

Root Canal Treatment (RCT)

Clinical Protocol & Step-by-Step Checklist

For BDS/MDS Practitioners | HappyDr Resource Library

Use this checklist for each RCT case. Tick each step upon completion. Adapt to your clinical setup and patient-specific needs.

PHASE 1: PRE-TREATMENT ASSESSMENT

	Step	Notes / Findings
<input type="checkbox"/>	Patient history & chief complaint documented	_____
<input type="checkbox"/>	Medical history reviewed (anticoagulants, diabetes, hypertension, allergies)	_____
<input type="checkbox"/>	IOPA radiograph taken — PA, working length estimated	_____
<input type="checkbox"/>	Vitality test performed (cold test / EPT)	_____
<input type="checkbox"/>	Periapical status noted (PAI score if available)	_____
<input type="checkbox"/>	Diagnosis confirmed: Irreversible pulpitis / Pulp necrosis / Previously treated	_____
<input type="checkbox"/>	Treatment options + fees explained to patient	_____
<input type="checkbox"/>	Informed consent obtained and signed	_____
<input type="checkbox"/>	Pre-medication prescribed if required (antibiotics/analgesics)	_____

PHASE 2: ANAESTHESIA & ACCESS

	Step	Notes / Findings
<input type="checkbox"/>	LA administered — type: _____ dose: _____	_____
<input type="checkbox"/>	Rubber dam isolation applied	_____
<input type="checkbox"/>	Access cavity prepared — outline form correct	_____
<input type="checkbox"/>	Roof of pulp chamber completely removed	_____
<input type="checkbox"/>	All canals located and confirmed (probe/DG16)	_____
<input type="checkbox"/>	No. of canals: _____ (Chart: MB, ML, DB, DL, P, etc.)	_____
<input type="checkbox"/>	Patency confirmed to apical foramen	_____

PHASE 3: WORKING LENGTH DETERMINATION

	Step	Notes / Findings
<input type="checkbox"/>	Electronic apex locator (EAL) reading: _____ mm	_____
<input type="checkbox"/>	Radiographic working length confirmed	_____
<input type="checkbox"/>	Final working length set: _____ mm	_____
<input type="checkbox"/>	Working length chart completed	_____

PHASE 4: BIOMECHANICAL PREPARATION

	Step	Notes / Findings
<input type="checkbox"/>	Coronal flaring done	_____

