

Operative Department Protocols

Thank you for volunteering to work in the Operative Area. Our goal is to treat as many patients as we can in the two days of the event.

Helpful hints:

- Bring your own stool. Each chair only has one stool, so either you or your assistant could be standing.
- You are invited to bring your own kits including bonding agent of choice, composite, gloves, (you know you'll like them!), or anything else that makes your treatment closer to your comfort level. Many dentists bring their own instruments too. Sterilization will be sure to return them to you if they are clearly marked.
- Available chairs can vary from one time of day to another. Our goal is to keep a patient in every chair from beginning to end. When you take a break, we may have a dentist working out of your chair to keep the patients moving through. **BE FLEXIBLE.**
- If you are only staying a partial day, be sure to let the Leads know your hours. (You'll know who the Leads are). It helps for planning and anticipating patients we can treat.
- Triage is starting **EARLY!** We will have patients ready to go at 6:30 a.m, so come early and get a good parking space. If you set up your operatory the night before, please plan on arriving early so we don't have to give your chair away to the early bird colleague.

Other Important Details:

1. Color Cards – **Green** – Bring me a patient **Red** – finished with patient (hold up for escort to walk to patient checkout)
2. If you have an Emergency there is EMS here as well as the Surgery Department – Don't hesitate to holler for a Coordinator (Lead)
3. As you seat Patient, take Number card and keep with chart. Turn in Chart and Number to Escort when dismiss patient.
4. **NO PAPERWORK IN PATIENT'S HANDS AFTER HE/SHE SITS DOWN!!!** It gets really sweaty.
5. Chief complaint and priority is circled on chart. This is where the patient should be numb, **Double-check!** Stick to the area indicated by Triage. We are treating the worst caries. If we did everything that needed to be done, we could not treat many patients.
6. **** We are working to improve the dental situation of these people. If you get an exposure on a posterior tooth, call for extraction – You don't want to place a pulp cap and then have it flare up in 6 months and not be able to afford to fix. **DYCAL, PULP CAPS, and 4+ surface fillings are not good service to these people!**
7. Endo on **anteriors** can be done as well as **critical posterior abutments** (if condition of teeth is favorable) – Check with Leads.
8. If you need extraction, tell Clinic Director and he will get patient into Oral Surgery so we can get your chair back to doing Operative. Restorative is our mission and the surgery department is set up to quickly work in your emergencies.
9. Stagger your lunch breaks; another Doc may move into your chair while you are gone, we have to keep the production up and going.
10. If you are returning tomorrow, you may leave your equipment. The building will be secure.
11. Doctors please **print** in the chart and **print** your name!!! No Abbreviations!!!
12. **NO BLACK INK** – If the patient returns tomorrow, we copy the chart so we will know what has been completed and what hasn't. **Blue** is very feng shui at KMOM.
13. We are offering **Hygiene, Operative, Surgery**, and limited **Endo**. The priorities will be listed from #1, #2, #3. That doesn't mean that's the order the patient will be treated. Unless you hear otherwise, we are only able to offer *one service* a day to patients. They can return on Saturday and stand in line (they still have to go through the process).

Thank you for Making a Difference!