PEDIATRIC DENTISTRY 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 to be kept in mind as you triage the patient and develop a treatment plan.

1. Nomad X-rays are available on an as needed basis. Please don’t request an X-ray unless absolutely necessary.

2. For our program, a Pediatric Patient is defined as a child 12 years of age or younger.
   a) If we get a back up of adolescent patients waiting for restorative services and the pediatric department is in need of additional patients, patients up to 18 years of age may be sent to the pediatric department.
   b) If the pediatric department gets too busy, we can change the age requirement to 10 years of age or younger.

3. The Pediatric Dentist will review medical and dental history, perform an examination and develop a treatment plan.

4. Please triage treatment into work that can be completed within a 45-minute time span — e.g. quadrant dentistry

5. Pediatric patient will be anesthetized in the Pediatric Department rather than in the Anesthesia area. While waiting for the anesthesia to take effect, this is a great time to perform a prophylaxis on the patient.

6. 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.

7. Please PRINT on the patient charts — DO NOT USE ABBREVIATIONS. Indicate treatment completed, print your name and chair number.

8. Only BLUE pens should be used on patient charts – NO BLACK ink.
9. 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

10. The Pediatric Dentist should take patients to their parent/guardian when treatment is completed. A Patient Ambassador will escort parent and patient to the Record Verifier. That will give the assistant time to prepare for the next patient.

11. Translators are available and wearing RED MOM T-shirts.

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

13. Please bring your DEA number for prescription writing purposes. The Restorative 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. Indicated 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.

14. Please stagger your lunch breaks. Be sure to let the Pediatric 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 PEDIATRIC CLINIC
- When the patient’s treatment is completed the dentist will bring the patient to their parent and a Patient Ambassador will walk the patient and parent 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 amalgam capsules and amalgam scrap in the Amalgam Waste containers.
- Extracted teeth can be given to the patient.
- 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 back in the cassette and all other instruments in the instrument transfer tub.
• Dirty instruments should be brought to sterilization in a container with a lid. Lids should either be red in color or have the appropriate biohazard label on them. Providers are not to carry contaminated instruments in their hands across the clinic floor.

• All dirty instrument tubs will be located on the dirty table at the end of each row along with the sharps container, DNRA buckets and HVac cleaner.

• 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 and dental supplies at Central Supply. Be sure to check the tubs on your table — they contain much of the dental materials you will need. Most Pediatric treatment supplies (Rubber dam, SSC, etc) are in the Pediatric treatment area.

• Hold up the Green card and a Patient Ambassador will bring you a new patient.