



MEDICAL TRIAGE PROTOCOL

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

1. 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 head who will immediately radio for an EMT. Hold up the EMT station card so the EMT can quickly identify where to go once they have been radioed.
2. 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.
3. Only **BLUE** pens should be used on patient charts – NO BLACK ink.
4. Please PRINT on the patient charts – do not use abbreviations. Be sure to PRINT (not sign) your name to the patient record after providing care.
5. Review health history and medications.
6. Take blood pressure and pulse and record findings.
7. Take glucose levels, if appropriate.
8. If blood pressure and glucose readings are not in our acceptable range, the patient may be re-tested. If they test at acceptable levels, they can be treated if the maximum number of patients of the day has not been reached. If a patient tests slightly above these upper limits, consult the Medical Triage Lead.

Blood pressure cutoff: 160/100

Blood sugar cutoff: 150

9. If the patient fails medical and we can't get them into an acceptable range on Day 1 of the event, we will give them a color coded wrist band to come back the next day at a designated time. Same is true if they are allowed to go home and take their meds and come back the same day in time to receive care, we will give them a wristband that gets them back in the side door. Any other person who fails and we can't get back in (those patients on the afternoon of Day 2 for example) AzMOM will work with the local dental society to find a dentist willing to treat the person's #1 priority. Please make sure their chart reflects the fact they failed medical and the "needs follow-up" box is marked, we can set aside these records for follow-up by the Foundation. The Lead dentist should take a quick look in the persons

mouth and talk to them about their # dental need (and note it on their chart) so the Foundation has an idea of what we would be asking a local dentist to treat.

10. Accepted patients should be taken by a patient escort to the dental triage waiting area.
11. Patients not passing the medical minimums should be escorted to the exit area (they will receive a take home bag, completed an exit survey, etc.). The patient record should be marked non-treated with the reason why listed. Turn in the patient form at the exit interview area.
12. Please stagger your lunch breaks. While you are on break, another provider may move into your chair so patient flow isn't disrupted.

MEDICAL CONDITIONS TO CONSIDER BEFORE TREATMENT

1. Patients on ASA or Plavix can receive extractions.
2. Patients that have been off Coumadin/anticoagulants for 3 days prior to treatment may receive extractions or other surgical procedures.
3. 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.
4. Bisphosphonates (Aredia & Zometa):
5. Routine dental care may be provided.
6. Local anesthesia can be used as necessary
7. Scaling and prophylaxis as atraumatically as possible with gentle soft tissue management.
8. Avoid dental extractions if possible unless Class 3 mobility.
9. Blood pressure cutoff: 160/100
10. Blood sugar cutoff: 150
11. Pregnancy: provide treatment as needed. Do not use nonsteroidal anti-inflammatory drugs (NSAIDs), erythromycin estolate or tetracycline.
12. Heart stents – no treatment until 3 months post-op – no pre-med.
13. Heart surgery – no treatment until 6 months post op – pre-med case by case.