



Central Arizona Dental Foundation

Dental Triage Protocol

Our goal is to relieve pain and address the most urgent need(s). Please remember, this setting is very different from your office where more options are available to you and the patient has regular access to care.

Please practice universal precautions and follow all standard infection control practices.

1. 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.
2. All patients go through Medical Triage. If blood pressure and glucose readings were not acceptable upon first readings, the patient is re-tested. If they test at acceptable levels, they move onto Dental Triage. If a patient test above the upper limits listed below, the Medical Triage Lead consults with the Dental Triage Lead to make a final determination about the patient receiving dental treatment. The patient either moves onto Dental Triage or is advised to see k medical attention and is escorted to the Exit Interview (unless immediate medical attention is needed and then EMT's are called.)

Blood pressure cutoff: 160/100

Blood sugar cutoff: 150

3. Patients are only offered one dental service (i.e., treatment in one quadrant; cleaning or fillings or extractions) unless the capacity of the clinic allows for more. Let patients know it is unlikely that all of their dental needs will be met but their immediate needs will be addressed.
4. Dentists doing the initial screening should identify the areas of concern, not specific restorative options. Only note the top two – three priorities in the “Dental Screening” box. Do not list all teeth that need treatment.
5. If the patient needs pre-medication antibiotics, indicate it on the form. When screening is complete, have an escort take the form and patient to the Routing table. The Routing table will send a runner to the medication area to retrieve the pre-meds. Patients will then go to x-ray or to a specific area of the clinic for treatment.

6. Print the screening doctor's name in the screening notes box.
7. Route patients needing x-rays to Radiology unless exempted according to radiology protocol. Send patients who don't need x-rays to Routing. Children should be sent to the Pediatrics area for medical and dental triage and x-rays.
8. Dentists working in x-ray triage should chart the exam by indicating the work that is recommended to be done in the priority treatment sections on the patient form. Discuss the recommended treatment with the patient and answer any questions. If a patient does not wish to have a certain recommended treatment done, indicate "patient does not want" by the recommended treatment.
9. 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.
10. Check with the Routing Lead before recommending endo or lab services to ensure capacity has not been reached for the day. Endo is only done on anterior teeth. Stay plates are only to replace up to 6 anterior teeth – no bicuspid or molars.
11. **3rd molars will only be extracted if symptomatic and visible on clinical examination.**
12. Lab services are limited to anterior stay plates, denture and partial repair.
13. If a treatment partial is recommended, you do not need to list x-ray, lab and oral surgery individual priorities; they should all be listed as one priority
14. Print the x-ray triage doctor's name on the form.
15. If you receive a sharps injury (instrument or needle stick) or incur any other personal injury, notify the department Lead immediately. He/she will follow the sharps or accident protocol.
16. EMTs are onsite to deal with patient and volunteer emergencies. If you have a patient emergency, stay with the patient, send your assistant or someone near you to alert the Department Lead who will immediately radio for EMT. Hold up the EMT station card so the EMT can quickly identify where to go once they have been radioed.
17. Please stagger your breaks. Be sure to let the department head know how long you will be gone, depending on the time someone else may use the chair while you are gone so patient flow isn't disrupted.