

Dental/Medical Treatment Guidelines

2022 NM MOM Farmington, NM



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Patient Care Philosophy – Most Urgent Needs

The goal of NM Mission of Mercy (NM MOM) is to relieve a patient's pain and to address the most urgent treatment 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 and Determination, patients will be asked about their dental care concerns and then the patient and dentist together will determine the NM MOM treatment priorities. (Refer to the 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 (not necessarily provided). Each treatment priority should take roughly 45 minutes to complete.
- **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 Jennifer Thompson, DDS and James Cole, DDS on potentially increasing the amount of treatment provided patients.

Nonclinical concerns should be addressed to Trish Rule, NM MOM Program Administrator.

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.

Scope of Services (“Service Protocols”)

The Event Chairs will always be a licensed dentist and will be on-site at all times to oversee the clinic event and all health and safety issues. All MRC volunteers will be independently licensed clinicians (i.e., “Licensed Health Care Provider[s]” listed at 7.1.26.7 (A) NMAC) and therefore will operate within their scope of practice and the service objectives. If an MRC volunteer is unsure about whether an activity is within an individual’s scope of practice, they will consult the event chair.

All volunteers will be asked to sign a volunteer waiver which states that they have the license to perform the types of dental service they are expected to perform and that are being offered through the clinic event. Only services listed in the protocol will be performed at the clinic event.

This is especially important as clinicians who exceed this service protocol may not be covered under the Volunteer Health Care Provider Tort Coverage Program ([7.1.26.1 NMAC](#)). No clinical staff should perform an activity that they do not feel comfortable or trained to provide – if in doubt, consult with the Event Chairs.

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 and obtain vital signs (blood pressure, pulse, temperature, and respiration). Blood glucose testing will be performed for patients with either a personal or family history of diabetes or at the discretion of Medical Triage. Medical Triage will evaluate if a patient should then be seen by the Medical department.

Radiology personnel will complete radiographs: panoramic, bitewings, and/or periapical films as defined by Radiology Dental Lead.

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

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 distributed at Routing.

At most, three treatment priorities will be identified, each of which should 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, Pharmacy (if prescriptions are needed), Data Entry, and Patient Exit/Family Reunite area.

Patient Treatment Form (Attachment)

Information is to be **printed** on the patient treatment form, including the **treating clinician's last name**.

BLUE INK is to be used on treatment forms – **NO BLACK INK**. The blue ink enables the individuals who are doing computer entry of the treatment data to distinguish treatment information between first and second patient visit or between second and 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 (including all radiographs). Documentation is important for patient tracking and for NM MOM's evaluation process (including 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 Routing.

At Data Entry, if the patient wants to return to the clinic, the patient will:

- Receive a copy of treatment form on blue paper
- Be escorted out of the clinic – patient may then stand in walk-in line again for an additional treatment
- Receive a new NM MOM entrance number and wait turn based on new number
- Patient will go directly to Routing for additional treatment (can bypass Registration, Medical Triage, and Dental Triage), where new treating dentist will review medical history
- Be escorted to appropriate waiting area

Patient Administration Protocol

Friday & Saturday

- 60 cards and patient forms will be issued at the beginning of each day to the walk-in line
- Throughout the day, numbered cards and patient forms will be distributed to those in line in groups of 30 or less, first to the appointment line and then the walk-in line
- The next group of patients should always be completing forms and waiting while the current group of patients enters the Clinic door
- Volunteers working the line should make patients feel welcome and understand what services will be provided

Volunteers will self-schedule into the following groups to aid the patient treatment process.

1) Patient Registration & Patient Greeters

- Patient Greeter: helps patients understand available treatment and answers 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 Routing to receive a card for the Medical department if determined necessary by Medical Triage*
- Dental Triage/Radiology
- Dental Determination
- Routing
- Clinic Waiting Area (by corresponding Department)

- Clinic Departments (*Patient Escort will return patients to Routing after treatment*)
- 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 ensure parents retrieve their child/children from the Child Care Area
- Volunteers will help patients reunite with fellow family members before exiting the facility
- Make sure patients exiting the premises have returned their original Treatment Form. Volunteers should return all items collected at Patient Exit (original Treatment Forms or other NM MOM items like routing cards) 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 walk-in line to receive additional treatment.
- Exit Volunteers will provide and collect all patient surveys and returned to Data Entry.

5) Translators

- Translators should float throughout the clinic in Patient Registration, Triage, Routing, Clinic Waiting, etc. and can act as Patient Escorts
- Translators should 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 and Department Leads.

- **Green Card**: raised when clinician is ready for an Escort to bring the next patient to be treated
- **Red Card**: raised when clinician is finished with treatment and patient is ready to be escorted to Routing
- **Yellow Card**: raised if clinician has a question or needs assistance

Prescriptions

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

Instrument Sterilization

All instruments need to be placed in bins with a biohazard sticker, then taken to sterilization. Used instruments will be delivered to the contaminated 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 sharps containers near 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 personal instruments on top of your labeled sterilization bag(s) on the provided tray for sterilization.

Instruments will remain together throughout the sterilization process. Sterilized bagged instruments will be available for pick up by dentist/hygienist/assistant at a designated location in Sterilization.

Infection Control

Follow infection control best practices including, but not limited to, donning and doffing of appropriate personal protective equipment (mask, gloves, eye protection, gowns), sterilizing instruments (including handpieces) between patients, and wiping down equipment and surfaces between patients.

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

Dispose of sharps in the sharps container closest 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 ensure compliance with 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 procedures must be followed:

- Do not allow patient to form a lip seal on the suction (saliva ejector or HVAC).
- Before turning off HVAC, remove it from the patient's mouth, point it to 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 HVAC.

Needle Stick or Sharps/Instrument Cut

If an individual has a needle stick, cut, or scratch by a contaminated instrument or needle, please follow these guidelines:

- Immediately clean the wound with soap and water.
- Immediately have someone advise the Department Lead of the incident, and they in turn will notify a NM MOM clinical director (Jennifer Thompson, DDS and James Cole, DDS) and the Executive Director of the NMDAF (Trish Rule).
- If the patient on which the instrument was used is known, ask the source 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 source patient to be tested.

Emergencies

If a patient/volunteer has a medical emergency, immediately contact the Department Lead who will notify Clinic Chairs and the NMDAF Executive Director. EMS professionals will be onsite.

CLINIC DEPARTMENTS

Medical Triage

Review pain status and health history for all patients, including those who were pre-evaluated. For dental program evaluation purposes, pain status, tobacco use, and alcohol use must be recorded.

As noted in the chart shown below, patients with blood pressure readings exceeding 180/100 or blood glucose readings exceeding 300 may not be treated in the dental area. These patients should be sent to the medical area first. Complete relevant sections in the additional Medical Patient Form and staple it to the original dental treatment form for any patient who should be seen in Medical.

Patient Treatment Limitations - Dental

Patients taking the following medications:

- Warfarin or Coumadin:
 - May have debridement as atraumatically as possible with gentle soft tissue management
 - May **not** have dental extractions
- ASA, Plavix, or other anticoagulants:
 - May have dental extractions **with Oral Surgery lead approval**
- Antiresorptive Therapies (Bisphosphonates):
 - May be provided routine dental care (including local anesthetic)
 - May have debridement as atraumatically as possible with gentle soft tissue management
 - May have endodontic treatment
 - May have dental extractions **with Oral Surgery lead approval**

Patients with the following conditions:

- Blood pressure exceeding 180/100
 - No elective treatment except for prophylaxis
 - Refer to Medical Department
- Blood glucose exceeding 300
 - No elective treatment except for prophylaxis
 - Refer to Medical Department
- Heart attack, stent placement, or stroke
 - No treatment within six months of the procedure
- First trimester of pregnancy
 - No elective treatment except for prophylaxis

All patients not qualifying for dental treatment should be referred to the Medical Department for consultation and treatment.

Dental Triage

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

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.

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.

Complete the imaging requested by Triage Dentists and fill out the Imaging section on patient form.

IMAGING				
0220 Periapical _____	0272 Bitewing BWX(2) _____	0273 Bitewing BWX(3) _____	0274 Bitewing BWX(4) _____	0330 Panoramic _____

Dental Determination

Priority charting. Patients are to be asked about their dental care concerns and then the patient and Determination Dentist together are to determine the NM MOM treatment priorities. Determination Dentist will indicate anesthesia needed for each priority and list it on the treatment form under anesthesia required.

At most, three treatment priorities are to be identified, each of which should 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. **NOTE, a LIMITED number of crowns will be available for necessary teeth (function or anterior esthetics) but must be approved on a case-by-case basis in Dental Determination.**

Dental Determination: Crown Card ☐ Yes ☐ No Dentist Initials: _____		
PRIORITY 1 (45 minutes) A: Flipper #7, 8, 9 B: OS Ext #8, 9, 32	PRIORITY 2 (45 minutes) #4 MOD, #5 DO	PRIORITY 3 (45 minutes) A: RCT #10 B: Crown #10
DEPARTMENT Flipper / OS	DEPARTMENT Restorative	DEPARTMENT Endo / Restorative
Anesthesia Required: #8-9, LR (#32) Area/Tooth# _____	Area/Tooth# UR _____	Area/Tooth# #10 _____
Determination Dentist Name (print): _____		Signature: _____

Routing

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

At most, three treatment priorities should be identified (each of which should 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:

DEPARTMENT Flipper / OS	DEPARTMENT Restorative	DEPARTMENT Endo / Restorative
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Anesthesia

Before the patients enter a treatment area, they will proceed to the Anesthesia area within the treatment department. Anesthesia needed for each priority will be listed on the patient form under anesthesia required. Only provide the anesthesia listed for your department (Oral Surgery or Restorative/Endodontics).

Dental Determination: Crown Card ☐ Yes ☐ No Dentist Initials: _____		
PRIORITY 1 (45 minutes) A: Flipper #7, 8, 9 B: OS Ext #8, 9, 32	PRIORITY 2 (45 minutes) #4 MOD, #5 DO	PRIORITY 3 (45 minutes) A: RCT #10 B: Crown #10
DEPARTMENT Flipper / OS	DEPARTMENT Restorative	DEPARTMENT Endo / Restorative
Anesthesia Required: #8-9, LR (#32) Area/Tooth# _____	Area/Tooth# UR _____	Area/Tooth# #10 _____
Determination Dentist Name (print): _____		Signature: _____

ANESTHETIC: Lido = 2% Lidocaine c 1:100,000epi; Septo = 4% Articaine c 1:100,000epi; Mep = 3% Mepivacaine; Mar = 0.5% Bupivacaine c 1:200,000epi			
CIRCLE ONE: Lido Septo Mep Mar	Areas: _____	Amount (carpules): _____	Time: _____ By: _____
CIRCLE ONE: Lido Septo Mep Mar	Areas: _____	Amount (carpules): _____	Time: _____ By: _____
CIRCLE ONE: Lido Septo Mep Mar	Areas: _____	Amount (carpules): _____	Time: _____ By: _____

Record the time that an anesthetic is administered on the patient treatment form. The goal is to have patients numb before they sit in the treatment chairs. However, patient flow can affect the timing of this process, and patients may need to be administered additional anesthetic when in the dental treatment chair.

No 4% solutions for IAN blocks.

Anesthesia for children (12 and under) will be administered 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 and ONLY IF personally approved by the Endodontic Lead.

Endodontic procedures are to be performed only on teeth that are able to be reasonably restored with direct restorations or with very limited crowns fabricated 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 Lead. As endo procedures are completed, send patients through Restorative or Crowns to complete procedure.

Restorative

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

DYCAL and PULP CAPS (direct or indirect) are not a good service at NM MOM. NM MOM patients are not likely to afford the treatment to remedy a flare up should it occur after pulp capping.

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

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

Crowns

Milled 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/or Restorative procedures are initiated requiring a Crown.

Oral Surgery

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

Extractions performed:

- Visibly non-restorable 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 if visible on clinical examination and/or causing acute pain
- Elective extraction of third molars (including partially or fully bony impacted) **with OS Lead approval**
- Full mouth extractions only **with denture card or approval from Clinical Chair**

Procedures not performed:

- Biopsies
- Expose and ligate procedures

Patients receiving bisphosphonate or anticoagulation medications need Oral Surgery Lead approval for any surgical procedure.

Pedodontics

Children will receive Patient Education, Medical and Dental Triage in the Pedodontics department. Any required radiographs/imaging will be taken in the Pedodontics department as well. Pediatric dentists will review medical and dental history, obtain radiographs, and establish treatment priorities. Pediatric dentists will also administer anesthesia to patients. Hygiene procedures for children will also be completed in the Pedodontics department.

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

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

Procedures performed:

- Extraction of non-restorable 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
- Space maintainers

Flippers / Removable Prosthodontics

Services provided

- Only anterior resin interim removable partial dentures ("flippers") will be provided
- On a limited case selection, simple denture repairs will be considered
- Replacement and complete dentures will be provided as a service following the event on a limited basis. 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 or periodontal maintenance
- Debridement
- Sealants
- Fluoride varnish

Dental Hygienists may use anesthesia if licensed to do so and comfortable with it.

Patients taking antiresorptives/bisphosphonates or anticoagulation medications may have hygiene procedures.

Medical Treatment Department

Services/procedures performed

- Consultation
- Physical Exams
- 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

PLEASE BE FLEXIBLE!
Thank You for Making a Difference!!