

New York State Mission of Mercy

Dental Triage Protocol

Our goal is to relieve pain and address the most urgent need(s). Please remember, this setting will only be available for two days, so treatment planning must be reasonable for the time allotted and take the patient's best needs into account. If a patient presents with a condition that is beyond the clinical capacity of MOM to handle, the patient should be referred for emergency care to a hospital.

Dental Triage walks a fine line between what the patient desires and treatment that is reasonable to provide given the time allotted. 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. It is the dentist's responsibility to make a determination as to what treatment can or should be provided in each individual case. Under no circumstances can any clinically unreasonable option be acquiesced in or offered to a patient.

Helpful Notes

To better help you understand the patient experience at this Mission of Mercy, the following flowchart has been included:

Registration → Medical Triage → Radiology → Dental Triage → Routing → Anesthesia → Waiting Area → Treatment Area → Exit

Here are the treatment priorities:

- Removal of infected, painful, or non-restorable teeth
- Endodontic therapy for restorable anterior teeth
- Basic restorations to improve or prolong function of the dentition
- Simple acrylic/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.

Do not talk about potential treatment the patient might receive in a dental office, but only about the treatment he or she will receive today.

Oral Cancer Screenings will be performed on all patients. If triage screening indicates the need for an oral surgery consult, the triage dentist will alert the Dental

Triage Lead, who will obtain an oral surgery consult. Biopsies will be arranged and performed by covering oral surgeons at a later date.

Printed copies of the digital radiographs will be attached to each patient's chart for your evaluation.

EMTs are onsite to deal with patient and volunteer emergencies. If you have a patient emergency, stay with the patient. Send a volunteer to alert the Department Lead, who will immediately radio for an EMT. Hold up the EMT station card (White with Red Cross) so the EMT can quickly identify where to go once he or she has been radioed.

Guidelines

The following guidelines are intended to help clarify the needs of the patient seeking treatment and what can be accomplished in the Mission of Mercy:

1. As you meet the patient, introduce yourself and ask how best you can help (or what the patient would like to have done). A patient may have only ONE procedure completed at a time. The patient 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 (#7M, #8D). 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 the patient asks for a cleaning and a filling, tell him or her we will be able to do only ONE "service" that day. The patient will need to choose which he or she desires. Explain that there are hundreds of patients seeking care and we want to make sure that each patient gets ONE priority need taken care of.
3. If the patient is being seen early in the morning, upon completion of treatment, he or she may go outside and get in line again and, possibly, have a second priority taken care of. Or, if it is the first day of treatment, the patient can return and get in line tomorrow.
4. Oral Surgery: We do NOT extract asymptomatic 3rd molars. If the patient needs multiple extractions, we can provide the treatment the majority of the time with clearance from the Dental Triage Lead, Oral Surgery Lead, and Laboratory Lead (if necessary). If Oral Surgery capacity is reached, the Dental Triage Lead will be notified and you will be asked to limit the number of extractions to those causing pain or with infection.
5. Endodontics: endo therapy at a Mission of Mercy event is indicated for teeth of critical importance that can be restored adequately and predictably on the same day. The Endodontic Lead will evaluate all teeth being considered for

endodontic treatment. He/she will determine the practicality of performing endo on the tooth based upon radiographic interpretation, restorability, and difficulty of the case. He/she may need to consult with the Prosthodontic Lead before making the final decision.

6. Prosthodontics: Flippers (treatment partials) will be limited to 6 anterior teeth or less. The patient will also need sufficient inter-occlusal space to accommodate the flipper. Only a limited number of flippers can be done each day. The Dental Triage Lead will stay updated on the number of flippers that can still be completed at that point in the day. Please do NOT tell the patient that we can provide this service until you have confirmation from the Dental Triage Lead.

Dental Triage Evaluation & Diagnosis Paperwork

1. Please PRINT all information. Do NOT use abbreviations, as they may not be universal to the wide variety of volunteers.
2. Indicate Priority #1, Priority #2, Priority #3 treatments under the following categories at the top of the page: Lab, Extractions, Propy, Fillings, Endo/BU/Crown, Pedo. All 3 priorities are listed because Routing may not be able to fulfill the first priority and/or sometimes patients return the same day or the next day for additional treatment.
3. Explain to patients what treatment they will be receiving and on which tooth/teeth to alleviate confusion and misconceptions when they get to Routing.
4. For restorations: list the tooth number and surfaces to be restored. Do not list all the restorations that the patient may need. List at most two restorations (preferably in the same quadrant) or what could be completed in 45 minutes. Depending on the number of patients, treatment will initially be limited to one quadrant.
5. The Dental Triage Lead will keep updated from Routing to make sure the recommended treatment is available (endo or lab services).
6. If a flipper (treatment partial) is recommended, you do not need to list lab and oral surgery as separate priorities. It should be listed as one priority.
7. Note (+) or (-) under Oral Cancer Screening
8. Print the triage doctor's name on the form where it states: "List Prov. Name:"
9. When the dental triage exam is completed, have a patient escort take the patient and the chart to the Routing Area.