



PROTOCOL – ENDODONTIC

Endodontic therapy is indicated for teeth of critical importance that can be restored adequately and predictably at the current MOMPUGH event. Endodontic services should not be performed on teeth that would require more complex restorations that are not being provided at our program.

Treating complex/difficult teeth will only delay the ultimate loss of the tooth and possibly create a hurdle for the patient in the near future. These teeth without a doubt should be extracted.

Endodontic Therapy should be considered for teeth that:

- Have adequate coronal tooth structure present and no/minimal loss of cuspal structure
- Can be restored at our mission
- May have an existing crown with little to no recurrent caries
- Is an abutment tooth for an existing fixed or removable partial denture and can be successfully restored at our mission?
- IDEALLY...ONLY Anterior and Bicuspid Teeth should be treated at this mission
- However, the Endo Lead be available to discuss any tooth that has a very good prognosis, e.g., a first molar with excellent tooth structure and a pulpal exposure
- Our mission is to provide excellent endodontic services to the patients we treat in a timely and expedient manner, as such, more difficult, time consuming procedures, will not be provided

All teeth being considered for endodontic treatment will be evaluated/approved by the endodontic department Lead. He will determine the practicality of performing Endo Therapy on a tooth based upon radiographic interpretation, restorability and complexity/difficulty of the case.

Endodontic Protocol

Once a patient has been referred to the Endodontic Section, the following protocols should be followed:

1. Complete patient registration form to indicate the service provided and treating dentist name.
2. Please PRINT on the patient charts – *DO NOT USE ABBREVIATIONS*
3. Only BLUE pens should be used on patient charts – *NO BLACK ink.*
4. Patients are not allowed to walk unattended on the clinic floor. Use your station cards for moving patients or for problems.
 - Green – bring me a patient
 - Red with white cross – emergency
 - Yellow – translator needed
 - Orange – equipment concerns
 - Purple – requesting a Nomad x-ray
 - White- tbd



5. The treating doctor should take patient and guardians to record verification when treatment is complete or escort the patient **on to RESTORATIVE for a final restoration unless the endodontist performs a long-term restoration.**
6. Spanish and other translators are available.
7. If you stick yourself or are stuck with an instrument, immediately notify the department lead who will follow the needle stick/sharp instrument protocol.
8. **Prescription forms will not be needed for Acetaminophen, Amoxicillin, Clindamycin, or Ibuprofen.** Those will be indicated on the patient registration form and the patient will receive those free of charge onsite. **We will NOT be prescribing any other medications at the mission, i.e., no narcotics.**
9. Please stagger your breaks.

STERILIZATION and INSTRUMENTS

- Remove all sharps from the instruments before taking them to sterilization – do not walk on the clinic floor with sharps.
- **You or your assistant are responsible for making sure that your personal instruments are Identified as yours when they go through sterilization. To ensure this, drop your instruments off at the side of the table marked “Used Personal Instruments” and have your name written on the sterilization bag(s) and leave the bag(s) on the tray with the instruments. You will pick them up at the “Clean Personal Instruments” station.**
- If you are using MOM instruments, be sure to take them to the “Used MOM Instruments” side of sterilization.
- Broken MOM instruments should be returned to sterilization, do NOT throw them away.