# Algorithm 1: Triaging Patients Over the Phone for Emergency and Urgent Dental Care
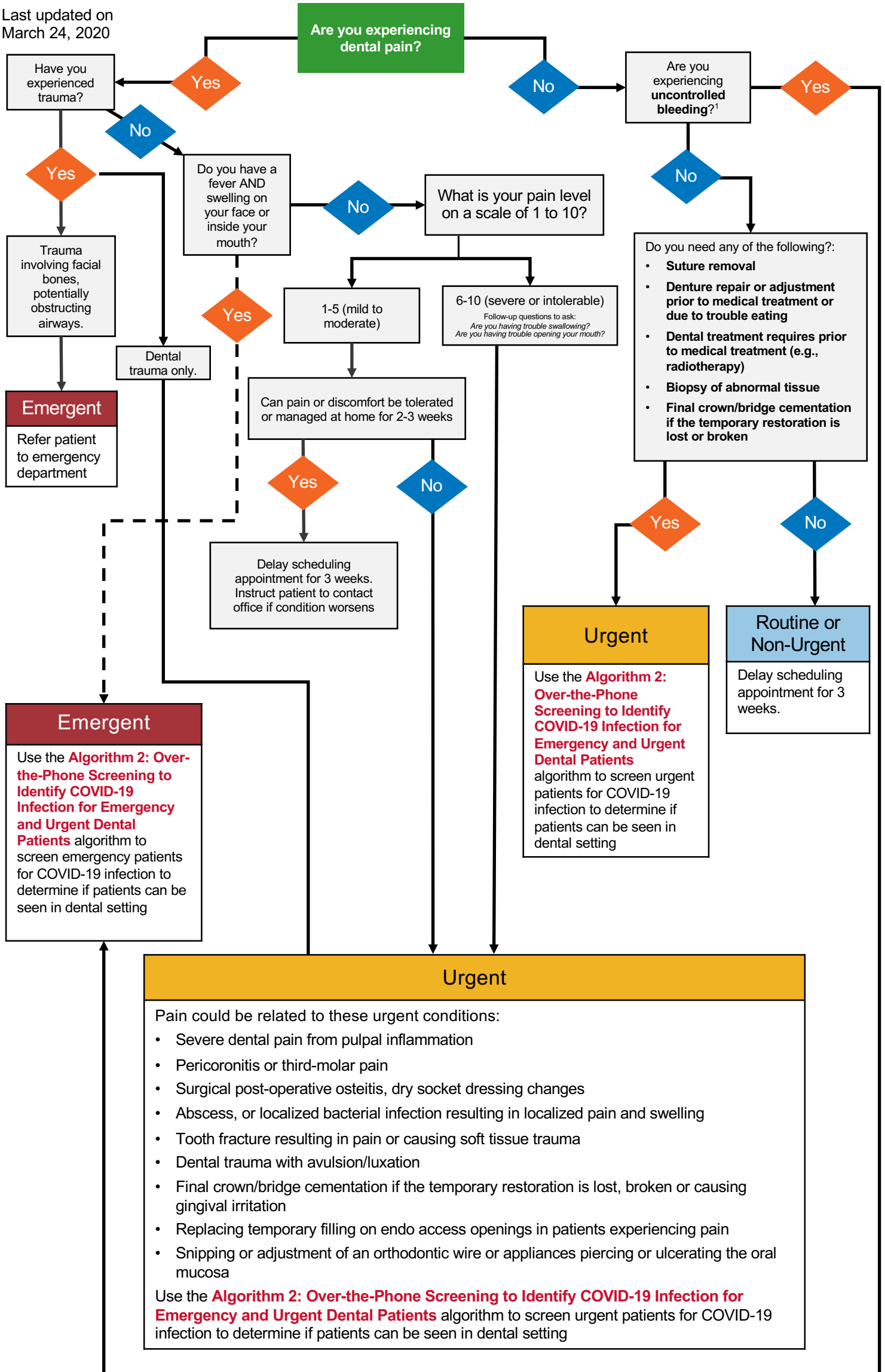
ADA®

Last updated on March 24, 2020
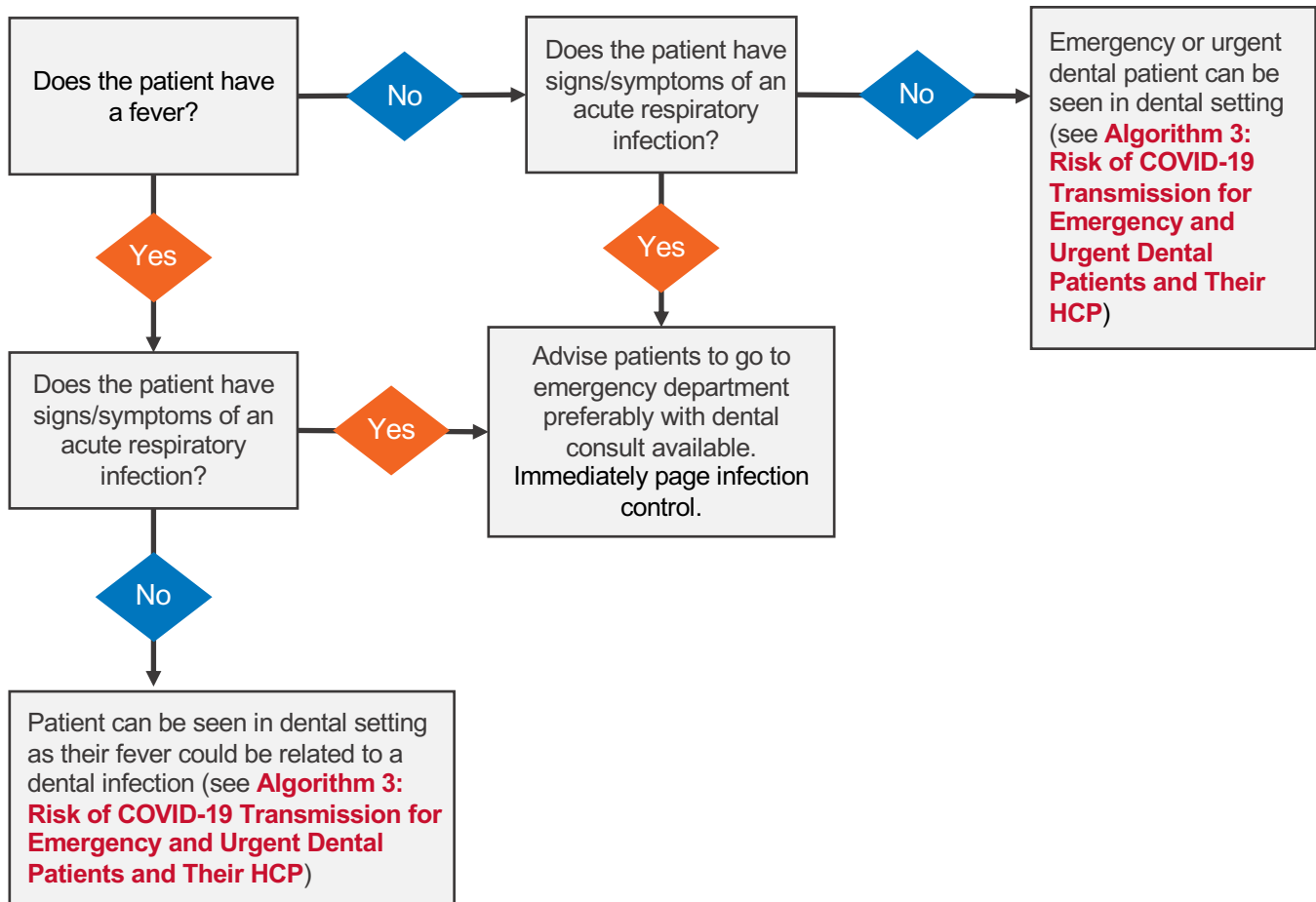
**Are you experiencing dental pain?**

- **Yes** → Have you experienced trauma?
- **No** → Are you experiencing **uncontrolled bleeding?**[1]

## Yes branch (dental pain)

**Have you experienced trauma?**

- **Yes** → Trauma involving facial bones, potentially obstructing airways.
  - **Emergent** — Refer patient to emergency department
  - Dental trauma only.
- **No** → Do you have a fever AND swelling on your face or inside your mouth?
  - **Yes** → (dashed) → **Emergent**
  - **No** → What is your pain level on a scale of 1 to 10?
    - 1-5 (mild to moderate) → Can pain or discomfort be tolerated or managed at home for 2-3 weeks
      - **Yes** → Delay scheduling appointment for 3 weeks. Instruct patient to contact office if condition worsens
      - **No** → **Urgent**
    - 6-10 (severe or intolerable)
      *Follow-up questions to ask:*
      *Are you having trouble swallowing?*
      *Are you having trouble opening your mouth?*
      → **Urgent**

## Emergent

Use the **Algorithm 2: Over-the-Phone Screening to Identify COVID-19 Infection for Emergency and Urgent Dental Patients** algorithm to screen emergency patients for COVID-19 infection to determine if patients can be seen in dental setting

## No branch (no dental pain)

**Are you experiencing uncontrolled bleeding?**[1]

- **Yes** → **Urgent**
- **No** → Do you need any of the following?:
  - **Suture removal**
  - **Denture repair or adjustment prior to medical treatment or due to trouble eating**
  - **Dental treatment requires prior to medical treatment (e.g., radiotherapy)**
  - **Biopsy of abnormal tissue**
  - **Final crown/bridge cementation if the temporary restoration is lost or broken**
  - **Yes** → **Urgent**
  - **No** → **Routine or Non-Urgent** — Delay scheduling appointment for 3 weeks.

## Urgent

Use the **Algorithm 2: Over-the-Phone Screening to Identify COVID-19 Infection for Emergency and Urgent Dental Patients** algorithm to screen urgent patients for COVID-19 infection to determine if patients can be seen in dental setting

## Urgent

Pain could be related to these urgent conditions:

- Severe dental pain from pulpal inflammation
- Pericoronitis or third-molar pain
- Surgical post-operative osteitis, dry socket dressing changes
- Abscess, or localized bacterial infection resulting in localized pain and swelling
- Tooth fracture resulting in pain or causing soft tissue trauma
- Dental trauma with avulsion/luxation
- Final crown/bridge cementation if the temporary restoration is lost, broken or causing gingival irritation
- Replacing temporary filling on endo access openings in patients experiencing pain
- Snipping or adjustment of an orthodontic wire or appliances piercing or ulcerating the oral mucosa

Use the **Algorithm 2: Over-the-Phone Screening to Identify COVID-19 Infection for Emergency and Urgent Dental Patients** algorithm to screen urgent patients for COVID-19 infection to determine if patients can be seen in dental setting

# Algorithm 2: Over-the-Phone Screening to Identify COVID-19 Infection for Emergency and Urgent Dental Patients

**ADA**

Last updated on March 24, 2020

**Summary of Over-the-Phone Procedures**
1. Clinic staff should speak to all patients over the phone 1-2 working days (or sooner if able) before any scheduled session.
2. Call patients for whom in-person visit may not be necessary and issue can be solved over phone.

Emergency and urgent dental patients in this algorithm are being evaluated for COVID-19 infection signs/symptoms to determine in which clinical setting they should be seen. Patients with **active** COVID-19 infection should **not** be seen in dental settings per CDC guidance.

**Does the patient have a fever?** → **No** → **Does the patient have signs/symptoms of an acute respiratory infection?** → **No** → Emergency or urgent dental patient can be seen in dental setting (see **Algorithm 3: Risk of COVID-19 Transmission for Emergency and Urgent Dental Patients and Their HCP**)

**Does the patient have a fever?** → **Yes** → **Does the patient have signs/symptoms of an acute respiratory infection?**

**Does the patient have signs/symptoms of an acute respiratory infection?** (left) → **Yes** → Advise patients to go to emergency department preferably with dental consult available. Immediately page infection control.

**Does the patient have signs/symptoms of an acute respiratory infection?** (center) → **Yes** → Advise patients to go to emergency department preferably with dental consult available. Immediately page infection control.

**Does the patient have signs/symptoms of an acute respiratory infection?** (left) → **No** → Patient can be seen in dental setting as their fever could be related to a dental infection (see **Algorithm 3: Risk of COVID-19 Transmission for Emergency and Urgent Dental Patients and Their HCP**)

---

1. During phone screening procedure for COVID-19 infection, patients should be asked if they have tested positive for COVID-19 infection and if yes, the patient should be immediately referred to the emergency department for the management of the dental condition. If patient has previously tested positive for COVID-19 infection and 3 days have passed since symptoms have resolved, the patient can be seen in a dental setting (see Algorithm 1).

2. Fever in the absence of respiratory symptoms in the context of this algorithm should be strongly associated with an emergency or urgent dental condition (e.g., dental infection) if dental settings are to be used.

3. No companions should be invited inside the clinic, they should not sit in the waiting room, and patients with a fever being seen in dental setting should be given a mask if they don't have one already. As the patient's mask will come off during dental treatment, it should be placed back on as soon as treatment is complete.

4. If patient has had exposure to an individual with suspected or confirmed COVID-19 infection, traveled to countries currently under a travel ban, or been exposed to confirmed SARS-CoV-2 biologic material (either themselves or via another individual), consider referring patient to a hospital setting. Risk of transmission increases with these exposures.

5. If the patient needs to be referred for COVID-19 testing, they should be given detailed instructions on when/where to go for testing, how to justify the need for testing to the testing facility visited, and how to contact the dental clinic to report test results. Clinic director and/or coordinators should maintain a list of patients who will not be coming in for in-person visits in charts or find another mechanism that fits into the clinic's workflow. It is critical that a list of dental patients that have been referred to other settings due to suspected COVID-19 infection be maintained.

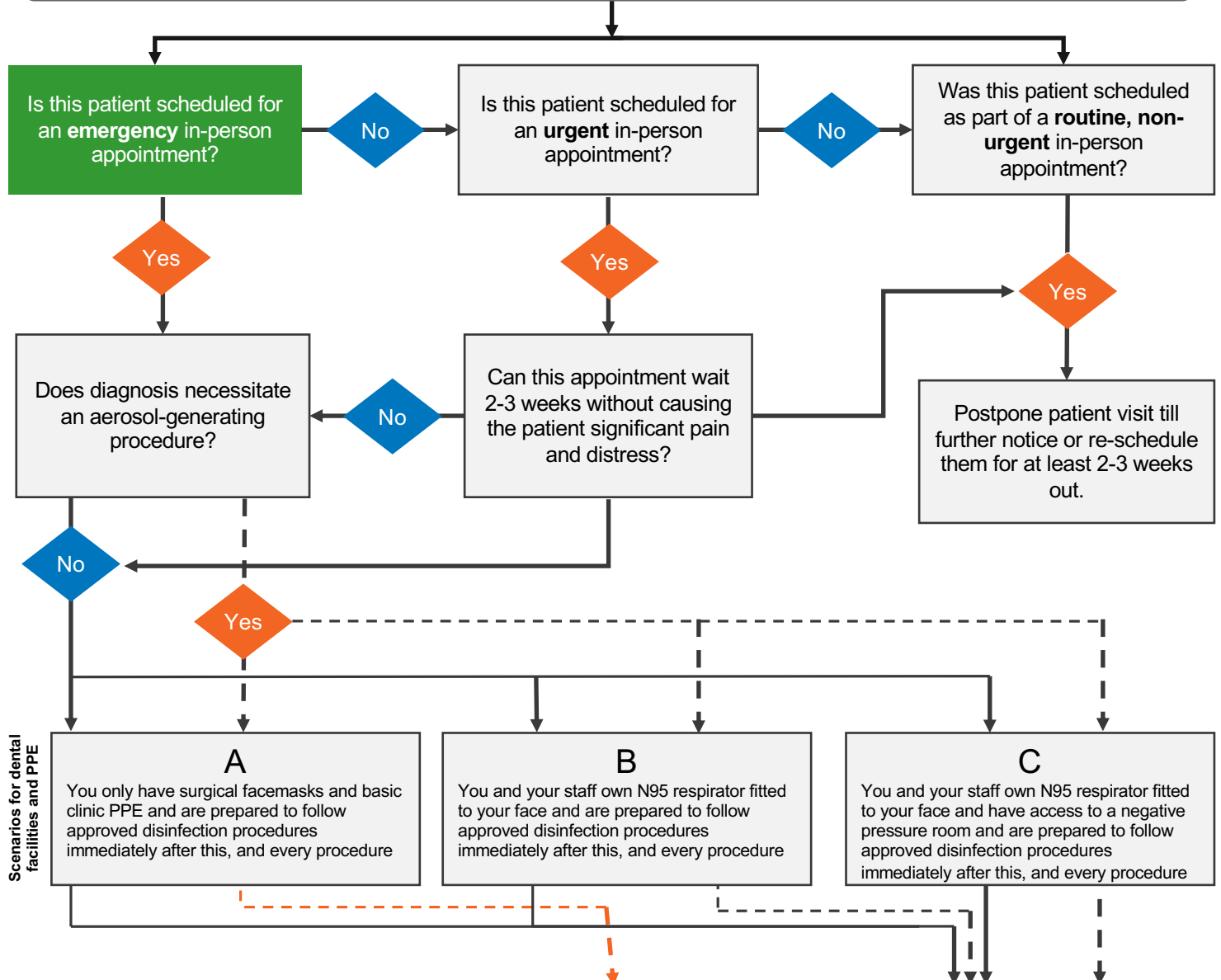6. Information about reporting suspected cases of COVID-19 infection can be found here: https://www.cdc.gov/coronavirus/2019-ncov/php/reporting-pui.html

# Algorithm 3: Risk of COVID-19 Transmission for Emergency and Urgent Dental Patients and Their HCP
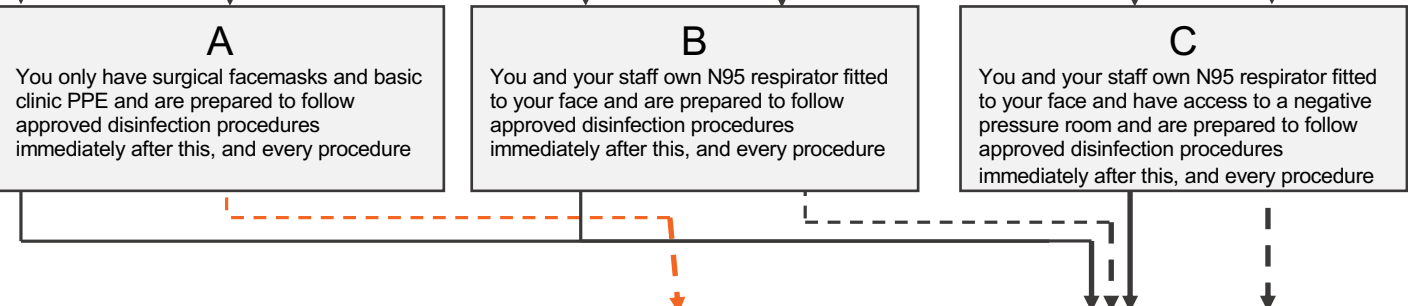
**ADA**

Last updated on March 24, 2020

**Summary of Over-the-Phone Procedures**
1. Clinic staff should speak to all patients over the phone 1-2 working days (or sooner if able) before any scheduled session.
2. Call patients for whom in-person visit may not be necessary and e-visit is sufficient and schedule e-visit.
3. See emergency triage and COVID-19 infection screening procedures.

Emergency and urgent dental patients in this algorithm are asymptomatic, have no known COVID-19 exposure, recovered from COVID-19 infection, or have recently undergone testing and do not have COVID-19 infection.



Is this patient scheduled for an **emergency** in-person appointment? — **No** → Is this patient scheduled for an **urgent** in-person appointment? — **No** → Was this patient scheduled as part of a **routine, non-urgent** in-person appointment?

**Yes** ↓ (emergency) — Does diagnosis necessitate an aerosol-generating procedure?

**Yes** ↓ (urgent) — Can this appointment wait 2-3 weeks without causing the patient significant pain and distress? — **No** → Does diagnosis necessitate an aerosol-generating procedure?

**Yes** (routine) → Postpone patient visit till further notice or re-schedule them for at least 2-3 weeks out.

Does diagnosis necessitate an aerosol-generating procedure? — **No** / **Yes**

**Scenarios for dental facilities and PPE**

**A** — You only have surgical facemasks and basic clinic PPE and are prepared to follow approved disinfection procedures immediately after this, and every procedure

**B** — You and your staff own N95 respirator fitted to your face and are prepared to follow approved disinfection procedures immediately after this, and every procedure

**C** — You and your staff own N95 respirator fitted to your face and have access to a negative pressure room and are prepared to follow approved disinfection procedures immediately after this, and every procedure

| Risk for Transmission to HCP and patients | High Risk (only when PPE, including surgical facemasks, are unavailable) | Moderate Risk | Low Risk |
|---|---|---|---|
| Quarantine for HCPs | 14-day quarantine required | 14-day quarantine required OR take all precautions to prevent transmission and require that the patient is tested for COVID-19 immediately after dental treatment; if positive, the dentist and personnel should quarantine for 14 days[4] | No 14-day quarantine required |
| Recommended Treatment Plan for Patient | Refer patient to emergency department or dental facility that meets criteria for scenarios B or C | Refer patient to emergency department or dental facility that meets criteria for scenarios B or C. If not feasible, treat patient.[4] | Treat Patient |

1. HCP=healthcare personnel; PPE=personal protective equipment.
2. If no surgical facemasks are available, stop **any** dental procedure, regardless of emergency/urgent patients. This is now a high risk procedure and should be referred to an emergency department or setting where scenarios B and C are available.
3. Surgical facemasks should be selected based on procedure being performed. Level 3 masks should be prioritized for aerosol-generating procedure when scenarios B and C are not possible.
4. After an aerosol-generating procedure, regardless of disinfection procedures being effectively executed, subsequent patients and HCP are at moderate risk for COVID-19 infection and transmission. Therefore, aerosol-generating procedures should be scheduled as the last appointment of the day. For an aerosol-generating procedure performed without N95 masks and only surgical facemasks, this is a moderate-risk scenario for COVID-19 transmission. The patient should be referred for COVID-19 testing and given detailed instructions on when/where to go for testing, how to justify the need for testing to the testing facility visited, and how to contact the dental clinic to report test results. If a test is positive, the clinic needs to report the exposure to all patients treated after the infected patient.
5. Use dental hand-piece with anti-retraction function, 4-handed technique, saliva ejectors, and a rubber dam when appropriate to decrease possible exposure to infectious agents.
6. Hand-pieces should be cleaned after each patient to remove debris followed by heat-sterilization.
7. Have patients rinse with a 1.5% hydrogen peroxide or 0.2% povidone before each appointment.
8. Guidance titled *ADA Evidence-based clinical practice guideline for the urgent management of pulpal- and periapical-related dental pain and intraoral swelling* is still applicable.
9. When appropriate, use NSAIDs in combination with acetaminophen to manage dental pain.
10. Clean and disinfect public areas frequently, including waiting rooms, door handles, chairs, and bathrooms. Patient companions should wait outside clinic or in car (link).
11. Clinic director and/or coordinators should maintain a list of patients who will not be coming in for in-person visits in charts or find another mechanism that fits clinic's workflow. It is critical that a list of dental patients that have been referred to other settings due to suspected COVID-19 infection be maintained.
12. Patients with a resolved COVID-19 infection can be seen in a dental setting 1) at least 3 days (72 hours) since COVID-19 infection symptoms resolved **AND** 2) at least 7 days since their symptoms first appeared (defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms) (e.g., cough, shortness of breath).