MEDICAL TRIAGE PROTOCOLS

1. If you have a medical emergency, the Medical Triage Lead is a physician and EMT services are on site. Stay with the patient and send someone to alert the Medical Triage Lead who will radio for an EMT. Either you or your assistant should hold up the EMT station card so the EMT can quickly identify where to go once they have been radioed.

2. Please PRINT on the patient charts – DO NOT USE ABBREVIATIONS

3. Only BLUE pens should be used on patient charts – NO BLACK ink.

4. Review health history and medications.

5. Take blood pressure and pulse and record findings.

6. Take glucose levels, if appropriate.

7. If blood pressure or glucose readings are not in our acceptable range, the patient may be re-tested and if become acceptable patients can be treated if the maximum number of patients for the day has not been reached.

8. Acceptable patients should be taken by a patient Ambassador to the Dental Screening waiting area. Patients not passing the medical minimums should be brought to the Exit Interview. The patient record should be marked non-treated with the reason why listed and the form turned in at the Exit Interview table. (Patients not treated should be taken to the Exit Interview area so they can receive their take home bag.)

9. If you stick yourself or are stuck with an instrument, immediately notify the Medical Triage Lead who will follow the needle stick/sharp instrument protocol.

MEDICAL CONDITIONS LIMITING TREATMENT

Patients on ASA or Effient, Brilinta or Plavix can be treated for Extractions.

Patients that have been off Coumadin, Pradaxa or Xarelto/anticoagulants for 1 day prior to treatment may receive extractions or other surgical procedures.
Bisphosphonates (Aredia & Zometa):
- Routine dental care may be provided
- Local anesthesia can be used as necessary.
- Scaling and Prophylaxis as atraumatic as possible with gentle soft tissue management.
- Avoid dental extractions if possible unless Class 3 mobility.

Blood pressure cutoff: 190/105

Blood sugar cutoff: 300  If <65:  give juice/sugar and recheck in 15 minutes.

1st trimester pregnancy: no elective treatment

Stents and Heart surgery — eligibility for treatment and the need for pre-med will be made on a case by case basis by the Medical Triage Lead

**PRE-MEDICATION PROTOCOL**

Amoxicillin or Clindamycin will be dispensed as needed.
Pre-medicate for the following conditions may be advised. Please consult with the Medical Triage Lead:

- Any Joint Replacement
- Organ transplant
- Immunocompromised Patients
- HIV+/AIDS
- Systemic Lupus and Rheumatoid Arthritis — if patient is currently taking Humira, Cellcept or Remicade
- Chronic steroid therapy
- COPD
- Artificial heart valves
- History of infective endocarditis
- Certain specific heart birth defects

**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 be seen in Dental Screening to determine if additional X-rays are needed
- Patient will bypass Dental Triage since they have additional priorities identified on the Registration / Treatment Form
- Patient will be escorted from Dental Screening to Routing.