



MEDICAL TRIAGE

Process

- Volunteers should arrive by 4:45 am or 11:30 am and be ready to work by 5:15 am or 12:00 pm for shift 1 and 2 respectively.
- Volunteers will need to find a seat quickly.
- A brief training/orientation for the first ½ hour of each shift will be provided by the Lead.
- Please assure all equipment in your area is wiped down between patients and at the end of your shift.
- Assure patient form is complete. Use only **BLUE** ink, see Lead. **Please print neat and legibly.**
- Assure all sharps and any bio-hazard materials are deposited into bio hazard bags and containers. **Do not put other trash in bio hazard bags.**
- Wear appropriate personal protection equipment as needed.

Medical Triage volunteers will obtain a brief medical history on each patient. This should be accomplished within 8 to 12 minutes per patient. Medical Triage should have 16 stations. Please try to see 30 patients per shift at each station.

Medical Triage – Dental/Medical Protocol

For all patients, including those patients who were pre-evaluated, pain status and health history must be reviewed. For dental program evaluation purposes, pain status, and tobacco and alcohol usage are of particular importance.

As noted in the chart shown below, patients with blood pressure readings of more than 180/100 may not be treated, and those with glucose readings of more than 300 may not be treated in the dental area. These patients should be sent to the medical area. Complete the medical patient additional form and staple to the original treatment form for any patient who should be seen in Medical.

Patient Treatment Limitations - Dental

Special circumstance treatment. Patients:

- Taking ASA or Plavix may have extractions.
- Taking anticoagulants, Warfarin or Coumadin:
 - May have scaling and prophylaxis as atraumatically as possible with gentle soft tissue management
 - Should **NOT** undergo dental extractions
- Taking Bisphosphonates (Aredia and Zometa) –
 - May be provided routine dental care
 - May have local anesthetic
 - May have scaling and prophylaxis as atraumatically as possible with gentle soft tissue management
 - May have endodontic treatment and preparation of overdenture abutments if tooth is extensively carious
 - Should be limited to simple or minimally invasive procedures. They should **NOT** undergo extractions or alveoplasty without Oral Surgery Lead approval. Patients who have or are currently receiving IV bisphosphonate medicine for any medical reason other than osteoporosis may **NOT** undergo any oral surgery procedure.
 - Should undergo follow-up every 2 to 3 weeks after extractions until area is completely healed

Other special circumstances. Patients:

- With blood pressure readings of more than 180/100 may not be treated, except for prophylaxis, if it appears safe.
- With blood glucose readings of more than 300 may not be treated, except for prophylaxis, if it appears safe.
- With heart stents will not have treatment within three months of surgery
- Who have undergone heart surgery will not have treatment within six months of the procedure
- In their first trimester of pregnancy will not have elective treatment, except for prophylaxis, if it appears safe

PLEASE BE FLEXIBLE and THANK YOU for participating today.