

MEDICAL TRIAGE PROTOCOLS

1. If you have an emergency, there are EMT services on site. Stay with the patient, send someone else to alert the department head who will immediately alert the EMT. Someone should hold up the EMT station card so the EMT can quickly identify where to go once they have been alerted.
2. The paper charts are NOT to be touched with gloved hands at any time.
3. Please **PRINT** on the patient charts – DO NOT USE ABBREVIATIONS.
4. Only **BLUE** pens should be used on patient charts – NO BLACK ink.
5. Only triage patients 11 and older.
6. Review health history and medications.
7. Take blood pressure and pulse and record findings.
8. Take glucose levels, INR, if appropriate (on blood clotting or diabetes medications).
9. If blood pressure or glucose readings are not in our acceptable range, the patient may be re-tested and if become acceptable patients can be treated if the maximum number of patients for the day has not been reached.
10. SEE NEXT PAGE FOR MEDICAL CONDITIONS LIMITING TREATMENT!
11. Medically acceptable patients should be taken by a patient escort to the dental triage waiting area. Patients not passing the medical minimums should be escorted to the exit. The patient record should be marked NOMED with the reason why listed and the form turned in at the patient exit. (Patients not treated should be taken to the exit area so their form can be turned in and they can receive their take home bag.)
12. If you stick yourself or are stuck with an instrument, immediately notify the department lead who will follow the needle stick/sharp instrument protocol.
13. Biowaste shall be placed in the appropriate red biowaste containers. Please do not put non-biowaste in red containers as it adds unnecessary expense to the disposal.
14. Patients who have had extractions will not be allowed to come back on the same day for any additional work.
15. Translators are available. They are easily identifiable as they are wearing orange vests.

PLEASE BE FLEXIBLE and THANK YOU for participating today.

MEDICAL CONDITIONS LIMITING TREATMENT

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 a-traumatically 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 if their BP is elevated after our event.

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. Check the box for Pre-Med at the bottom of the page.

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