DENTAL TRIAGE PROTOCOL

Here are treatment priorities:
- Removal of infected, painful or non-restorable teeth
- Basic restorations to improve or prolong function of the dentition
- Endodontic therapy for restorable anterior teeth
- Simple resin flippers for missing anterior teeth (6 teeth or less)
- Gross debridement to remove significant accretions
- Routine prophylaxis
- Triage treatment that can be completed in 45 minutes

Oral health education should be stressed throughout the patient's experience.

Dental Triage walks a fine line between what the patient desires and that treatment which may be best for the patient in the long run given the time allotted to the patient. This may require a negotiating process with the patient. Patients will be asked about their chief complaint. Triage dentists will determine up to three priorities in collaboration with the patient.

Do not talk about potential treatment the patient might receive in a dental office. Talk only about the treatment they will receive today.

Oral cancer screening
- Oral cancer screening will be performed on all patients.
- If triage screening indicated the need for an oral surgery consult, the triage dentist will alert the Dental Triage Lead who will obtain an oral surgery consult.
- Oral Surgery will also perform oral cancer screenings and biopsies if indicated.

Explain to the patient what treatment they will be receiving and on which tooth/teeth to save confusion and misconceptions when they get to routing.

Differentiate between extractions that can be done by a general dentist and those that must be done by an oral surgeon.

For restorations, list the tooth number and surfaces that need restoring. Do not list all the fillings that the patient may need. List at most two restorations, or what procedures that could be accomplished in 45 minutes.

Pediatric patients (12 and under) will be triaged in the Pediatric Clinic area.
1. Only **BLUE** pens should be used on patient charts – NO BLACK INK. Please PRINT all information and do **not** use abbreviations, they may not be universal to the wide variety of volunteers here.

2. Chart and prioritize the exam by indicating the work that is recommended to be done in the priority of treatment sections on the patient form. If a patient does not wish to have a certain recommended treatment done, indicate "patient does not want" by the recommended treatment.

3. Indicate Priority #1, Priority #2 and Priority #3 treatments. Sometimes routing is unable to fulfill the first priority. Sometimes patients return the same day or the next day for additional treatment.

4. If an X-ray is needed before a treatment determination can be made, give the patient an X-ray routing card and indicate the patient is to return to Dental Triage chair # ____.

5. The Dental Triage Lead will keep updated from Routing to make sure the recommended treatment is available (especially if recommending endo or lab services).

6. Patients routed to oral surgery will receive an X-ray, no need to request one.

7. If a treatment partial is recommended, you do not need to list X-ray, lab and oral surgery as individual priorities, they should all be listed as one priority.

8. Print the triage doctor’s name and chair number on the form.

9. When exam is completed, have a patient Ambassador take the patient chart and patient to the routing table.

Lastly, please be flexible; remember this is a mission type of dentistry. Try to prioritize in their best interest. If there is obvious infection, it will be of more importance than replacing a missing anterior.

**Patient Re-entry**
A patient who has one of the treatment priorities completed may go back in line outside or return the next day to have additional treatment

- Patient will have a yellow copy of their Registration / Treatment Form
- Patient will get a new wrist band in Patient Registration
- Patient will by-pass Patient Education
- Patient will be seen in Medical Triage
- Patient will bypass Dental Triage since they have additional priorities identified on the Registration / Treatment Form
- Patient will be escorted from Medical Triage to Routing. Routing will determine if additional X-rays are needed.
Dental Triage Guidelines

The following are guidelines for those who work in Dental Triage. These guidelines are intended to help with clarifying the needs of the patient seeking treatment and what can be accomplished in the MOM project.

1. As you meet the patient, introduce yourself and ask them how best you can help them (or what they would like to have done). A patient may have only ONE procedure completed at a time. They can however, get back in line or return the next day for a second procedure.

2. What we mean by ONE procedure may be restorations on adjacent teeth (#7 M, #8 D). It does not mean quadrant dentistry as you might do in your office. Our primary goal is to get the patient out of pain/infection in an expedient manner. If they need multiple extractions, we can provide the treatment the majority of the time. If we have reached the capacity for full mouth extractions, the Dental Triage area will be notified of that fact. You then will need to limit the number of extractions to those causing pain or with infection. If they ask for a filling and a cleaning, tell them we will be able to do only ONE ‘service’ that day. They will need to choose which they desire. Explain there are hundreds of patients seeking care and we want to make sure each patient gets ONE priority need taken care of.

3. If the patient is being seen early in the morning, upon completion of treatment, they may go outside and get in line again and possibly have their second priority taken care of. Or if it is the first day of the event, they can return and get in line tomorrow.

4. Indicate under “Triage Evaluation & Diagnosis” the ONE procedure under 1st Priority. Also, indicate the 2nd and 3rd priority treatment. Please write down the tooth/teeth numbers. If the patient is able to get back in line and return for further treatment, they will not need to go through Dental Triage a second time. They will proceed to Routing and then on to the clinic area.

   a. Restorations: List the tooth/teeth number and surfaces that need restoring. Do not list all the fillings that the patient may need, list at most two restorations or what can be completed in 45 minutes.
      i. If there is a questionable tooth (restore or extract), send them for a PA and return to the examiner for the follow-up evaluation. Send the patient to Routing and they will route to X-ray.

   b. Extractions
      i. We do not extract asymptomatic third molars.
      ii. Multiple teeth may be extracted, indicate by tooth/teeth number
      iii. Full mouth extractions may be done by the Oral Surgeons depending on how long the line is for FME.
      iv. Radiographs will be determined by Routing

   c. Endodontics: Endodontic therapy at a MOM program is indicated for teeth of critical importance that can be restored adequately and predictably at the current MOM event. All teeth being considered for endodontic treatment will be evaluated by an Endodontist. He/she will determine the practicality of performing endo on a tooth based upon radiographic interpretation, restorability and difficulty
of the case. He/she may need to consult with the Restorative Lead before making the final decision.

d. Prosthodontic: Treatment partials will be limited to 6 anterior teeth or less. The patient will also need sufficient inter-occlusal space to accommodate the treatment partial. Only a limited number of treatment partials can be done each day. The Dental Triage Lead will stay updated on the number of treatment partials that can still be done. Do not say we will do this unless you have been told we will be able to provide the service.

5. When your examination is complete, sign the triage form with a legible signature and indicate your chair number.