

# Dental/Medical Treatment Guidelines

## 2019 NM MOM Las Cruces, NM



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### Patient Care Philosophy – Most Urgent Needs

NM MOM's goal for treatment is to relieve a patient's pain and to address his/her most urgent needs. A patient's identified priorities are to be addressed in a stepwise progression. Limiting treatment to a patient's urgent needs enables NM MOM to serve more individuals.

**Dental Patient Treatment Priorities.** In Dental Triage, patients will be asked about their dental care concerns and then the patient and Triage dentist together will determine the NM MOM treatment priorities. (Note dental treatment form.)

- The goal is to establish the chief complaint or most urgent need for the patient. At most, three treatment priorities will be identified, each of which is to take roughly 45 minutes.
- **Dentists are to initially treat a patient's first priority only.**
- Dentists are to treat another priority only if a patient's treatment record is copied onto a blue sheet. The colored sheet amplifies for the patient that s/he must go to the end of patient line and follow the patient flow process for treatment upon re-entering the clinic.
- During the course of the dental clinic, if the number of patients waiting to be treated dwindles, a decision will be made by Michael Law, DDS and Kimberly Martin, DDS on potentially increasing the amount of treatment provided patients.

Nonclinical concerns should be addressed to Trish Rule, NM MOM Program Administrator and/or James Cole Board President of the New Mexico Dental Association Foundation.

Throughout the clinic, NM MOM Clinical Directors, NMDAF Staff and Department Leads will be available to help. These individuals will be wearing colored vests and will have cell phones and radios to readily communicate with clinical and nonclinical departments throughout the NM MOM clinic.

## Overall Patient Flow

As patients enter the clinic, they will complete the upper portion of the NM MOM treatment form related to contact information, health history, and dental concerns. (Some patients will have this part of the form completed prior to entering the clinic.)

Health professionals will review patients' health history, take pulse, temperature, blood pressure and respiration, and check glucose levels of patients with either a personal or family history of diabetes or at the discretion of Medical Triage. Medical Triage personnel will evaluate if a patient should be seen by the Medical department.

Radiology personnel will complete x-rays: pano, bitwings, or PAs defined by Radiology Dental Lead.

In Dental Triage, patients will be asked about their dental care concerns and up to three treatment priorities will be identified. The patient and Triage dentist together will determine the NM MOM treatment priorities based on dental issues and x-rays.

Routing personnel will give the first treatment priority card to each patient unless the capacity of the clinic determines that another treatment priority is given. Medical department cards will be given out at routing.

At most, three treatment priorities will be identified, each of which is to take roughly 45 minutes.

Based on a patient's established dental care priorities, a patient will receive NM MOM routing cards for the specific treatment departments (e.g., Restorative, Oral Surgery, Endodontics).

Patients will undergo a given type of treatment in number order.

Patients will be escorted to treatment departments by a Patient Escort volunteer.

Escort will facilitate identification of translator if patient's preferred language is other than English.

After treatment is completed, an Escort will take the patient to Post-Op, the Pharmacy (if prescriptions are needed), Date Entry and Patient Exit/Family Reunite area.

## Patient Treatment Form (Attachment)

Information is to be **printed** on the patient treatment form and in particular, **clinician's last name** is to be printed.

**BLUE INK** is to be used on treatment forms – **NO BLACK INK**. The blue ink enables the individuals who are doing computer entry of treatment data to distinguish treatment information between first and second patient visit or between second or third patient visit. The blue ink will help prevent duplication in the data entry process.

Dental care for every procedure provided is to be listed on the treatment form by clinicians. Documentation is important for patient tracking and also for NM MOM's evaluation process, like determining the total dollar value of services provided.

## Patient Treatment Priority Process - Dental

After the patient receives first priority treatment(s), an Escort will take the patient to the Pharmacy (if prescriptions are needed), Post-Op, Data Entry, and the Patient Exit area.

At Data Entry, if the patient wants a second priority treatment performed, s/he will:

- Receive a copy of treatment form on blue paper
- Be escorted out of the clinic. The patient may then stand in line again for an additional priority.
- Receive new NM MOM entrance number and wait turn based on new number
- Patient will go directly to routing for additional treatment. Treatment dentist will review medical history.
- Be escorted to appropriate waiting area

## **Patient Administration Protocol**

### **Friday & Saturday**

- a) Issue 60 cards and patient forms at the beginning of each day.
- b) Throughout the day, distribute numbered cards and patient forms to those in line in groups of 30. Attempt to always have a group of 30 completing forms and waiting while you have the current group of 30 enter the Clinic.
- c) Volunteers working the line are to make the patients feel welcome and understand what services will be provided.

### **Volunteers self-schedule into the following groups to aid the patient treatment process**

#### **1) Patient Registration & Patient Greeters**

Patient Greeter - help patients understand available treatment and answer questions  
Patient Registration – complete forms and collect patient entry cards

#### **2) Patient Escort**

Patient Education

Medical Triage - *A Patient Escort may be selected to accompany a Patient directly to Data Entry and Exit the building if the Patient is unable to receive treatment due to medical reasons.*

Dental Triage/Radiology

Routing

Clinic Waiting by Department

*If a second priority is provided, designated by additional routing cards, Escort will return patients to Routing.*

Clinic Departments

Post-Op & Pharmacy (if needed)

Data Entry

Patient Exit

#### **3) Data Entry**

Treatment forms will be entered into data entry system by volunteers.

*Escorts need to wait until data entry is complete before returning to their area.*

Volunteers will collect all pens, treatment forms, and routing cards.

#### **4) Patient Exit**

Volunteers will assure parent retrieve their child (children) from the Child Care Area.

Volunteers will help patients reunite before exiting the facility

Make sure patients leaving the premises, do not have their original Treatment Form or other NM MOM items like x-rays & routing cards. Return all items collected at Patient Exit to Data Entry.

Patients requiring further treatment will have both sides of their Patient Registration Form photocopied on BLUE paper. Patients can return to the end of the Patient Line to receive additional treatment.

Exit Volunteers will collect all completed Comment Cards and place them in the Volunteer eating area for Volunteers to view. All Comment Cards should be collected at the end of the event and returned to Data Entry.

#### **5) Translators**

Translators are either floating throughout the clinic in Patient Registration, Triage, Routing, Clinic Waiting, Clinic, etc. act as Escorts and follow a patient through the whole process as needed.

## Colored Signaling Cards

Clinicians at each dental operatory will have colored signaling cards to help communicate with Escorts & Department Leads.

- The **Green Card** is raised when the clinician is ready for the Escort to bring the next patient to the treatment area.
- The **Red Card** is raised when the clinician is finished treating the patient and the patient is ready to be escorted to Post-Op or back to Routing.
- The **Yellow Card** is raised if the clinician has a question or needs assistance.

## Prescriptions

NM MOM will have a pharmacist onsite. The patient treatment form(s) displays the medications available at the clinic, and providers are to indicate on the form which medication and doses are to be dispensed to patient. **A dentist's or provider's signature on the treatment form is required for a patient to obtain medications.**

**Dentists should bring their DEA number and prescription pads for writing prescriptions for medications not available at the clinic site. NM MOM will have generic prescription pads available.**

## Instrument Sterilization

All instruments need to be placed in bins with a bio hazard sticker, then taken to sterilization. Instruments will be delivered to the dirty side on sterilization and clean instruments will be picked up on the opposite, "clean" side. ADCF approved bags will be used to sterilize instruments with sterilizer indicators enclosed in the bags.

**Disengage all needles and sharps, and discard them in the red containers nearby the dental operatory. No needles or sharps are allowed in the sterilization area.**

If you are bringing your own instruments, the sterilization bag must be labeled with your **name and treatment area (i.e. Hyg for hygiene; OS for oral surgery)**. Please help NM MOM make sure sterile instruments make it back to their rightful owners!

Place your labeled sterilization bag, with instruments on top of the bag (or bags) on the tray provided for sterilization.

Instruments will remain together throughout the sterilization process. Sterile, bagged instruments will be available for pick-up by dentist or assistant at one location in Sterilization.

## Infection Control

Follow infection control best practices including, but not limited to, wearing and changing of gloves and eye protection, sterilizing all instruments (including handpieces) between patients, and thoroughly wiping down equipment and surfaces between patients. Wear appropriate personal protection equipment.

Place only bio hazardous waste (e.g., blood soaked gauze, teeth) in the red bags. No general trash in these, please!

Dispose of sharps in the nearest sharps container to your station. Do not travel the clinic floor with sharps on a tray or in a boat.

Infection Control volunteers will be stationed throughout the clinic to assist in all tasks to help insure best practices during treatment.

**Place extra amalgam and amalgam capsules in the amalgam waste containers nearest your station or in the sterilization area.**

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

- Do not allow patient to form a lip seal on the saliva ejector or HIVAC.
- Before turning off HIVAC, remove it from the patient's mouth, point it at the ceiling, then turn it off.
- After each patient, obtain pre-mixed line cleaner solution and pull one cup through the saliva ejector and one cup through the HIVAC.

## **Needle Stick or Sharp Instrument Cut**

If an individual is cut, stuck or scratched by a contaminated needle or sharp instrument, please follow these guidelines:

- Immediately clean the wound with soap and water.
- Immediately have someone advise the department head of the incident, and they in turn will notify a NM MOM clinical director (Michael Law, DDS and Kimberly Martin, DDS) and the Executive Director of the NMDAF, Linda Paul.
- If the patient on which the instrument was used is known, ask the patient to please remain within the area.
- Clinical director will review criteria and make determination if there is a need for the providing professional and/or patient to be tested.

## **Emergencies**

If a patient has a medical emergency, immediately contact the Department Lead to determine the plan of action. Paramedic and/or EMS professionals will be onsite. NM MOM clinical directors and the Executive Director of the NMDAF, Linda Paul, need to be notified.

## CLINIC DEPARTMENTS

### Medical Triage

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

### Dental Triage

*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. Within a given priority, if necessary, interdepartmental treatments can be indicated for interrelated dental care. For example:

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> Rest	<b>DEPARTMEN</b> Endo or Hyg	<b>Anesthesia Required:</b> Tooth # _____
Triage Dentist: _____		(PRINT NAME)	<b>Signature:</b> _____

Premedication staging and dispensing will be completed in Dental Triage.

**Premedication.** Indicate premedication prescribed on patient form (Amoxicillin or Clindamycin).

**PATIENT NEEDS PREMEDICATION (indicate below)**

<b>PRESCRIPTION(S) TO BE FILLED</b>			
<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: _____

Premedication is indicated if a patient has any of the conditions listed below.

- Joint replacement within the last two years or history of prosthetic joint infection
- 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.**

## Imaging

Patients who are to undergo extractions will generally have a panoramic image taken as part of the Dental Triage process. The images will be with the patient's treatment form.

Please complete the imaging requested by Triage Dentists.

<b>IMAGING</b>				
0220 Periapical _____	0272 Bitewing _____	0273 Bitewing _____	0274 Bitewing _____	0330 Panoramic _____
0220 Periapical _____	0272 Bitewing _____	0273 Bitewing _____	0274 Bitewing _____	0330 Panoramic _____
0220 Periapical _____	0272 Bitewing _____	0273 Bitewing _____	0274 Bitewing _____	0330 Panoramic _____

## Routing

A procedure card(s) with number will be given at Routing for dental and medical and patients will move to staging area and be grouped by procedure card and number. All procedures to be completed need to be handed out and in order of treatment.

At most, three treatment priorities are 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. Within a given priority, if necessary, interdepartment treatments can be indicated for interrelated dental care. For example:

<b>DENTAL TRIAGE</b>			
<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"/>
<b>ROUTING</b>			
<b>DEPARTMENT</b> OS	<b>DEPARTMENT</b> Rest	<b>DEPARTMEN</b> Endo or Hyg	<b>Anesthesia Required:</b> Tooth # _____
Triage Dentist: _____		(PRINT NAME) Signature: _____	

## Anesthesia

Before the patients enter a treatment area, they will proceed to the Anesthesia area within the treatment department.

The time that an anesthetic is administered is to be noted on the patient treatment form.

The goal is to have patients numb before they sit in the treatment chairs. Patient flow, however, can affect the timing of this process and patients may need to be administered additional anesthetic.

Anesthesia for children (12 and under) will be administered by dentists in the Pedodontics Department.

## Endodontics

Anterior teeth and premolars are to take precedence.

Molar endo procedures are to be performed only in special circumstances where the tooth is considered critical, the majority of the tooth structure is intact, if time permits, AND as assessed by the Endodontic Chair.

Endodontic procedures are to be performed only on those teeth that are reasonable to restore with restoration or very limited crowns created at the event. Please obtain a Crown treatment card for the patient before Endo procedures are initiated requiring a Crown.

If there are questions about an endodontic procedure, please consult the Endodontic Department Chair. As endo procedures are completed send patients through Restorative or Crowns to complete procedure.

## Restorative

If a restorative patient needs an extraction, a Restorative Chair is to be contacted to determine the plan of action. In turn, the Restorative Chair will contact the Oral Surgery Chair as necessary.

**DYCAL and PULP CAPS are not a good service at NM MOM.** NM MOM patients are not likely to afford the treatment to remedy a flare up subsequent to a pulp capping.

If a restorative patient has a pulp exposure, a Restorative Chair is to be contacted immediately, who in turn will contact the Endodontic Chair.

Place extra amalgam and amalgam capsules in the amalgam waste containers nearest your station. There will be an amalgam separator at the end of the HIVAC system.

## Crowns

Porcelain (Cerec) crowns will be performed on a very limited basis at the event. The number of crowns available at the event will be limited by chairs and equipment. Please have Endo and Restorative Dentists obtain a Crown treatment card for the patient before Endo and Restorative procedures are initiated requiring a Crown.



## Oral Surgery

To minimize postoperative follow-up, use only absorbable suture materials.

Extractions performed:

- Visibly nonrestorable teeth
- Painful or infected teeth that are not amenable to endodontic treatment
- Grossly carious teeth
- Teeth that would complicate prosthetics fabrication if left in place
- Third molars only if visible on clinical examination and/or causing acute pain
- Elective extraction of wisdom teeth with OS Lead approval

Procedures not performed:

- Biopsies
- Extraction of full-bone impacted maxillary or mandibular third molars without OS Lead approval
- Extraction of partial bone mandibular third molars without OS Lead approval
- Full mouth extractions without denture card
- Expose and ligate procedures

Patients taking bisphosphonates medicine 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.

Patients taking anticoagulation meds (e.g., Warfarin, Coumadin) can undergo extractions **only with Oral Surgery Lead approval.**

Assignment of post-operative care doctors for a 2 week follow-up period as needed.

**Dentists should bring their DEA number and prescription pads for writing prescriptions for medications not available at the clinic site. NM MOM will have generic prescription pads available.**

## Pedodontics

Children will receive Patient Education, Medical and Dental Triage in the Pedodontics department. Any imaging needed will be taken in the Pedodontics department. Pediatric dentists will review medical and dental history, x-rays and establish treatment priorities. Pediatric dentists will also administer anesthesia to patients. Cleaning for children will also be completed in the Pedodontics department.

A pediatric patient is defined as a child 12 years or younger.

- If a back up exists of adolescent patients waiting for care for restorative services and pediatrics is in need of patients, patients up to 18 years may be sent to the Pedodontic department.
- If the Pedodontic department gets too busy, the age cut-off may be changed to 10 years.

Procedures performed:

- Extraction of nonrestorable teeth
- Extraction of painful or infected teeth that would require pulpectomy treatment
- Restoration of moderately decayed teeth with composite or amalgam
- Stainless steel crowns
- Pulpectomy treatment when carious exposure occurs on previously asymptomatic teeth

**Procedures not performed:**

- Pulpectomy on permanent teeth
- Esthetic stainless steel crowns
- Space maintainers

## Prosthodontics

### Services provided

- Only anterior resin interim removable partial dentures (“flippers”) will be provided.
- On a limited case selection and space available basis, simple denture repairs will be considered.
- Replacement and complete dentures will be provided as a service following the event. Services and follow-up will be free of charge. Patients will receive a voucher for dentures at the event. Transportation to receive denture services will be the responsibility of the patient.

### Services not provided

- Relines, hard or soft.
- Posterior teeth flippers.
- Any fixed prosthesis work or repairs.

## Hygiene

### Procedures performed

- Adult and child prophylaxis
- Debridement
- Sealants
- Fluoride varnish

(Dental Hygienist may use anesthesia if licensed to do so and comfortable with it.)

### Procedures not performed

- Deep scaling
- Root planing
- Curettage
- Gross debridements after molar extractions

Patients taking bisphosphonates or anticoagulation meds may have scaling and prophylaxis.

## Medical Treatment Area

### Services/procedures performed

- Consultation
- Referrals
- Education
- Any medical procedure allowable within provider’s licensure that can be completed within the scope of the clinic based on symptom evaluation with no requirement for future follow-up by the clinic.

### Services/procedures not performed

- Biopsies
- Any procedure outside of provider’s licensure
- Any procedure that requires testing prior to treatment
- Any procedure that will require follow-up by the clinic

**BE FLEXIBLE,  
and Thank You for Making a Difference!!**