

# DENTAL TRIAGE REFERENCE

- You are **not** here to perform a comprehensive examination
- Conduct a **limited evaluation** focused exclusively on the following, in this order: 1. Oral cancer, 2. Pain, 3. Infection, 4. Chief complaint
- Order radiographs **as needed** to assess the conditions outlined in # 1 – 4
- Develop a treatment plan solely for these identified needs; **do not** create a comprehensive treatment plan
- Plan care with the assumption of **approximately one hour** of available treatment time
- Refer to the table provided to understand the **scope and limitations** of services available at Seattle/King County Clinic
- **Patients in braces** or other orthodontic appliances can only receive prophylaxis

| SERVICE                             | SCOPE  | LIMITATIONS   | NOTES   |
|-------------------------------------|--|---|---|
| <b>CEREC CROWNS</b>                 | <ul style="list-style-type: none"> <li>• Post-endo teeth ONLY</li> </ul>   | <ul style="list-style-type: none"> <li>• Some non-endo crowns may be accommodated if we're short endodontists; requires Triage &amp; CEREC Lead approval</li> </ul>   |   |
| <b>ENDO</b>                         | <ul style="list-style-type: none"> <li>• Anterior</li> <li>• Bicuspid</li> </ul>   | <ul style="list-style-type: none"> <li>• NO MOLAR ENDO</li> </ul>   |   |
| <b>EXTRACTIONS</b>                  | <ul style="list-style-type: none"> <li>• Simple extractions</li> </ul>   | <ul style="list-style-type: none"> <li>• Cannot extract impacted thirds</li> </ul>  |   |
| <b>HYGIENE</b>                      | <ul style="list-style-type: none"> <li>• Debridement</li> <li>• Full mouth scaling</li> <li>• Prophylaxis (adult and child)</li> <li>• SDF</li> <li>• Sealants</li> </ul>                |   |   |
| <b>ORAL MEDICINE</b>                | <ul style="list-style-type: none"> <li>• Biopsies</li> <li>• Boil &amp; bite mouth guard</li> <li>• Evaluation/consult (TMD etc.)</li> <li>• Trigger point injection</li> </ul>          | <ul style="list-style-type: none"> <li>• Mouth guard can be recommended if pt exhibits joint pain, clicking or popping when opening wide, significant grinding, muscle pain upon palpation</li> <li>• Trigger point injections are determined by Oral Medicine Lead only</li> </ul>   | Unless clinically inadvisable after a biopsy, OM is a secondary service and doesn't prevent pt from being treated for chief complaint |
| <b>REMOVEABLE PROS (DENTAL LAB)</b> | <ul style="list-style-type: none"> <li>• Temporary partial:               <ul style="list-style-type: none"> <li>○ Maximum of 4 anterior and/or bicuspid per arch</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• NO Nesbit partials</li> <li>• Adding teeth to or repairing an existing partial is subject to review and approval by Lab Lead</li> </ul> <p><b>Cannot Repair:</b></p> <ul style="list-style-type: none"> <li>• A metal partial clasp or add on a tooth unless it's next to an acrylic saddle</li> <li>• Flexi type partials</li> <li>• Digitally printed prosthetic appliances</li> <li>• Gasket type dentures</li> </ul> | Lab is not equipped for soldering or welding  |
| <b>RESTORATIVE</b>                  | <ul style="list-style-type: none"> <li>• Amalgam fillings (1 – 4+ surface)</li> <li>• Composite fillings (1 – 4+ surface)</li> <li>• Sealants</li> <li>• SDF</li> </ul>                  |   |   |