



## DENTAL TRIAGE

### Process

- Volunteers should arrive by 5:00 am or 11:30 am and be ready to work by 5:30 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 neatly 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.
- Exam chairs, overhead lamps, flash lights and disposable instruments are provided.
- **Priority Charting** - Patients should be asked their dental concerns and patient and dentist together determine the treatment priorities. **Remember, the goal is to establish and treat the chief complaint or most urgent need.**
- A primary treatment will be identified and two additional priorities provided so a patient who wants additional treatment can wait in line again.

**Triage dentists will seek to establish the chief complaint (s) or most urgent need (s) for each case with the patient. Triage will help set patient expectation for what can be completed in the clinic. Please include only 3 priorities that take about 45 minutes each to complete. Each priority must be routed to a department. Include only one department per priority and write the department in the department section under routing. Prosth and Oral Surgery can be combined if patient can receive a flipper.**

**This should be accomplished within 10 to 12 minutes per patient. Please try to see 35 patients at each station per shift.**

Patients will be sent to Radiology as needed to establish correct priorities. If X-rays are needed, please identify the type and area on the Patient Treatment form under Imaging Required. If a patient goes to x-ray for further evaluation, the patient will go through Dental Determination to assure priorities and the routing departments are completed correctly. **Routing will be completed by lay volunteers so be sure that the routing department for each priority is complete before the patient goes to Routing.**

DENTAL TRIAGE			
<b>PRIORITY 1 (45m)</b> A: Flipper # 7, 8, 9 B: OS Ext # 8, 9, 32	<b>PRIORITY 2 (45m)</b> A: Oper # 4 mod,5 do	<b>PRIORITY 3 (45m)</b> A: Rct #5 Or A: Hyg	<b>Imaging Required:</b> BW 2 Per Side <input type="checkbox"/> L <input type="checkbox"/> R PA Tooth # _____ PANORAMIC <input type="checkbox"/>
ROUTING			
<b>DEPARTMENT</b> OS	<b>DEPARTMENT</b> Restorative	<b>DEPARTMENT</b> Endo or Hyg	<b>Anesthesia Required:</b> Tooth # _____
Triage Dentist: _____		(PRINT NAME) <b>Signature:</b> _____	

**PATIENT NEEDS PREMEDICATION (indicate below)**

PRESCRIPTION(S) TO BE FILLED			
<b>PREMEDICATION:</b>			
<input type="checkbox"/> PRx1 - Amoxicillin 500mg, #4, 4 tabs STAT	Dentist Name (print): _____	Dentist Signature: _____	Time Given: _____
<input type="checkbox"/> PRx2 - Clindamycin 150 mg, #4, 4 tabs STAT	Dentist Name (print): _____	Dentist Signature: _____	Time Given: _____
<input type="checkbox"/> PRx3 - Amoxicillin 250 mg/5ml susp., 50mg/kg STAT	Dentist Name (print): _____	Dentist Signature: _____	Time Given: _____

## Anesthesia & Pre-medication

Identify the area that needs to be anesthetized and record it on the patient form under Anesthesia Required. For pre-medication, you will need to complete the Premedication section of the Patient Treatment form. Antibiotics will be dispensed from Dental Triage.

## Dental Triage – Dental Protocol

*Priority charting.* Patients are to be asked about their dental care concerns and then the patient and Triage Dentist together are to determine the NM MOM treatment priorities.

At most, three treatment priorities are to be identified, each of which are to take *roughly 45 minutes*. The priorities are to be written in the priority boxes and a routing department identified on the patient treatment form.

*Premedication.* Indicate premedication prescribed on patient form (Amoxicillin or Clindamycin). Premedication is indicated if a patient has any of the conditions listed below.

- Joint replacement
- History of infective endocarditis
- Artificial heart valves
- Cardiac transplant that develops a problem in a heart valve
- Certain specific, serious congenital (present from birth) heart conditions, including:
  - Unrepaired or incompletely repaired cyanotic congenital heart disease, including those with palliative shunts and conduits
  - A completely repaired congenital heart defect with prosthetic material or device, whether placed by surgery or by catheter intervention, during the first six months after the procedure
  - Any repaired congenital heart defect with residual defect at the site or adjacent to the site of a prosthetic patch or a prosthetic device

**The signature of a dentist or physician onsite at the dental clinic is required for a patient to obtain medications.**

PLEASE BE FLEXIBLE and THANK YOU for participating today.