![C:\Users\corri\AppData\Local\Microsoft\Windows\INetCache\IE\BI3W634M\stock-vector-cartoon-tooth-holding-a-toothbrush-150294083[1].jpg]() Nebraska Mission of Mercy

 DENTAL TRIAGE PROTOCOL

1. Just as in a dental office or clinic, Universal Precautions must be adhered to. This includes wearing personal protective equipment. Gloves, masks, eye protection, and gowns must be used during patient treatment. All providers, including assistants are expected to bring their own eye protection.

2. The paper charts are NOT to be touched with gloved hands at any time.

3. Only BLUE pens should be used on patient charts – NO BLACK INK. Please PRINT all information and do not use abbreviations, they may not be universal to the wide variety of volunteers here.

4. If needed, have the patient quickly brush their teeth using the disposable one-time use toothbrush that does not require any toothpaste or rinsing.

5. Chart the exam by indicating the work that is recommended to be done in the priority of treatment sections on the patient form. If a patient does not wish to have a certain recommended treatment done, indicate “rejected” by the recommended treatment.

6. Circle the tooth numbers within the priority that need attention first. Depending on the number of patients, treatment will initially be limited to one quadrant so identify teeth accordingly. 7. Refer to other department protocols as needed to make sure the recommended treatment is available (especially if recommending endo or lab services).

8. Patients routed to endo or oral surgery will receive an x-ray, no need to request one.

9. If a treatment partial is recommended, you do not need to list x-ray, lab and oral surgery as individual priorities; they should all be listed as one priority.

10. The patient needs to have informed consent discussed and signed. See informed consent information on the patient chart. 11. SEE NEXT PAGE FOR MEDICAL CONDITIONS LIMITING TREATMENT and premed protocol.

12. If a patient has extractions done during their clinic visit, they will NOT be allowed to come back for further treatment that day. If it is Friday, they may get back in line on Saturday. 13. Print the triage doctor’s name on the form.

14. When exam is completed, have a patient ambassador escort the patient to the routing table. (Patients should carry the clipboard/chart.) 15. Inform lead when taking a break and approximately how long you will be gone. 16. DO NOT adjust chair height; ask dental equipment technician or department lead.

17. PLEASE BE FLEXIBLE and THANK YOU for participating today

PRE-MEDICATION PROTOCOL

Amoxicillin or Clindamycin will be dispensed as needed. Pre-medicate for the following conditions:

 Organ transplant  Immunocompromised Patients  DE Heart stents or valve replacements  History of infective endocarditis  Certain specific heart birth defects

MEDICAL CONDITIONS LIMITING TREATMENT

Patients on ASA or Plavix can be treated for Extractions. Anyone on Eliquis, Xaralto, Pradaxa must be off medication for 24hrs.

Patients that have been off Coumadin/anticoagulants for 3 days prior to treatment may receive extractions or other surgical procedures.

Patients not off of Coumadin/anticoagulants must show their current INR card during the medical screening process. If the card is more than 3 days old complete an INR test. An INR reading of less than 3 is an acceptable reading for extraction of 5 teeth or less.

Bisphosphonates IV(Aredia & Zometa), Oral meds taken >3 yrs, Oral meds taken < 3yrs but have a co-morbity ,i.e.compromised autoimmune diseases, Diabetes etc:

 Routine dental care may be provided

 Local anesthesia can be used as necessary.

 Scaling and Prophylaxis as atraumatically as possible with gentle soft tissue management.

 Avoid dental extractions if possible unless Class 3 mobility.

Blood pressure absolute cutoff: 175/105 AHA and AAOS say no elective dental procedures for BP 180/110. Guidelines have changed for BP. Referral to consult a physician after our event if their BP was elevated >120/80.

Blood sugar cutoff: 300

1st trimester pregnancy: no elective treatment

Heart Stents – no treatment before 3 months post op – no pre-med EXCEPT if they had DE stents, they must have a premed.

Heart surgery – no treatment before 6 months post op – pre-med case by case