ORAL SURGERY PROTOCOL

Our goal is to relieve pain and address the most urgent need(s). Please remember this is not like doing dentistry in your dental office where more options are available to you and the patient has the ability to access a dentist more frequently. This has been kept in mind as they went through triage and routing and when determining what care they will be provided with today. Refer to the priority section of the patient form to find out what treatment and which teeth you will be working on.

1. The patient may be anesthetized before arriving in your chair. Ensure that they have proper anesthesia before proceeding. Apply additional anesthetic if needed.

2. Panoramic X-rays will arrive with the patient. Review recommended treatment plan and X-rays and modify as necessary.

3. Teeth to be extracted include:
   a. Visibly non-restorable teeth.
   b. Painful or infected teeth that do not fit MDA MOM protocol for endodontic treatment.
   c. Teeth, in addition to the above, that would complicate prosthetics fabrication if left in place.
   d. Minor pre-prosthetic surgical procedures, (alveoloplasty, exostosis) in patients treated for above in order to simplify later prosthetic rehab.
   e. 3rd molars only if visible on clinical examination and/or carious or causing acute pain.

4. If you have an emergency, there are EMT services on site. Stay with the patient, send your assistant to alert the department head who will immediately 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.

5. Please PRINT on the patient charts – DO NOT USE ABBREVIATIONS. Indicate treatment rendered, print your name and chair number.

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

7. After treatment escort the patient to the Post-Op Station where they can sit for a few minutes. Dental providers will work in this area to provide one-on-one post-op instructions on what to do, what not to do and what to expect. This step will cut down on the number of post-event calls. Patients will get gauze changes and attempt to get hemostasis before they leave the area. Cold packs are available.
8. Patients are not allowed to walk unattended on the clinic floor. Use your station cards for moving patients or for problems.
   a. **Green** – bring me a patient
   b. **Red** – take the patient to Exit Interview
   c. **Yellow** – need translator
   d. **Orange** – need dental technician
   e. **Purple** – requesting a Nomad X-ray
   f. **White w/ red cross** – EMT needed

9. Patient Ambassadors should take patients to the Record Verifier, Pharmacy and then to the Exit Interview area when treatment is complete.

10. Translators are available and wearing **RED MOM T-shirts**

11. If you stick yourself or are stuck with an instrument, immediately notify the Oral Surgery Lead who will follow the needle stick/sharp instrument protocol.

12. Please bring your DEA number for prescription writing purposes. The Oral Surgery Lead will have prescription forms available; however, you are welcome to bring your own forms. **Acetaminophen, Amoxicillin, Clindamycin, Ibuprofen or Tramadol** are available at the onsite pharmacy free of charge. **Indicate what you want to prescribe on the patient registration form.** Any other prescription will be filled at the off-site pharmacy also free of charge to the patient.

13. Please stagger your lunch breaks. Be sure to let the Oral Surgery Lead know how long you will be gone, depending on the time someone else may use the chair while you are gone so patient flow isn’t disrupted.

PATIENT FLOW IN ORAL SURGERY CLINIC

- When the patient’s treatment is completed hold up the **Red** card and a Patient Ambassador will walk the patient to the Record Verifier.

- Remove all sharps from the instruments and place them in the Sharps container.

- Place blood and saliva soaked items in the **Red Medical Waste bag**.

- Place extracted teeth in the tooth tub.

- All other waste goes into the regular trash. **DO NOT PUT THIS WASTE IN THE SHARPS CONTAINER NOR THE RED MEDICAL WASTE BAGS.**

- Place all instruments in the instrument transport box before taking them to sterilization. Do not walk on the clinic floor with contaminated instruments in your hands.

- You or your assistant are responsible for making sure that your personal instruments are identified as yours when they go through sterilization. To ensure this, drop your instruments off at the side of the table marked “Dirty Personal Instruments” and have your name written on the sterilization pouch(es) and leave the pouch(es) on the tray with the instruments. You will pick them up from at the “Clean Personal Instruments” station.
• If you are using AMOM instruments, be sure to take them to the “Dirty AMOM Instruments” side of sterilization.
• Broken AMOM instruments should be returned to sterilization, do NOT throw them away.
• Clinic Support will clean and disinfect your workstation between patients.
• Pick-up sterile instruments and handpieces at Sterilization. Most of the dental supplies and materials you will need is available in the Oral Surgery area.
• Hold up the Green card and a Patient Ambassador will bring you a new patient.