



Central Arizona Dental Foundation

Pediatric 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. This fact was kept in mind as patients went through triage and routing and when it was determined what care they would receive today. Refer to the priority section of the patient form to find out what treatment and which teeth will be treated today.

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

1. EMTs are onsite to deal with patient and volunteer emergencies. If you have a patient emergency, stay with the patient, send your assistant to 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. Only **BLUE** pens should be used on patient charts – NO BLACK ink.
3. Please PRINT on the patient charts – DO NOT USE ABBREVIATIONS.
4. A pediatric patient is defined as a child 18 years of age or younger.
 - a. If there is a back up of adolescent patients waiting in the Restorative area and the pediatric department is in need of additional patients, patients up to 18 years of age may be sent to the pediatric department.
 - b. If the pediatric department gets too busy, the age requirement can be lowered to 12 years of age or younger.
5. The Pediatric Department will review medical and dental history and develop a treatment plan.
6. Nomad x-rays are available. Please request x-rays on an as-needed-basis.
7. Please triage treatment into work that can be completed with a 45-minute time space – e.g., *Quadrant Dentistry*.
8. Patients are not allowed to walk unattended on the clinic floor. Use your station cards for moving patients or for problems.
 - a. **Green** – bring me a patient
 - b. **Red** – take the patient to Exit Interview
 - c. **Yellow** – translator needed

- d. **Orange** – equipment concern
 - e. **White w/Red Cross** – EMT needed
 - f. **Purple** – request Nomad x-ray
9. Amalgam restorations are recommended – especially in posterior teeth. Not only is it quicker to put in an amalgam than a composite, but in the majority of cases, it will serve the patient longer. You can, however, place composites; limited colors of composite material will be available. There are approximately 20 curing lights available for the entire clinic.
 10. AzMOM is planning to treat children and their parents/guardians in the pediatric area as long as space allows. When a child has completed treatment, they should wait in the pediatric area for their parent to complete treatment. When both are finished, patient escorts should obtain the clipboard and patient record and take patients to the exit interview area.
 11. Please place extracted teeth that contain amalgam fillings in the nearest container labeled DENTAL AMALGAM. This waste will be recycled and/or disposed of according to state and local regulations.
 12. Place extra amalgam and amalgam capsules in the nearest container labeled DENTAL AMALGAM.
 13. STAINLESS STEEL CROWNS will not be provided. If you wish to place these types of crowns you are encouraged to bring your own materials.
 14. Dispose of carpules with left over anesthetic in the designated biohazard container at the head of your department (plastic container with biohazard label). Do not throw them in the regular trash.
 15. Remove all sharps from the instruments and dispose of them in the nearest sharps container. **Do not walk on the clinic floor with sharps.**
 16. Translators are available. Raise a yellow card if a translator is needed.
 17. 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.
 18. Prescription forms will not be needed for Acetaminophen, Amoxicillin, Clindamycin, or Ibuprofen. Those will be indicated on the patient registration form and the patient will receive those free of charge onsite.
 19. Please stagger your lunch breaks. While you are on break, another dentist may move to your chair so patient flow isn't disrupted.

Sterilization and Instruments

1. Remove all sharps from the instruments and dispose of them in the nearest sharps container. **Do not walk on the clinic floor with sharps.**

2. You are responsible for making sure that your personal instruments are identified on yours when they go through sterilization. To ensure this, drop your instruments off at the sterilization table marked “Used Personal Instruments” and have your name written on the sterilization pouch(es), then leave the pouch(es) on the tray with the instruments. You will pick up sterilized instruments at the “Clean Personal Instruments” station.
3. If you are using ADCF instruments, please return all instruments to the cassette from which they came and close the lid. Place the cassette and any loose instruments in the plastic bin at the head of your department.
4. Broken ADCF instruments should be returned to sterilization, do NOT throw them away. Notify someone in sterilization the instrument is broken.

In addition, the following must be adhered to throughout the event:

1. Do NOT allow patient to form a lip seal on the saliva ejector or large suction.
2. Before turning off the suction, remove it from the patient’s mouth, point I at the ceiling, then turn it off.
3. After each patient, obtain two (2) one-ounce cups of pre-mixed peroxide/water solution and pull one cup through the saliva ejector and one cup through the large suction.
4. After the patient is escorted away, don new gloves and use utility gloves over those to clean the operator after each patient.