

DENTAL TRIAGE PROTOCOL

MEDICAL CONDITIONS LIMITING TREATMENT

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 (drug eluting) stents, they must have a premed.

Heart surgery – no treatment before 6 months post op – **pre-med case by case** - consult Medical Triage

Patients on ASA or Plavix can be treated for Extractions.

Anyone on Eliquis, Xarelto, 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-morbidity ,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.

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

PLEASE BE FLEXIBLE and THANK YOU for participating today.
Any questions, ask the Department Lead.

1. Only triage patients 11 and older.
2. SEE FIRST PAGE FOR MEDICAL CONDITIONS LIMITING TREATMENT and premed protocol.
3. Print the triage doctor's name on the form.
4. 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. Bring your own eye protection and loupes if needed.
5. The paper charts are NOT to be touched with gloved hands at any time. Only the Dental Assistant holds and writes on chart.
6. 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.
7. If needed, have the patient quickly brush their teeth using the disposable one-time use toothbrush that does not require any toothpaste or rinsing.
8. Chart the exam by indicating the **work that is recommended** to be done in the priority of treatment sections on the patient form. Be sure to **list all work needing to be done** and not just their first priority. If a patient has time to go through the line more than once this will allow them to skip dental triage the next time. If a patient does not wish to have a certain recommended treatment done, indicate "rejected" 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. Refer to Dental Triage Department Leads as needed to make sure the recommended treatment is available (especially if recommending endo or lab services).
11. Patients routed to endo or oral surgery will receive an x-ray, **no need to request one**.
12. 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**.
13. If you are unsure if a tooth can be saved by a root canal indicate possible root canal, routing will order an x-ray and one of the dentists working in radiology can make the final determination based on the x-ray and consult with endo as needed.
14. The patient needs to have informed consent discussed and signed. See informed consent information on the back of the patient chart.
15. 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.
16. When exam is completed, have a patient ambassador escort the patient to the routing table. **Patients should carry the clipboard/chart**.
17. Inform Department Lead when taking a break and approximately how long you will be gone.
18. DO NOT adjust chair height; ask dental equipment technician or department lead.