decisions about their care
- ☐ C To ensure the lowest cost of care
- ☐ D To follow the dentist's instructions without question

ANSWER B

WHY Autonomy requires the clinician to respect a patient's right to self-determination through informed consent and shared decision-making. The other choices describe beneficence misapplied (treating without consent), justice/conflict of interest (lowest cost), or non-maleficence confused with blind obedience (failing professional judgment).

QUESTION 13

SINGLE CHOICE

A pregnant patient in her second trimester presents with pregnancy-associated gingivitis and moderate plaque. Which consideration is most appropriate for treatment planning?

- ☐ A Defer all dental hygiene care until after delivery
- ☒ B Avoid supine positioning and schedule scaling and oral hygiene instruction during the second trimester
- ☐ C Use only hand instruments and avoid ultrasonic scaling
- ☐ D Recommend chlorhexidine rinse and postpone debridement indefinitely

ANSWER B

WHY Prenatal dental care is safe and important; the second trimester is ideal for periodontal therapy because organogenesis is complete and the uterus is not yet large enough to cause supine hypotension. Preventive scaling and self-care instruction are indicated. Avoiding all care, restricting ultrasonic use, or indefinitely postponing treatment are not evidence-based.

QUESTION 14

SINGLE CHOICE

Which dietary counseling recommendation is most appropriate for a patient with high caries risk and frequent consumption of sugar-sweetened beverages?

- ☐ A Recommend brushing immediately after each sip of a sugar-sweetened beverage
- ☒ B Recommend substituting sugar-sweetened beverages with water and limiting cariogenic snacks to mealtimes
- ☐ C Recommend brushing with a non-fluoridated toothpaste after every snack
- ☐ D Recommend rinsing with an alcohol-based mouthrinse after every meal

ANSWER B

WHY Caries risk is closely linked to frequency and amount of fermentable carbohydrate exposure. The most evidence-based counseling is to reduce the frequency of sugar exposure and substitute water for sugar-sweetened beverages, ideally consuming cariogenic foods with meals rather than between meals. Brushing immediately after acidic beverage exposure can cause enamel erosion, non-fluoridated toothpaste removes a key preventive agent, and alcohol-based rinses are not appropriate for routine caries prevention and may have drying effects.

QUESTION 15

SINGLE CHOICE

A dental hygienist notices that a colleague has documented periodontal probing depths and treatment that were never actually performed on a patient. Which ethical principle is most directly violated by falsifying patient records?

- ☐ A Beneficence
- ☒ B Veracity (truthfulness)
- ☐ C Autonomy
- ☐ D Justice

ANSWER B

WHY Veracity is the principle of truthfulness and requires that dental hygienists communicate honestly and accurately, including in documentation. Falsifying clinical records misrepresents care that was or was not delivered, breaches veracity, and also undermines patient autonomy and informed decision making. Beneficence obligates the clinician to act in the patient's best interest, justice concerns fairness in care distribution, and autonomy concerns respecting patient self-determination—none of these are the principle most directly violated by fabricated charting.