

Encounter Form: Dental Conditions

Name: _____ CDC# _____ DOB _____ Date/Time _____

Fill in the blanks and check all that apply

SUBJECTIVE:

Chief Complaint: _____

Date and time of onset: _____

Pain: Scale of 0-10 (0=no pain 10=worst pain) _____

Area of pain: _____

Quality of pain: Aching Throbbing Dull
 Sharp Localized Diffuse Constant
 Intermittent

Pain exacerbates with: pressure chewing
 lying down sweets

Sensitivity to: hot liquids cold liquids

What makes it better? _____

Symptoms: painful gums bleeding gums chills
 fever

History of: infection trauma to mouth
 recent dental procedures _____
 sinusitis

History of chronic illness: _____

Allergies: _____

Current medications: _____

OBJECTIVE:

VS: Temp _____ Pulse _____ Resp _____ B/P _____

Gums: Erythema Tenderness Swelling
 Excessive bleeding Purulent drainage
 Lesions No abnormalities

Mouth/face: Facial Swelling Visible bone
 Presence of broken tooth

ASSESSMENT:

- Pain related to/evidenced by: _____
- Risk for infection evidenced by/related to: _____

PLAN:

ACUTE DENTAL PAIN or TMJ PAIN:

- Keep patient sitting upright or supine with head elevated at 45-degree angle.
- Notify the on-call dentist or on-call physician **STAT**. Also notify Medical Officer of the Day (MOD) if the patient is hypertensive (i.e., systolic blood pressure > 160 or diastolic blood pressure > 110).
- Keep patient NPO.
- Carry out any written or verbal orders given by the dentist or physician.

Physician called (name / time) _____

Physician responded (time) _____

Dentist called/responded (name / time) _____

ASPIRATION OR SWALLOWING A TOOTH:

- Maintain patent airway.
- Keep the patient sitting upright or standing.
- Notify the on-call dentist or on-call physician **STAT**.
- Try to keep patient calm.
- Contact emergency medical service physician for assistance.
- Keep patient NPO.
- Carry out any written or verbal orders given by the dentist or physician.

AVULSED TOOTH:

- Maintain patent airway.
- Notify the on-call dentist or on-call physician **STAT**.
- Immerse tooth in a container of milk. If milk is not readily available tooth may be immersed in saline. If neither milk nor saline is available immerse tooth in sterile water.
- Keep patient NPO.
- Check tetanus immunization status.
- Carry out any written or verbal orders given by the dentist or physician.

FACIAL FRACTURE (mandible, maxilla, zygomatic bone):

- Maintain patent airway. Unstable mandibular fractures may require manual traction to chin to maintain airway.
- Notify on-call dentist or on-call physician **STAT**.
- Instruct patient to keep jaw immobile.
- If fracture is external (bone protruding through skin), contact oral and maxillofacial surgeon immediately or consult with MOD regarding transport to CDC or contract hospital.
- Apply gauze pack to any uncontrolled bleeding site.
- Place ice pack on injured area for 20 minutes, then remove for 20 minutes. Continue alternate ice therapy for 24 hours.
- Keep the patient lying quietly on the gurney or in position of comfort to maintain patent airway until the dentist or physician has examined patient.

Signature / Title

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- Check tetanus immunization status.
- Carry out any written or verbal orders given by the dentist or physician.
- Post Surgery (reduction) will require the availability of emergency release shears.

ORAL INFECTION:

- Maintain patent airway.
- Notify on-call dentist or on-call physician **STAT**.
- Keep the patient lying quietly on the gurney with head elevated until the dentist or physician has examined patient.
- Keep patient NPO.
- Carry out any written or verbal orders given by the dentist or physician

POST-EXTRACTION BLEEDING

- Maintain patent airway.
- Notify on-call dentist or on-call physician **STAT**.
- Keep the patient sitting in a chair or supine with head elevated at 45-degrees. Caution patient not to spit or lie down flat.
- Determine which type of bleeding is occurring. If arterial bleeding is occurring, contact the emergency medical service physician **STAT**.
- Instruct patient to bite firmly on one or two sterile 4 X 4 gauze squares that have been folded to fit between the teeth for maximum pressure for a minimum of 1 hour.
- Monitor and record vital signs every fifteen minutes until stable.
- Keep patient NPO
- Carry out any written or verbal orders given by the dentist or physician.

- Vital Signs Q15M until stable
- Temp: _____

Time	BP	Pulse	Resp

EDUCATION:

- Assess patient's potential for understanding the health information to be provided.
 - Provide patient education consistent with the assessment of the condition.
 - Evaluate the patient's level of understanding and document all patient education on the encounter form or a progress note.
 - Refer patient to other resources as needed. Document all referrals on the nursing protocol encounter form.
 - Advise the patient to resubmit a Health Care Service Request Form (CDC 7362) if symptoms
- Patient instructions given:
- Use of medication
 - Notify staff immediately of change in bleeding pain, breathing or: _____
- Resubmit Health Care Service Request Form (CDC 7362) if: symptoms persist; deteriorate, changes in swelling, pain, bleeding, or breathing; or _____
 - Patient Health Care Education Forms given to patient: (specify) _____
 - Patient verbalized understanding of instructions.

DISPOSITION

Time released _____
 Condition on release: _____
 Returned to housing unit
 Housing reassignment to: _____
 Referred for follow-up:
 Physician clinic RN clinic
 Referred to higher level of care: (specify) _____
 Person/time contacted: _____
 Time/Mode of transfer: _____
 ERV contacted (time) _____
 ERV arrived (time) _____
 List name(s) of RN Protocols used: _____

Signature / Title _____

1. Disability Code: <input type="checkbox"/> TABE score ≤ 4.0 <input type="checkbox"/> DPH <input type="checkbox"/> DPV <input type="checkbox"/> LD <input type="checkbox"/> DPS <input type="checkbox"/> DNH <input type="checkbox"/> DNS <input type="checkbox"/> DDP <input type="checkbox"/> Not Applicable	2. Accommodation: <input type="checkbox"/> Additional time <input type="checkbox"/> Equipment <input type="checkbox"/> SLI <input type="checkbox"/> Louder <input type="checkbox"/> Slower <input type="checkbox"/> Basic <input type="checkbox"/> Transcribe <input type="checkbox"/> Other*	3. Effective Communication: <input type="checkbox"/> P/I asked questions <input type="checkbox"/> P/I summed information Please check one: <input type="checkbox"/> Not reached* <input type="checkbox"/> Reached *See chrono/notes
4. Comments: _____		