



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

DENTAL SERVICES

Effective Date: September 23, 2014

Policy #: DL-03

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- I. PURPOSE:** To describe the provision of routine and emergency dental services for Montana State Hospital (MSH) patients and to outline guidelines for service access.
- II. POLICY:**
 - A. Emergency dental care will take priority over routine and preventive care. When the MSH dentist is not available, patients will be referred to a community dentist for emergency care.
 - B. Routine dental examinations, follow-up services, and education are essential components of a preventive oral health program for patients.
 - C. Routine dental examinations and follow-up care may be provided to MSH patients hospitalized longer than ninety (90) days.
 - D. If at the time of admission assessment, a licensed independent practitioner (LIP) finds dental pathology causing significant patient discomfort or affecting a patient's general health, the LIP may order an earlier dental examination.
 - E. An annual routine dental exam will be offered for long-term patients.
 - F. Dental Services will work with each treatment team to ensure timely dental examinations.
- III. DEFINITIONS:** None
- IV. RESPONSIBILITIES:**
 - A. The Medical/Dental Assistant is responsible for scheduling and prioritizing dental services.
 - B. The dentist is responsible for providing services and information to patients.
 - C. Licensed nurses will assess patients to determine if an emergency exists and refer to staff LIP.
 - D. MSH LIPs will assess patients to determine need for emergency treatment when the dentist is not available.

V. **PROCEDURE:**

A. Dental Emergencies

1. Dental emergencies include moderate to severe toothaches, a fractured jaw, sudden swelling of the face or jaw and inability to chew secondary to an oral problem.

a. When the MSH Dentist is available:

i. A licensed nurse will assess the patient and determine the necessity to call the dental office for an emergency appointment.

ii. The Medical/Dental Assistant will work with the dentist to prioritize emergencies and reschedule routine appointments, as necessary.

b. When the MSH Dentist is not available:

i. The licensed nurse will notify the LIP about the dental problem. The LIP will then evaluate the patient to determine if a dental emergency exists.

ii. If the LIP determines a dental emergency exists, the licensed nurse or LIP will initiate the Request for Consultation form. Staffing Services will be contacted to arrange the appointment and transportation.

iii. The emergency dental consultation will be approved by the physician before the service is rendered.

iv. After the emergency consultation, an original copy of the completed Outside Consultation Form will be a permanent part of the patient's ward chart.

B. Routine examinations

1. The routine dental exam may include assessment for oral pathology, survey of each tooth, and bitewing x-rays. When this assessment process results in recommendations for additional dental services, a follow-up appointment will be scheduled.

2. Follow-up dental services include cleaning, extraction, amalgams, composites, root canals, crowns and prosthetics services. Provision of

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fixed or removable prostheses will be considered when there is evidence the patient will have a longer term stay.

- 3. At the time of the admission physical health assessment, the LIP will initiate an order for a dental examination if there is evidence of significant dental or oral pain, severe gum disease, or the potential for dental abscess.
- 4. All long-term patients in the Geriatric Treatment Unit will be scheduled for annual dental examinations. Other long-term patients will be referred for an annual dental examination at the time of the annual physical health assessment update.

C. Dental education

- 1. The Medical/Dental Assistant along with the dental hygienist will offer an annual class in oral hygiene for direct care staff. Direct care staff have daily responsibility for educating and assisting patients with oral hygiene tasks.
- 2. Concepts of oral hygiene are presented informally during routine dental examinations.

VI. REFERENCES: None

VII. COLLABORATED WITH: Dentist, Director of Nursing

VIII. RESCISSIONS: #DL-03, Dental Services dated March 16, 2011; #DL-03, *Dental Services* dated May 9, 2008; #DL-03, *Dental Services* dated May 2, 2005; #DL-03, *Dental Services* dated January 28, 2002; #DL-03, *Dental Services* dated February 14, 2000; HOPP #DS-01, *Routine Dental Services*, March 4, 1996; and HOPP #DS-02, *Dental Emergencies*, dated March 5, 1996.

IX. DISTRIBUTION: All hospital policy manuals.

X. ANNUAL REVIEW AND AUTHORIZATION: This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per M.C.A. § 307-106-330.

XI. FOLLOW-UP RESPONSIBILITY: Medical Director

XII. ATTACHMENTS: None

_____/____/____
John W. Glueckert Date

_____/____/____
Thomas Gray, MD Date

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Hospital Administrator

Medical Director