



DENTAL 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 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, flashlights, and disposable instruments are provided.
- Patients should be asked their dental chief complaint or most urgent need.

Dental Triage:

Triage dentists will seek to establish the chief complaint (s) or most urgent need (s) for each patient. Triage will help set patient expectation for what can be completed in the clinic. Identify what images need to be taken based on chief concern (s) and complete the images required section of the treatment form. Pre-medication will be given in Triage.

This should be accomplished within 5 to 8 minutes per patient. Please try to see 60 patients at each station per shift.

Dental Triage – Dental Protocol

Chief Concern. Patients will be asked about their primary or chief care concern and then the Triage Dentist will define what x-rays need to be taken, if any.

Premedication dispensing will also be completed in Dental Triage.

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

DENTAL TRIAGE			
<input type="checkbox"/> PATIENT NEEDS PREMEDICATION (indicate below)			
PRESCRIPTION(S) TO BE FILLED:			
<input type="checkbox"/> PRx1 - Amoxicillin 500 mg, #4, 4 tabs STAT	Dentist Name (print): _____	Dentist Signature: _____	Time Given: _____
<input type="checkbox"/> PRx2 - Clindamycin 300 mg, #2, 2 tabs STAT	Dentist Name (print): _____	Dentist Signature: _____	Time Given: _____
Chief Concern: 			
Images Required:			
BW 2 Per Side <input type="checkbox"/> L <input type="checkbox"/> R	PA <input type="checkbox"/> Yes <input type="checkbox"/> No Tooth/teeth# _____	PANORAMIC <input type="checkbox"/>	

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/physician onsite is required for a patient to obtain medications.

PLEASE BE FLEXIBLE and THANK YOU for participating today.