

MISSION OF MERCY

RESTORATIVE 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 will be anesthetized before arriving in your chair. Ensure that they are still anesthetized before proceeding. Apply additional anesthetic if needed.
2. Nomad X-rays are available on an as needed basis. Please don't request an X-ray unless absolutely necessary.
3. 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.
4. Please PRINT on the patient charts — DO NOT USE ABBREVIATIONS. Indicate treatment completed, print your name and chair number.
5. Only **BLUE** pens should be used on patient charts — NO **BLACK** ink.
6. 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
7. We are working to improve the dental situation of these patients. If you get an exposure on a posterior tooth, the tooth should be extracted. We do not want to place a pulp cap and risk having the tooth flare up in the future. These patients will not be able to afford the treatment to fix that situation. Endodontic procedures on anterior teeth can be done, as well as critical posterior abutments (if the condition of the teeth is favorable). Endodontic procedures may be limited due to the number of dentists providing endodontic treatment. Extraction may be the better option.

8. If your patient needs an extraction and you are not comfortable doing it, the Restorative Lead can get the patient into the Oral Surgery Department or utilize a revolving surgeon to have the tooth extracted.
9. DYCAL, PULPCAPS and 4 + surface restorations are not a good service at MOM.
10. Translators are available and wearing **yellow** MOM T-shirts.
11. If you stick yourself or are stuck with an instrument, immediately notify the Restorative Lead who will follow the needle stick/sharp instrument protocol.
12. 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.
13. Please stagger your lunch breaks. Be sure to let the Restorative 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 RESTORATIVE 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.
- Patients that received an extraction will be escorted to the Post-Op Station near Oral Surgery 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.
- 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.
- 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 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.
- Hold up the **Green** card and a Patient Ambassador will bring you a new patient.