

STANDARD OPERATING PROCEDURES
DENTAL DEPARTMENT



PROJECT MANAGEMENT UNIT

Primary & Secondary Healthcare Department

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1 ABBREVIATIONS

1	AAC	Access Assessment and Continuity of Care
2	Anti-HCV	Antibodies for Hepatitis C Virus
3	Anti-HIV	Antibodies for Human Immunodeficiency Virus
4	BDS	Bachelor of Dental Surgery
5	BP	Blood Pressure
6	BSR	Blood Sugar Random
7	COP	Care Of Patient
8	CQI	Continuous Quality Improvement
9	CFU/ml	Colony Forming Units Per Milliliter
10	CSSD	Central Sterilization Service Department
11	EAC	Equipment Audit Committee
12	ECG	Electrocardiogram
13	FMS	Facility Management and Safety
14	GIC	Glass Ionomer Cement
15	HbsAg	Surface Antigen For Hepatitis B
16	HCE	Healthcare Establishment
17	HCP	Health Care Provider
18	HIC	Hospital Infection Control
19	HRM	Human Resource Management
20	ICN	Infection Control Nurse
21	IMS	Information Management System
22	IRC	Instrument Recirculation
23	LAMA	Leave Against Medical Advice
24	MSDS	Minimum Service Delivery Standards
25	MOM	Management of Medication
26	OPD	Out Patient Department
27	P/A view	Postero Anterior View
28	PHC	Punjab Healthcare Commission
29	P&SHD	Primary and Secondary Healthcare Department
30	PMDS	Pakistan Medical and Dental Council
31	PPE	Personal Protective Equipment
32	PPM	Periodic Preventive Measurement
33	PRE	Patient Rights and Education
34	RCT	Root Canal Treatment
35	RDA	Registered Dental Assistant
36	RDH	Registered Dental Hygienist
37	SOP	Standard Operating Procedures
38	TMJ	Tempromandibular Joint

2 PREFACE:

The basic aim of this manual is to provide standard guidelines on the workflow of dental units at DHQ and THQ hospitals under the administrative control of P&SHD. This manual contains all the SOPs for smooth and efficient functioning of a dental department in a healthcare establishment. Standard operating procedures (SOPs) enable the dental team to function effectively and efficiently, as each staff member becomes familiar with the standard medical practices in accordance with the minimum service delivery standards (MSDS) prescribed by Punjab Healthcare Commission. Such procedures are also essential for the training of newly hired staff members and development of monitoring and evaluation mechanism. Strengthening of Dental Units in the primary and secondary healthcare establishment is the primary focus.

3 SCOPE:

Dental Surgeons must practice their profession conscientiously and to the best of their ability, realizing that their prime responsibility is the health, welfare and safety of their patients afforded in primary and secondary health care establishment. It includes guidelines regarding sterilization, department functioning, general and specific procedures, HR and their responsibilities, infection prevention and control practices, waste management, risk management and medical records management for the dental department. This manual is a standard for all DHQ and THQ hospitals for better dental health community services.

4 LEGAL AND ETHICAL CONSIDERATIONS

4.1 MEDICAL ETHICS

Medical ethics is the application of the core principles of bioethics to medical and healthcare decisions.

- 1) Respect for autonomy; patient have autonomy of thought and action when making decisions regarding health care procedures. In order for a patient to give informed consent, He/She must understands all benefits, risk and alternatives of the procedure.
- 2) Beneficence requires that the procedures be provided with the intent of patient benefit.
- 3) Non- maleficence requires that a procedure does not harm the patient
- 4) Justice – HCP must consider fair distribution of resources, competing needs, rights and obligations and potential conflicts with established legislation.

4.2 LEGAL CONSIDERATIONS

Primary and Secondary Healthcare Department expects healthcare staff to:

- 1) Respect the rights and dignity of all individuals.
- 2) Comply with the laws and regulations governing the practice of dentistry in the country in which they practice.
- 3) Provide honest, competent and accountable professional services.
- 4) Promote patient safety and quality standards.
- 5) Provide quality health care services.
- 6) Provide accurate information to patients and the community about dental health.
- 7) Contribute to the planning and development of services which address the dental health needs of the community.
- 8) Establish and maintain with the patient, an ongoing collaborative process of decision-making that exists throughout the provision of services.
- 9) The Healthcare Providers shall not release patient information to a third party without consent of the patient or legal authorization.

4.3 PATIENT CONFIDENTIALITY

- 1) Patient details cannot be discussed outside the practice environment. Any matter requiring discussion is to be conducted in private.
- 2) Patient paper records must be stored to prevent public view and access.
- 3) A patient's details cannot be disclosed to any person or practitioner outside the practice without the consent of the patient.
- 4) In specific instances it may be required to obtain a patient's further consent, prior to the release of information regarding the patient to third parties, such as solicitors, health funds etc.

5 DEPARTMENT

5.1 PHYSICAL SETTING

- 1) Dental department should be well ventilated and lighted.
- 2) Dental department should be at Ground Floor (Preferably).
- 3) Effective and standard signage for the guidance of patients should be ensured.
- 4) It should contain all minimum dental equipment for efficient functioning and dental patient care.

5.2 FUNCTIONAL AREAS OF DENTAL DEPARTMENT

- 1) Department reception
- 2) Dental Surgeon office
- 3) Color coded work zones
 - a. Green zone
 - i. Storage area for clean instruments, equipment and dental materials
 - b. Orange Zone
 - i. Procedure/ treatment area and treatment periphery (contaminated with material from the patient under treatment)
 - c. Red Zone
 - i. Sterilization area
 - ii. Dental Laboratory
 - d. Yellow zone
 - i. Hand washing area attached to treatment room
- 4) Storage area for equipment/accessories
- 5) Storage area for medicines and disposables
- 6) Patient Waiting Area
- 7) Washroom for patients

6 HUMAN RESOURCE

6.1 QUALIFICATION CRITERIA

Dental Surgeon	<ol style="list-style-type: none"> 1) 4 years BDS 2) Additional Qualifications: M. Phil, FCPS, MDS, PhD 3) Minimum of two year working experience is preferred 4) Registered by PMDC
Dental surgery assistant / Dental technician	<ol style="list-style-type: none"> 1) 2 Years Dental Diploma recognized by Punjab Medical Faculty 2) Minimum of two year working experience is preferred

6.2 RESPONSIBILITY MATRIX

DENTAL SURGEON	<ol style="list-style-type: none"> 1) Shall examine, treat and final disposition of patient in the most professional manner. 2) Shall educate patients on oral health care. 3) Ensures compliance with current MSDS documents, code of ethics, SOPs for all dentists and guidelines prescribed by PMDC. 4) Shall examine teeth and oral cavity and diagnose patients' dental conditions by using tools such as dental radiographs. 5) Shall assess the treatment options and discuss the treatment plans with patients. 6) Shall carry out given clinical treatments such as restoring teeth affected by decay and treating gum disease. 7) Get the opinion from the concerned speciality in case of other medical health issues (e.g. chemotherapy / radiotherapy, pregnancy and immunodeficient patients etc.) to start the dental treatment. 8) High level communication and interpersonal skills, for interaction with patients of all ages and backgrounds. 9) An interest in the welfare of others and in a sympathetic manner, particularly to deal with patients' fears. 10) Information technology skills, due to the increasing use of computers for keeping records and accounts, and for digital imaging of radiographs and intra-oral photography. 11) Ensures compliance with local, state and federal guidelines as well as health laws. 12) Shall teach appropriate oral hygiene strategies to the patients to maintain oral health; (e.g., tooth brushing, flossing and nutritional counselling). 13) Public Health Dentistry, including dental trips to schools and clinics which focus on the prevention of dental problems within entire communities.
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<p>DENTAL SURGERY ASSISTANT & DENTAL TECHNICIAN</p>	<ol style="list-style-type: none">1) Shall support dental care delivery by preparing treatment room, patient, instruments, and materials; passing instruments and materials; performing procedures in compliance with the dental practice act.2) Shall assist the dentist during a variety of treatment procedures.3) Shall maintain patient dental records.4) Shall perform dental radiographs (x-rays).5) Shall ask about the patient's medical history and monitor vitals.6) Must help patients to feel comfortable before, during and after dental treatment.7) Shall provide patients with instructions for oral care following surgery or other dental treatment procedures, such as the placement of a restoration (filling).8) Must help to provide direct patient care in all dental specialties, including orthodontics, pediatric dentistry, periodontics and oral surgery. Specialty practices, endodontic (root canal treatment), periodontics (treatment of gum problems), prosthodontics (replacement of lost teeth) and pediatric dentistry (treatment of children).9) Shall assist dental surgeon in the treatment of bedridden patients.10) Shall counsel patients about good nutrition and its impact on oral health.
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7 REGISTRATION OF THE PATIENT

7.1 PURPOSE

To facilitate the registration of patient in Dental Department.

7.2 RESPONSIBILITY

Receptionist appointed at OPD Reception / registration

7.3 PROCEDURE

- 1) DMS Incharge will ensure the availability of Receptionist during the routine OPD hours.
- 2) All patients coming to OPD registration counter will be registered for dental treatment at reception regardless of their clinical status.
- 3) Following information must be obtained and entered during registration process: Name, age, gender, address, CNIC number, contact phone number, date and time of visit.
- 4) A Medical Record Number will be issued to patient after recording all information on OPD Register / HIMS. (*ANNEX-01*)

8 DENTAL EMERGENCY

8.1 PURPOSE

To establish a uniform system for assessment, management and disposition of dental patients from emergency.

8.2 RESPONSIBILITY

Dental Surgeon, Dental Assistant/Technician, CMO, EMO, Emergency staff Nurse

8.3 PROCEDURE

- 1) The patient must be seen on the same day in case of acute emergency for which duty roster must be prepared and displayed in emergency room to ensure the availability of the doctor all the time. Following conditions require the emergency treatment:
 - a. Confirmed trauma.
 - b. Pain keeps the patient awake at night.
 - c. Current fever or swelling.
 - d. Sudden onset of severe pain.
- 2) All patients will be accessed initially by Casualty Medical Officer (CMO)/ Emergency Medical Officer (EMO).
- 3) In case patient needs specialized dental care, CMO/EMO on duty will contacts the on-call Dental Surgeon on telephone or through a written call. Dental Surgeon will physically attend the patient and assess the need for either emergency treatment immediately or referral.

Call Register (Emergency) attached in ANNEX-01.
- 4) Systematic approach should be adopted in the assessment of the emergency case patients.
- 5) If the patient's clinical condition is serious and any delay in treatment may endanger her/his life, CMO/EMO on duty may treat/refer the patient without the consent of dental surgeon.
- 6) Duly filled referral form will be provided to attendants/family explaining the clinical condition at referral, reasons for referral and name of hospital to whom he/she is being referred along with brief history, treatment provided in the emergency, investigations and reports.

Referred to the Referral form attached in ANNEX-02.
- 7) In case patient discharges from emergency, the patient must be issued specific, printed or legibly written after care/ instructions to visit dental OPD for follow-up.

Dental Card attached in ANNEX-03
- 8) In case of refusal for admission, a statement of refusal {Leave against Medical Advice (LAMA)} should be signed before discharging patients from emergency.

9 DENTAL OUTPATIENT WORK PROCESS

9.1 PURPOSE

To provide a high quality, patient focused and professional outpatient services.

9.2 RESPONSIBILITY

Dental Surgeon, Dental Assistant/ Technician

9.3 PROCEDURE

- 1) Outdoor will be conducted on all working days where patients are seen on first come-first serve basis.
- 2) **Appointment scheduling and accommodating emergencies**
 - a. The patient can be given appointment, if any of the following circumstances and symptoms applies:
 - i. The patient is satisfied with the appointment date and time scheduled.
 - ii. The patient has a history of chronic toothaches that do not keep them awake at night or require medication.
 - iii. Broken or sensitive tooth causing mild discomfort and the patient is satisfied with the appointment date and time scheduled.
 - b. Once an acceptable and appropriate appointment date or appointment for follow up and time has been selected, enter the following information in the Dental register (*ANNEX-04*)
 - i. Patient's last and first name.
 - ii. Work and home phone numbers.
 - iii. Appointment time and date
- 3) **Initial History Taking and Oral Examination**
 - a. Dental assistant shall receive the patient and let the Patient seated on dental chair.
 - b. Name, age, gender along with presenting complaint, history of presenting complaint, co-morbidities, past medical and surgical history, Past Dental history, drug history and allergies conditions shall be recorded in detail.
 - c. For children, He shall ask the parents about problems during pre-natal, natal, post-natal phases, and about development milestones
 - d. The Dental Surgeon shall perform an initial oral examination and evaluation to establish a diagnosis and prognosis prior to dental treatment.
 - e. The Dental Surgeon shall explore the teeth and be percussed by instruments.
 - f. He shall Radiographs, if necessary.
 - g. The examination shall:
 - i. Be documented, dated, timed and appropriately authenticated by the treating Dental Surgeon.
- 4) **Treatment Plan**
 - a. Is based on the examination, evaluation, diagnosis and prognosis.
 - b. Shall Identify goals of treatment plan.

- c. Shall be interdisciplinary when necessary to meet the needs of the patient.
- d. Shall describe the proposed dental procedure, including frequency and duration.
- e. Shall be dated, timed and appropriately authenticated by the treating Dental Surgeon.

5) **INFORMED CONSENT**

The Dental Surgeon shall explain the planned procedure to the patient along with procedure fee in detail. Informed consent shall be obtained from the patient and his/her relative which shall be duly signed by the Patient or treating Dental Surgeon prior to any intervention or modality. It shall be his responsibility to fully inform the patient and family, when indicated, of the nature, need and possible consequences or untoward effects of any procedures and to document such in the medical record.

6) **Treatment Procedure**

- a. Medicines shall be administered only by authorized Dental Surgeon.
- b. Procedure Documentation Shall be dated, timed and appropriately authenticated by the treating Dental Surgeon.

7) **Discharge**

- a. The Dental Surgeon shall discharge the patient when the anticipated goals or expected outcomes of the treatment have been achieved.
- b. Patient/ attendant will be informed about discharge and discharge process will be discussed with patient and family.
- c. Dental Surgeon shall complete the Discharge card and hand it over to the patient after signatures.
- d. The discharge card documentation must include
 - i. Presenting complaint
 - ii. Significant clinical findings
 - iii. Final diagnosis and co-morbidities
 - iv. Significant findings of investigations done
 - v. Details of Dental procedure, if performed any
 - vi. List of medications used during hospital stay
 - vii. Response to treatment
 - viii. Patient condition at exit
 - ix. Treatment advised
 - x. Date and Time of discharge
 - xi. Follow up instructions
 - xii. Follow up appointment to visit Dental OPD

8) **Follow up**

- a. Follow up of all patients and their compliance should be noted for further visits.
- b. Follow-up appointment for dental treatment must be recorded in Dental Appointment Register. **(ANNEX-04)**

9) Referral

- a. Dental patients who need more complex and specialized care will be referred to Tertiary Care Hospital.
- b. Dental Surgeon shall identify the facility where patient could/should be referred.
- c. Patient / attendants / family will be informed about need and reasons for referral.
- d. Duly filled referral form is provided to attendants / family explaining the clinical condition at referral, reasons for referral and name of hospital to whom he/she is being referred along with brief history, treatment provided in dental department, investigations records.
- e. Record must be maintained in referral register of Dental OPD.
(ANNEX-04)
- f. Photocopy of referral form must be retained for medical record.

Referred to Dental Card attached in (ANNEX-03)

10 INPATIENT CONSULTATION REQUEST FROM OTHER DEPARTMENTS

10.1 PURPOSE

To provide guidelines for treatment of dental problems in admitted patients.

10.2 RESPONSIBILITY

Dental Surgeon, Duty Nurse, Duty Medical Officer

10.3 PROCEDURE

- 1) Requests for consultation from the In-patient department require prompt patient evaluation by Dental Surgeon. Consultations should be provided within a reasonable time frame, as determined by patient condition.
- 2) The Healthcare providers placing the consultation request will document the reasoning on the consultation request form attached at *ANNEX-05*. The HCP will also place a phone call to the Dental Surgeon.
- 3) Consultation for Dental Treatment shall be completed in a timely fashion by taking a complete history and oral examination of the patient.
- 4) Dental Surgeon shall formulate and explain the plan of care to patient and primary Physician.
- 5) While administering patient care, identify patient by calling his/her name and compare with ID band applied.
- 6) Informed consent shall be obtained from the patient and his/her relative which will be duly signed by the Patient or treating Dental Surgeon prior to dental treatment. It shall be his responsibility to fully inform the patient and family, when indicated, of the nature, need and possible consequences or untoward effects of any procedures and to document such in the medical record.
- 7) Dental Surgeon shall make daily rounds and same must be documented in the Dental Surgeon Notes (*ANNEX-06*). Which must be attached to the patient file.
- 8) The Dental Surgeon shall re-examine the patient as necessary during the entire hospital stay to evaluate progress of the patient and give discharge medications and instructions on discharge card along with appointment to visit Dental OPD for follow up/further treatment. The same shall be recorded in the Dental Appointment Register attached at (*ANNEX-04*)

11 OPERATING PROCEDURES

11.1 PURPOSE

To provide definitive guidelines for the Dental treatment of patients in Dental Department.

11.2 RESPONSIBILITY

Dental Surgeon, Dental Assistant/Technician

11.3 PROCEDURE

11.3.1 DENTAL RADIOGRAPH

1) SOPS FOR TAKING RADIOGRAPHS

Dental Assistant shall take the following steps:

- a. Check complete dental and medical history on dental card.
- b. Seat the patient.
- c. Placement of x-ray film in oral cavity.
- d. Positioning of x-ray cone.
- e. Disposable barrier envelopes are recommended to use for each intra-oral film. The number required should be predetermined and dispensed onto the bench top. If additional films are required later, contaminated gloved hands shall not be placed in film bins.
- f. Transfer tweezers, or a chair side scouting assistant, or de-gloving (i.e. removal of contaminated gloves) shall be used to retrieve additional films.
- g. Disposable barrier envelopes are recommended for use of digital radiographic films.
- h. All staff involved in clinical radiology must wear gloves and eye protection / lead apron.
- i. The pre-set exposure controls shall not be touched with contaminated hands. The dentist de-gloves before pressing the controls, or the controls shall be covered with a disposable barrier. If the dentist de-gloves, new gloves shall be put on to continue the clinical work.
- j. When positioning the tube, only the portion of the cone which is covered in plastic may be touched.
- k. After exposure of the film, the barrier envelope of the contaminated intra-oral film shall be open and the uncontaminated film shall be shaken onto a covered bench top or into a labeled cup for transport to the darkroom. Proper care should be taken to avoid the contamination of workbenches and external surfaces of cups.

2) SOPs for Developing X-rays:

- a. Open the x-ray film in the dark box and dark room
- b. Put the x-ray film in the developer first for almost 15-20 seconds.
- c. Then place in water chamber for 5 seconds.
- d. Now place it in fixer for 20-30 seconds.
- e. Wash it with water before examining.
- f. It can be placed in fixer for some more seconds if required.

11.3.2 SOPS FOR ROOT CANAL TREATMENT (RCT)

- 1) Take complete medical and dental History.
- 2) Do complete Oral Examination.
- 3) Ask for aggravating and relieving pain factors on eating and drinking especially sweet, cold and hot.
- 4) Check BP and Blood sugar level for control bleeding and wound healing.
- 5) Seat the patient.
- 6) Carry out the infection control protocols.
- 7) Administer local anesthesia
- 8) Check for effectiveness.
- 9) Access opening and canals location
- 10) Reshape canals with files and (or) reamers from 15-40 number.
- 11) Do X-ray with the master cone to determine length
- 12) Remove dead tissue or pulp from the tooth chamber and root canals.
- 13) Do frequent irrigation with saline during filing.
- 14) Do complete isolation of the concerned teeth.
- 15) Do Drying of canals with paper points.
- 16) Perform Obturation and final filling.
- 17) Take X-ray.
- 18) Give post-op instructions and medications.
- 19) Give Follow-up appointment after 3 weeks for crown preps.

11.3.3 SOP FOR CROWN AND BRIDGE

- 1) Take complete medical and dental history
- 2) Do complete oral examination.
- 3) Ask for aggravating and relieving pain factors on eating and drinking especially sweet, cold and hot.
- 4) Check BP and BSL for control bleeding and wound healing.
- 5) Seat the patient.
- 6) Carry out Infection control protocols.
- 7) Crown and bridges are indicated in teeth that are grossly carious (root treated) and (or) missing.
- 8) Do tooth cutting 2mm on buccal and lingual sides.
- 9) Give occlusal clearance.
- 10) Take Impression.
- 11) Pour an impression.
- 12) Send to laboratory.
- 13) When fabricated, do a trial to check for any complaint.
- 14) Finally crown will be cemented and high spots will be checked.
- 15) Give Post op instructions.

11.3.4 SOP FOR SCALING AND POLISHING

- 1) Take complete medical and dental history.
- 2) Do complete oral examination.
- 3) Ask for aggravating and relieving pain factors on eating and drinking especially sweet, cold and hot.
- 4) Check BP and BSL for control bleeding and wound healing.
- 5) Seat the patient.
- 6) Carry out Infection control practices.
- 7) Remove Plaque with scaler.
- 8) Polishing done with polishing paste.
- 9) Post op instructions.
- 10) Medicated, if needed.

11.3.5 SOPS FOR GLASS IONOMER FILLING (GIC)

- 1) Indication: Caries but no pain except on chewing and food impaction.
- 2) Take complete medical and dental history.
- 3) Do complete oral examination.
- 4) Ask for aggravating and relieving pain factors on eating and drinking especially sweet, cold and hot.
- 5) Check BP and BSL for control bleeding and wound healing.
- 6) Seat the patient.
- 7) Carry out Infection control practices.
- 8) Administer anesthesia, if necessary.
- 9) Remove carious lesion with round burr.
- 10) Explore with spoon excavator for any remaining soft caries.
- 11) Wash the cavity.
- 12) Isolation
- 13) Fill the cavity.
- 14) Check for high spots.
- 15) Medicated, if needed.

11.3.6 SOP FOR LIGHT CURE FILLING

- 1) Indication: It is indicated especially in anterior where esthetics is concerned.
- 2) Take complete medical and dental history.
- 3) Do complete oral examination.
- 4) Check BP and BSL for control bleeding and wound healing.
- 5) Seat the patient.
- 6) Carry out Infection control practices.
- 7) Administer anesthesia, if necessary.
- 8) Remove carious lesion with round burr.
- 9) Explore with spoon excavator for any remaining soft caries.

- 10) Wash the cavity.
- 11) Isolation
- 12) Etching for 15-20 sec
- 13) Wash thoroughly with water
- 14) Isolation
- 15) Drying of cavity but do not desiccate
- 16) Apply bonding and light curing for 15-20 sec.
- 17) Add the filling materials in small increments and curing each increment for 15-20 sec.
- 18) Check for high spots.
- 19) Give medicines, if needed.

11.3.7 SOP FOR SIMPLE TOOTH EXTRACTION

- 1) Take complete medical and dental history.
- 2) Do complete oral examination.
- 3) Evaluate through x-ray, the teeth which cannot be saved through fillings or root canals.
- 4) Check BP and BSL for control bleeding and wound healing.
- 5) Seat the patient.
- 6) Carry out Infection control practices.
- 7) Administer anesthesia, if necessary.
- 8) Check for effectiveness
- 9) Carry out Infection control protocols.
- 10) Adjust the dental chair position.
- 11) Luxate the teeth by elevator, when fully luxated pull out by forceps.
- 12) Check the socket thoroughly for any remaining debris.
- 13) Pressure pack with cotton soaked in saline.
- 14) Post op instructions.
- 15) Give Medications, if needed.

11.3.8 SOP FOR SURGICAL TOOTH EXTRACTION

- 1) Take complete medical and dental history.
- 2) Do complete oral examination.
- 3) Check BP and BSL for control bleeding and wound healing.
- 4) Seat the patient.
- 5) Carry out Infection control practices.
- 6) Evaluate through x-ray.
- 7) Mostly root treated teeth broke during extraction, those impacted in gum.
- 8) Administer anesthesia, if necessary.
- 9) Check for effectiveness
- 10) Adjust the dental chair position.
- 11) Give precise and clean incision
- 12) Raise flap

- 13) Expose the teeth by bone cutting, if necessary.
- 14) Remove tooth,
- 15) Check the socket for any debris.
- 16) Smooth the Sharp edges of bone.
- 17) Replace the flap.
- 18) Suture
- 19) Pressure pack with cotton.
- 20) Give Post op instructions.
- 21) Give Medication.
- 22) Recall for suture removal after 07 days.

12 INSTRUMENT STERILIZATION

12.1 PURPOSE

To provide definitive guidelines for instruments management, tracking and sterilization.

12.2 RESPONSIBILITY

Dental Surgeon, Dental Assistant/Technician, Quality Assurance Officer

12.3 PROCEDURE

12.3.1 SOPS FOR MANAGEMENT OF INSTRUMENTS

- 1) Instruments which contact normally sterile tissue or intact mucous membrane should be used sterile at the point of use.
- 2) Hand pieces used in routine dentistry shall be used sterile at the point of use, as they contact mucosa.
- 3) Instruments which are to be used in semi-critical and critical areas must be packaged prior to sterilization so as to remain sterile in the packaging. This allows the instruments to be sterile at their point of use.
- 4) These kits are then stored in drawers away from direct aerosol contamination. These instruments are therefore sterile at the point of use.
- 5) The instruments used for a brief consultation or review may include the examination kit and/or the periodontal maintenance kit.
- 6) Instruments which contact intact skin should be decontaminated prior to use. It is not essential that they are sterile at the time of use. Although it is preferable for these items to have been sterilized, items which are heat labile can be decontaminated using a clinical detergent.

12.3.2 SOPS FOR INSTRUMENT TRACKING

- 1) In order to minimize tracking requirements, place instruments in kits.
- 2) These kits should have a label with the sterilizer cycle number.
- 3) This cycle number is then transferred to the patient record.

12.3.3 STERILIZATION OF INSTRUMENTS

- 1) A central sterilization services department (CSSD) is vital.
- 2) Properly trained staff should be deployed and counterchecked for sterilization authenticity.
- 3) Regular validation tests for sterilization should be carried out and documented.
- 4) Compliance of recall procedure is mandatory when breakdown in the sterilization system is identified.

12.3.3.1 SOPS FOR STERILIZATION IN CASE OF SEPARATE AUTOCLAVE FOR DENTISTRY UNIT OR CSSD BREAKDOWN

- 1) Collect the all instruments used.

- 2) First of all, wash the instruments with clean water to clean them from any blood and/or debris present on it.
- 3) Dip the instruments in the disinfectant for about 05-60 minutes.
- 4) Triacid-N is the disinfectant routinely used. It is diluted with water (as recommended) and then dip the instruments.
- 5) Let Instruments dry first and pack them in the sterilization pouches.
- 6) Pouches should be color coded to indicate whether it is completely sterilized.
- 7) When processed with steam indicator turns brown and when processed with ethylene oxide it turns yellow.
- 8) Sterilization is routinely done under steam pressure.
- 9) Place the Instruments in the autoclave at a pressure of 1.2 -2.2 bar, temperature of 121-135 celsius for 45 minutes.
- 10) After complete sterilization place the pouches in their respective places.

13 EQUIPMENT

13.1 ESSENTIAL EQUIPMENT

Following is the list of equipment essential for a fully functional dental department in DHQ/THQ Hospitals, P&SHD.

- 1) Dental chair with its necessary accessories.
- 2) Dental chair compressor.
- 3) Dental P/A radiograph unit.
- 4) Dental examination sets and surgical instruments.
- 5) Dental Sterilization Unit (Autoclave etc)

13.2 MAINTENANCE OF EQUIPMENT

13.2.1 DEPARTMENT PERIODIC PREVENTIVE MAINTENANCE PLAN

- 1) Staff operating equipment will be trained in handling the equipment as per the manufacturer instruction manual.
- 2) The hospital will develop a routine schedule for inspection and calibration of equipment based upon original equipment manufacturer guidelines.
- 3) These services can be provided through an in-house arrangement or alternatively through outsourcing.
- 4) The P&SHD will ensure that the record regarding purchase and maintenance of equipment and machinery is properly documented and maintained.
- 5) An outline record card will be included with each schedule for recording measurement. The engineer should also note on the record card any item that needs to be replaced.
- 6) The Department will ensure that no equipment is non-functional by ensuring regular repairs, preventive maintenance, and provision of essential spares.
- 7) Equipment not working must be tagged “OUT OF ORDER”
- 8) Any work carried out by the biomedical technician or engineer should be recorded in Equipment History card as follows:
 - a. Time spent for servicing.
 - b. Description of service being carried out
 - c. Status of equipment after servicing
 - d. Name of the technician / engineer attended
 - e. Date of equipment commissioned and break down during warranty period.

13.2.2 EQUIPMENT INVENTORY

- 1) All the relevant information about the equipment must be entered, including its installation location, record of repair and maintenance, and the manufacturer.
- 2) A reference number is given and written on a printed paper label, which is attached to each item. This number is recorded in a ledger of equipment with full identifying details.

- 3) All equipment in the hospital that is in the care of the department service workshop should be recorded on registers or cards as shown in the format of equipment service history form.

13.2.3 EQUIPMENT AUDIT

- 1) Equipment audit is the periodic evaluation of the quality of performance of the Dental equipment by Equipment Audit Committee (EAC).
- 2) The EAC shall meet once every quarter of a year and will fill the maintenance of history sheet and log book of the equipment.

Refer to Equipment Record and Maintenance attached at (ANNEX-04)

14 INFECTION CONTROL

14.1 PURPOSE

The purpose of infection control is to prevent the transmission of these disease-producing microorganisms:

- 1) From one patient to another;
- 2) From dental care provider to patient;
- 3) From patient to dental care provider or other staff (such as an assistant, receptionist; and laboratory technician);
- 4) Every practitioner must:
 - a. Ensure the premises in which he or she practices are kept in a clean and hygienic state to prevent the spread of infectious disease;
 - b. Ensure that in attending a patient he or she takes such steps as are practicable to prevent or contain the spread of infectious disease.

14.2 RESPONSIBILITY

Infection Control Nurse (ICN), Dental Surgeon, Dental Assistant/Technician, DMS.

14.3 PROCEDURE

14.3.1 DESIGN AND MAINTENANCE OF PREMISES

- 1) The treatment areas should be adjacent to the Instrument Recirculation (IRC) areas.
- 2) Keep the treatment area and IRC area distinct and away from administrative areas and bathrooms.

14.3.1.1 DESIGNATED CLINICAL (OR PROCEDURAL) AREAS:

- 1) Divide clinical areas into a number of designated areas and maintain the zones to control the risk of cross contamination.
- 2) All Staff must be adhere to the outlined protocols. Staff must not bring personal effects, changes of clothing, or bags into the clinical areas.
- 3) As a general rule, movement from green to orange or orange to red zones without changing gloves can occur, but NEVER from red to orange, red to green or orange to green

14.3.1.1.1 CLINICAL AREA ZONE 1 - TREATMENT ZONE (ALSO KNOWN AS THE OPERATING FIELD)

- 1) Any item that comes in and out of the treatment zone must be sterilized, and decontaminated or discarded (if it is a single use item).
- 2) Items required for each patient's treatment are stored only in the treatment zone.
- 3) Do not mix contaminated and sterile instruments within the treatment zone.
- 4) Designate contaminated and sterile regions clearly; (i.e. where contaminated material can be placed and where contaminated materials cannot be placed).
- 5) Cover large items which may become contaminated but cannot be sterilized, with a disposable or sterilizable barrier, which is changed between patients.
- 6) For the above items, disposable barriers must be dispose off in the general waste, after contact has been made with the barrier. If the disposable barriers come into contact with

blood or saliva, dispose them off in the infectious waste, rather than in the general waste. Alternatively re-usable barriers may be cleaned and sterilized.

- 7) When replacing barriers:
 - a. Remove the contaminated barrier /coverings while gloves are still on;
 - b. Next remove gloves and wash and decontaminate with alcoholic chlorhexidine.
 - c. Put on a new pair of gloves prior to covering the surfaces with clean barriers before the next patient.
 - d. Items and/or surfaces requiring barrier coverage do not require wiping between patients. These items / surfaces should be wiped at the beginning and end of each day.
- 8) The uncovered surfaces may have become contaminated, e.g. bracket arm, patient chair, etc. should be cleaned.

14.3.1.1.2 CLINICAL AREA ZONE 2 - TREATMENT PERIPHERY

- 1) The treatment periphery is the area outside the treatment zone, within the clinical area, where materials are mixed and containers and equipment are placed. Contamination can occur if surface contact and transfer of articles from the treatment zone to the treatment periphery happens without using aseptic techniques.

14.3.2 SOPS FOR PROTECTION OF THE DENTAL CARE PROVIDERS AND PATIENTS

- 1) Each staff member should pay particular attention to ensure their personal hygiene is of the highest standard. This is essential in reducing the health risks associated with occupational duties and the working proximity to patients.
- 2) Personal protective equipment (PPE), including gloves, masks, gowns and protective glasses are worn.
- 3) Intact skin is a proven and effective barrier to infectious agents.
- 4) Use a disinfectant over the dentition and mucosa prior to commencement of:
 - a. Certain dental procedures which require aseptic techniques (such as endodontics), Examples of dental disinfectants include iodine, and sodium hypochlorite.
 - b. Certain surgical procedures.
- 5) The principle dentist of the practice is responsible in ensuring that all staff maintains a record of vaccination and to update these records as required. Dental health care providers should know their immunization status.
 - a. Screening: HbsAg, Anti-HCV, Anti-HIV, ECG, Chest X-Ray
 - b. Vaccination: Hepatitis B

14.3.3 SOPS FOR CLEANING DURING PATIENT TREATMENTS

- 1) Keep everything organized, prepared and well set up. All instruments must be cleaned after their use. Clean up as you go, separating general waste, sharps and bio contaminated materials. Instruments that are obviously contaminated must be wiped to prevent the adhesion of debris to instruments.
- 2) Hold and pass instruments correctly. (Care is taken not to touch parts of instruments which are to remain sterile, and prevent puncture wounds.) Utilize RISK MINIMIZATION TECHNIQUES, including one-way passing of instruments.

- 3) Clean Dental assistant, Dentist, Clean Bracket Table etc.
- 4) Separate nonsterile instruments from those that are sterile during surgical or endodontic procedures.
- 5) Take care when using sharps, (e.g. files, syringes, probes and scalers). Use measuring blocks to measure endodontic instruments. Use file cleaners (sponges) to clean files to avoid puncture wounds. Do not pass sharp instruments such as probes and files.
- 6) All instruments shall be cleaned of debris immediately after use. Avoid leaving contaminated instruments with drying blood or setting material which would make cleaning difficult.
- 7) Where an aerosol or splatter may be generated, patients shall be draped with a waterproof apron, e.g. a large, plastic-backed bib or hairdresser's gown. A bib shall also be placed over the apron. Dispose of the bib after use. Change the apron when it becomes soiled and send for laundry.

14.3.4 SOPS FOR CLEANING BETWEEN PATIENT APPOINTMENTS

- 1) The dental assistant is responsible for wiping surfaces and equipment between patients.
- 2) Examination gloves must be worn while wiping down (cleaning) and removing barriers. Use detergent and lint free cloth to wipe surfaces.
- 3) The cleaning must be done systematically, always beginning with the least contaminated areas and working through to the most contaminated areas and includes all non-disposable items which are not taken to the CSSD. These items include:
 - a. light handles;
 - b. controls on amalgamators and curing lights;
 - c. light emitter, handles and switches on curing light;
 - d. work surfaces;
 - e. triple syringe;
 - f. hand piece brackets;
 - g. end of suction hoses; and
 - h. Impression material dispensers.
- 4) Following decontamination, wash hands and place new gloves before replacing barriers.
- 5) Intermittent thorough flushing of suction lines (aspirators and evacuators) with water during treatment must be carried out to prevent blood and saliva accumulating and coagulating in suction lines. This is particularly important during long surgery procedures. Also, clean or replace secretions filter daily. Service and maintain suction unit at regular intervals according to the manufacturer's instructions. The waste in the secretions filter must be appropriately disposed off.
- 6) At the end of each day, one liter of non-foaming detergent shall be prepared and 500 ml shall be sucked through the high-volume aspirator, and 500 ml through the low volume aspirator. If a spittoon is used, then flush 400 ml and 400 ml through the suction and 200 ml through the spittoon.

14.3.5 SOPS FOR DENTAL UNIT WATERLINE MANAGEMENT

- 1) Water used for mouth rinsing should be of drinkable standard. (Refer to infection control manual) Water required for irrigation for tooth preparation and ultrasonic scaling should be of a similar quality.

- 2) The dental assistant is responsible for flushing air and water lines for 2 minutes at the beginning of each clinic day and after treatment of each patient for 30 seconds, (if the hand piece and triple syringe have been used).
- 3) Cross contamination can also be minimized by the installation and proper maintenance of anti-retraction (non-return) valves, as well as thorough flushing of the dental unit water lines. Equipment purchased as new, or when upgrading existing equipment, the equipment should be capable of delivering water of < 200 cfu/ml (colony forming units per milliliter). The new equipment should contain a self-contained (clean) water system or an internal disinfecting system. If a self-contained water system is not installed ensure that a backflow prevention system, acceptable to the local water authority must be installed. Maintenance of self-contained water systems or self-disinfecting systems for dental unit water lines is required because they can also harbor bacteria.
- 4) Also flush triple syringes for 20 seconds prior to changing to the triple syringe tip after each appointment. If unable to use sterilizable triple syringe tips, use disposable tips. The water must be flushed into the high-speed evacuator.
- 5) The ultrasonic scaler handle must also be flushed for 20 seconds after use. The scaler tip must be removed at patient changeover. The water must be flushed into the high-speed evacuator. Sterilize tips in the steam sterilizer. (This refers to both piezo electric and magneto strictive systems.)
- 6) At the end of the appointment:
 - a. Hand pieces must be flushed for 30 seconds and then removed from the couplings.
 - b. Hand piece and hand piece covers are aseptically removed.
 - c. The hand pieces must be wiped with detergent and oiled. Retain hand pieces in their wrapping until time of use.
 - d. Other reusable intraoral instruments attached to, but removable from, the dental unit air or water lines, such as ultrasonic scaler tips, and component parts, and air/water triple syringe tips, must be cleaned, packaged and steam sterilized after each patient.
 - e. All burs must be sterilized between patients or disposed of after use. Bur brushes must also be sterilized after use.

14.3.6 GENERAL CLEANING PROCEDURES

14.3.6.1 DAILY PROCEDURES

Regular cleaning of the clinical areas is essential to maintain a safe working environment for patients and staff. A documented schedule of routine cleaning is maintained for each clinical area. After each procedure has been undertaken, the monitor is checked off and signed by the staff member. If an item does not require attention on that day, this item is acknowledged with N/A (not applicable).

1) Start of day

- a. Each dental unit shall be dusted with a dampened wipe, such a lint free cloth, and detergent. Horizontal surfaces must also be wiped; including benches, x-ray machines, windowsills and shelving. Flush out all dental units for 2 minutes.

- b. Any pre-dispensed chlorine solution from the previous day shall be discarded as it is inactivated by light. Chlorine solutions must be prepared or dispensed daily.

2) End of day

- a. One liter of non-foaming detergent must be prepared according to the manufacturer's instructions and 500 ml must be sucked through the high-volume aspirator, and 500 ml through the low volume aspirator. If a spittoon is used, then flush 400 ml through the high-volume aspirator and 400 ml through the low volume aspirator and 200 ml through the spittoon
- b. All medications such as local anesthetics are locked in the appropriate cupboard by the dentist. The dentist must retain the key.
- c. Compressor air is released and emptied properly.

14.3.7 WEEKLY PROCEDURES

- 1) Drawers and cupboards are kept tidy and clean.
- 2) Storage facilities for sterile stock are cleaned at least fortnightly.
- 3) All environmental surfaces, apart from those contaminated in the treatment zone, are cleaned at least weekly.
- 4) Check the resuscitation equipment.
- 5) The internal and external surfaces of the sterilizer must be cleaned according to manufacturer's maintenance procedures.

14.3.8 WASTE MANAGEMENT IN DENTAL UNIT

At the completion of treatment all sharp items must be disposed off into the clearly labeled, puncture resistant, approved sharps container, which conforms to the specifications.

Referred to Waste Record Register in (*ANNEX-04*)

14.3.8.1 SOPS FOR MANAGEMENT OF BLOOD AND BODY FLUID SPILLS

- 1) Risk Management principles must be understood by all staff.
- 2) Keep the environment safe at all times for patients and staff.
- 3) Traffic areas should remain clear, with equipment and supplies stored in their designated location.
- 4) Familiarize staff with all work practices, which remain constant unless prior notice is given of any change.
- 5) Always locate containers for sharps, segregated waste and contaminated instruments in the same place for easy access.

15 MEDICAL RECORD MANAGEMENT

15.1 PURPOSE

To ensure documentation compliance, safe storage, retrieval and disposal of physiotherapy records.

15.2 RESPONSIBILITY

Dental Surgeon, Quality Assurance Officer, Medical Superintendent

15.3 PROCEDURE

- 1) Systematic documentation of a single patient's history and care across time in Dental department is mandatory and it is primary responsibility of Dental Surgeon.
- 2) Dental Record of a particular patient is confidential and his/her right to privacy must be respected at all times.
- 3) Medical records must be maintained for every individual who receives dental care at DHQ/THQ hospital.
- 4) The author of every entry in Dental Records is identified through signatures, names and designation.
- 5) The author of entry must make sure that every entry fulfills the following criteria
 - a. Date of entry
 - b. Time of entry
 - c. Authenticated by his/her legible name ,signature and designation
- 6) Patient Dental Record must contain:
 - a. Medical Record Number along with patient bio-data, date and time of visit,
 - b. Duly signed informed written consent for Dental treatment.
 - c. Presenting complaint, history of presenting complaint, co-morbidities, past medical and surgical history, Past Dental history, drug history, allergies and developmental history in case of pediatric patient shall be recorded in detail.
 - d. A Provisional or working diagnosis must be stated at the end of the completed History and Oral Examination.
 - e. Dental Treatment shall be formulated.
 - f. Chronological details of provided care and interventions done during entire stay of patient in hospital.
 - g. Patient discharge along with follow-up instructions and appointment.
- 7) All entries must be legible, accurate, clinically relevant and authenticated.

Referred to Dental Card attached in ANNEX-03

Referred to Dental Patient Record Review Checklist attached in ANNEX-07

16 STATISTICAL RECORDS

16.1 PURPOSE

To establish guidelines to maintain patient's statistical record, duties record of personnel, equipment records etc.

16.2 RESPONSIBILITY

Dental Surgeon, Dental Assistant / Technician, DMS, Quality Assurance Officer

16.3 PROCEDURE

- 1) Details of all patients visited in Dental Department must be documented in patient record registers which will include patient demographic data, date & time of visit, diagnosis along with disposition details.
- 2) There should be a separate record register for indoor and emergency consultation.
- 3) There should be record maintained for duty replacements of staff inside the unit.
- 4) Daily generated waste in unit may be entered in waste record register.
- 5) Evidences of trainings conducted for staff must be maintained in training file.
- 6) There should be a separate file for equipment used in department with their inventory list, service history record, PPM record, inspection checklists.
- 7) Dental Surgeon and DMS Incharge will be responsible for assembling, archiving and retrieving of all these records.

Referred to Dental Department Registers attached in ANNEX-04

17 CONTINUOUS QUALITY IMPROVEMENT

17.1 PURPOSE

To establish an effective process which leads to measurable improvement in health care services provided to the patient by identifying factors affecting service quality.

17.2 RESPONSIBILITY

MS, DMS Quality Control, Quality Assurance Officer, Dental Surgeon

17.3 PROCEDURE

- 1) The CQI Committee comprises of the following individuals:
 - a. MS of the HCE,
 - b. Medical Consultant
 - c. Surgical Consultant
 - d. DMS Quality Control
 - e. Quality Assurance Officer
- 2) All quality improvement efforts in unit are guided by following MSDS from MSDS reference manual of PHC.
 - a. Access, Assessment and continuity of care AAC(lab and radiological services provided to Dental patients)
 - b. COP 1. Emergency services
 - c. COP 2. Blood bank services provided to Dental patients
 - d. COP 4 and COP 5 for patients undergoing Dental procedures.
 - e. Management of medication MOM
 - f. Patient Rights and Education PRE
 - g. Hospital Infection Control HIC
 - h. Facility Management and Safety FMS
 - i. Human Resource Management HRM
 - j. Information Management System IMS
- 3) In addition to these, the Dental department participates in the required MSDS quality monitors for:
 - a. Appropriate patient assessment with plan of care including treatment course and its documentation in medical record (Dental Card).
 - b. Laboratory and radiology safety and quality control programs (including defined SOPs, implementation, documented training on SOPs, and training on occupational health and safety SOPs, external validation)
 - c. Monitoring of invasive procedures and adverse events like wrong patient, wrong site, wrong surgery, and return to procedure room within 24 hours and re admission within 24 hours.
 - d. Monitoring of adverse drug reactions
 - e. Use of anesthesia and any adverse outcomes.

- f. Use of blood and blood products and any adverse outcome like transfusion reactions.
 - g. Review of medical records to ensure availability, content and use of medical records.
 - h. Risk management and surveillance, defined sentinel events and after that control and prevention of such events that affect the safety of patients, family and staff.
 - i. Following are the main risk factors to be managed in Dental Department are:
 - i. Poor Communication
 - ii. Inadequate Record Keeping
 - iii. Staff Health issues
 - iv. Work overload
- 4) These functions are overseen by key committees, including, but not limited to,
- a. Infection control Committee
 - b. Blood Bank Committee
 - c. Operation theatre Management Committee
 - d. Medical Record Review Committee.
 - e. Medication Usage and Evaluation Committee
 - f. Continuous Quality Improvement Committee.
- 5) Once in a month CQI meeting will be held and all relevant information derived from quality improvement activities shall be shared to administration and concerned area of problem ,so that action can be taken at the right level to solve identified problems and to avoid duplication of effort.
- 6) Minutes of meeting will include defined agenda, issues discussed, conclusion/ recommendation, target date for action plan and the responsible person.
- 7) Documentation of review meeting shall be maintained in a confidential file by Dental Surgeon.
- (Refer to CQI Manual for further details)*

18 SAFETY MEASURES

18.1 PURPOSE

These have been designated;

- 1) To prevent inadvertent or hazardous event from taking place.
- 2) To protect the patient from any harm during the course of hospitalization.
- 3) To caution patient, relative, and the staff of any hazardous events.
- 4) To urge the patient/healthcare providers to observe safety measures to avoid dangers when performing duties.
 - a. **Safety security**; freedom from danger, injury, damage, and harmful side-effects.
 - b. **Precautions actions**, words, or signs by which warning is given or taken before any inadvertent or hazardous event might takes place.

18.2 RESPONSIBILITY

Dental Surgeon, Dental Assistant/ Technician, Supporting Staff

- 1) Dental surgeon is responsible for maintaining safety standards, developing safety rules, supervising and training of staff in departmental standards.
- 2) Dental Surgeon is responsible to inform facility administration in case of any safety hazard.
- 3) All employees of Dental Department shall report defective equipment, unsafe conditions and acts, or safety hazards to the head of the department.

18.3 PROCEDURE

Safety precaution should be strictly observed at all times. It is the responsibility of every hospital employee. Patients and relatives are not excused from observing safety measures for their benefit.

18.3.1 FOR PATIENTS

- 1) Prior explanation of the Dental treatment shall be given to patient/relative.
- 2) Patient shall always be identified properly and correctly when dealing with him/her.
- 3) Written consent shall be obtained for a Dental procedure.
- 4) Observe fall precaution measures at all times and document them.
- 5) Assistance and support to patient shall be rendered whenever needed.
- 6) Sharps and blunt objects shall not be allowed especially to Psychiatrist patient.
- 7) Health teachings such as preventive maintenance; coping up with daily activities; proper ambulating techniques; instructions to take home medications; and follow-up appointment shall be given to every patient before discharge from Dental department.
- 8) Every patient shall be accompanied by help desk officer and assisted in wheelchair from the Dental clinic to the hospital exit, if needed.
- 9) In-patients shall not be shifted to the Dental department for procedure without an accompanying hospital staff.
- 10) When transporting a patient to the procedure area by stretcher or wheelchair, take the following safety precautions.

- a. Lock the wheel brakes or otherwise secure the vehicle in place before moving patient to/from transport.
- b. Prevent the patient from falling by using safety belts or side rails.
 - i. Bedside rails should always be on.
 - ii. Safety belt shall always be applied in transporting patient by stretcher or wheelchair.
- c. Position yourself at the patient's head, push slowly, steadily.

18.3.2 FOR STAFF

- 1) Observe infection control measures at all times.
- 2) Submit yourself for annual physical check-up, which is provided free of charge for all hospital employees. Priority is given to high-risk staff.
- 3) Immunization vaccination shall be provided regularly, especially when there is an epidemic.
- 4) Medical investigations and treatment shall be provided to staff exposed to health-hazards showing manifestations such as allergy, pain, or trauma as a result of injury, etc.
- 5) Needle stick injury policy shall be followed strictly.
- 6) In Dental procedures, PPEs are particularly important in preventing the nosocomial infection.
- 7) Wear proper uniform and safety gadgets or devices as required.
- 8) Gowns with higher water and oil resistance and smaller pore size provide the most protection. Body exhaust suits can provide additional protection from droplet transmission.
- 9) Wear anti-static shoes as indicated when entering sterile areas.
- 10) Observe proper waste disposal.
- 11) Label the procedure.
- 12) Comprehensive orientation on safety shall be given to staff that includes:
 - a. Fire Safety training about how to use firefighting equipment and to evacuate patients safely in the event of fire.
 - b. Infection Control.
 - c. Waste Management
 - d. Proper operation of new machines and medical equipment.
- 13) Faulty machines, electrical wiring and connections shall be labeled and sent immediately to the Maintenance Department for repair.
- 14) Do not insist on using defective machine. It can endanger lives.
- 15) Turning off all electric machines with heat producing elements when not in use.
- 16) Machines and electrical equipment shall be labeled properly about voltage and safety warnings.
- 17) Plug machines and electrical equipment into the outlet according to the correct voltage.
- 18) Do not use an open wire to conduct electricity.
- 19) Do not insist on entering a restricted area where there are danger warning signs.

- 20) Do not store heavy items on top shelves. Scissors, knives, pins, razor blades and other sharp instruments must be safely stored and used.
- 21) Do not obstruct fire equipment. Know location of fire-fighting equipment and how to use it. Know evacuation routes and what to do in case of fire.

18.3.3 SPECIAL CONSIDERATIONS

- 1) Fire safety gadgets provided within the hospital vicinity are as follows:
 - a. Fire Alarm
 - b. Fire Extinguisher
 - c. Fire Hose
 - d. Smoke Detector
- 2) Each Dental procedure has safety measures that must be strictly followed for patients and staff safety.

Referred to the warning signs and displays attached at ANNEX-08

19 FAQs

1) **What does it mean when my gums bleed when I brush and floss?**

Hygiene appointments are made to accommodate your oral and health care needs. Recommended time lines in hygienic treatment are customized to fit your specific oral health care needs.

This is a warning sign that gum disease is present and needs to be treated by a dental hygienist. Gum disease is what leads to tooth loss and failure of dental treatment. This frequently occurs in the absence of pain, making it an important first symptom in detecting the disease.

2) **There are so many different toothbrushes on the market today. How do I know which one is the right one for me?**

The brand of the toothbrush is not nearly as critical as the type of bristle, the size and shape of the head and how frequently you replace your brush.

We recommend a soft bristled brush with a small head. The soft bristles are most important for the health of your gums. A small head allows you to get around each tooth more completely and is less likely to injure your gums. Daily frequency of brushing and replacement with a new brush are much more important issues than the brand you choose. We recommend replacing your brush at least once in 3 months and brushing twice a day after breakfast and before going to bed.

3) **At what age should I start bringing my child to the dentist?**

It is never too early to get a child acquainted with their dental team. Decay can start within months of eruption and accidents can occur at any time. It is recommended that children start coming to the dentist between age one and two for a chair ride and an oral exam.

4) **What is Decay?**

Decay is the destruction of tooth structure. Decay occurs when plaque, the sticky substance that forms on teeth, combines with the sugars and / or starches of the foods that we eat. This combination produces acids that attack tooth enamel. The best way to prevent tooth decay is by brushing twice a day and flossing daily.

5) **When should my child first use toothpaste and how much should I really use?**

Removing food and plaque from the teeth and gums should be done routinely as the first tooth erupts; however a cloth or soft-bristled toothbrush dampened with water is only necessary in the early stages. As your child gets older he or she can use a “training toothpaste” that is non-fluoridated up to age 3. At or around the third birthday, your child should transition to fluoridated toothpaste that is flavored especially for children when they are able to expectorate. Try to avoid minty flavors which can be perceived as “too spicy” or “burning” to your child’s tongue. When applying the toothpaste, only the bristles should be coated thinly; unlike the large, swooping ribbon of paste that is shown in commercials.

6) How safe are x-rays? Why do you leave the room when taking x-rays on me?

Dentist will prescribed x-rays only when needed – client specific. Improved digital x-rays technology means up to 80% less radiation exposure vs. old conventional manually chemically processing of x-rays. We step out of the room to activate x-ray tubing and there is no residual radiation left in the room after.

7) How much toothpaste should an adult use?

An adult should use fluoridated toothpaste that is the size of a small green pea. Most toothpastes are abrasive and excess amount may cause tooth sensitivity.

8) How often should I see a dentist?

The Professional guidelines recommend visiting a dentist at least twice a year for a check-up and professional cleaning.

9) What does “painless dentistry” mean?

Painless dentistry is a means of ensuring your dental experience in our office is as stress-free and pain-free as possible.

10) What if I have an emergency?

In case of emergencies patient must visit the emergency ward and the duty doctor will refer to the DENTAL OPD.

11) I have a terrible fear of going to the dentist. What should I do?

The key to coping with dental anxiety is to discuss your fears with your dentist, he or she will be better able to determine the best ways to make you less anxious and more comfortable.

Nowadays there are a number of strategies that can be used to help reduce fear, anxiety, and pain. These strategies include detailed discussion concerning the treatment required, use of medications to either numb the treatment area or sedatives or anesthesia to help you relax.

20 ANNEXTURE

20.1 (ANNEX-01) - OPD REGISTER

OPD PATIENT RECORD REGISTER / HIMS												
S. No	Date	MR#	Name	Age	Sex	CNIC	Address	Contact#	Arrival Time	Referred to ___ OPD Clinic	Signature Receptionist	Remarks


20.2 CALL REGISTER (EMERGENCY)

Sr No.	Patient Name	MR No.	Age / Gender	CNIC No.	Address	Date & Time of Call	Consultation Requested by	Consulting Doctor Visit Date & Time	Diagnosis	Treatment Given / referral	Follow-up appointment	Consulting Doctor Name, Sign	ER Nurse Sign / ID

20.3 (ANNEX-02) – REFERRAL

Patient's Name					w/o, d/o, s/o			
Age		Gender	M	F	Medical Record No.			
Consultant					Diagnosis			
Date of Admission					Date of Shifting		Time of Shifting	
Address								
Nature of Referral		Emergency			Non-Emergency			
Reason for the Referral (Tick the relevant)				Condition at Referral (Tick the relevant)				
1	Patient's/Attendant request			Alert		Pulse	b/min	
2	Clinical Assessment			Respond to Verbal command		BP	mm/Hg	
3	Medico legal Case			Unconscious		R.R	Breaths/min	
4	Any other reason			Other(Specify)		Temp	F	
Name of receiving hospital								
Brief Clinical History & Examination								
Diagnostic Investigations Done at DHQ Hospital								
Treatment Given at DHQ Hospital								
Name & Signature of Duty Medical Officer								

20.4 (ANNEX-03) – DENTAL CARD



PRIMARY & SECONDARY HEALTHCARE DEPARTMENT
DHQ / THQ HOSPITAL

Government of the Punjab

DENTAL CARD

Patient Name		Father/ Husband Name		MR No	
CNIC/SNIC		Age	Gender	<input type="checkbox"/> M	<input type="checkbox"/> F
Contact No	Address				
Date	Time	Referred To	Referred From		

اجازت نامہ برائے علاج / آپریشن

میں بعض علاج ہسپتال ہذا میں آیا/ آئی ہوں۔ میں معائنے / تشخیص / علاج کیلئے درکار روائی / آپریشن کی اجازت دینا دیتی ہوں۔ متعلقہ ڈاکٹر نے مجھے / ہمیں تجویز کردہ آپریشن، متبادل طریقہ علاج / آپریشن کے فوائد و نقصانات، خدشات اور پیچیدگیوں کے بارے میں وضاحت سے بتا دیا ہے۔ مجھے یہ بھی بتا دیا گیا ہے کہ چیک اپ کے دوران انکسری کی ضرورت پر کتنی ہے اور علاج کیلئے مجھے ایک سے زیادہ شعبوں میں لے جایا جاسکتا ہے۔ دوران علاج کتنی گئی تصاویر زیر تعلیم ڈاکٹر کی رہنمائی، تدریسی مقاصد، ریکارڈ رکھنے اور سائنسی جریدوں میں شائع کرنے کیلئے استعمال ہو سکتی ہیں۔ تمام احتیاطی تدابیر اپنانے کے باوجود علاج کے دوران / علاج کے بعد کسی بھی قسم کی پیچیدگی ہونے کا امکان موجود ہے۔ مثلاً دوا کھانے یا ڈینٹل پروسیجر سے الرجکب ہو سکتا ہے۔ دانتوں کے علاج کے دوران یا بعد میں عارضی طور پر جڑے کی تکلیف ہو سکتی ہے۔ ڈاکٹروں کی تمام تر احتیاط کے باوجود فلک / بھرائی نکل سکتی ہے اور جڑ کا علاج ناکام بھی ہو سکتا ہے جس کے بعد دانت نکالنے کی تجویز دی جاسکتی ہے۔ ڈاکٹر کی ہدایت کے مطابق دوا استعمال نہ کرنے کی صورت میں انفیکشن / زخم خراب ہو سکتا ہے۔

نام قریبی رشتہ دار: _____ ولدیت: _____ فون نمبر: _____ پتہ: _____ دستخط: _____ نشان انگوٹھا: _____	مریض کا نام _____ ولدیت: _____ دستخط: _____ نشان انگوٹھا: _____
----------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------

Informed To: (Incase the patient/ Relative is not available/ Incapacitated/ Unable to give consent)

نام ڈاکٹر _____ دستخط ڈاکٹر _____	نام سٹاف نرس _____ دستخط سٹاف نرس _____
-----------------------------------	-----------------------------------------

Presenting Complaint:	<input type="checkbox"/> Bleeding Gums <input type="checkbox"/> Generalized Sensitivity <input type="checkbox"/> Caries <input type="checkbox"/> Mal-aligned Teeth <input type="checkbox"/> Missing Teeth
History of Presenting Complaint:	<input type="checkbox"/> Sores/ Ulcers <input type="checkbox"/> Trauma <input type="checkbox"/> Pain Alleviating Factors _____ Aggravating Factors _____

Significant Investigations & Values					
Test	Value	Test	Value	Test	Value
<input type="checkbox"/> X-ray					
<input type="checkbox"/> CT-Scan					
<input type="checkbox"/> MRI					

Previous Medical & Surgical History					
Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes _____		<input type="checkbox"/> HTN <input type="checkbox"/> IHD <input type="checkbox"/> DM <input type="checkbox"/> Asthma <input type="checkbox"/> Hepatitis B/C <input type="checkbox"/> Bleeding Disorder <input type="checkbox"/> Pregnancy (Specify Trimester) _____ <input type="checkbox"/> Other _____			
Immunization Status: _____		Past Hx _____ Social Hx <input type="checkbox"/> Alcohol <input type="checkbox"/> Smoking <input type="checkbox"/> IV Drug <input type="checkbox"/> Other.....			
Previous Medication, (If Any)					
Drug	Strength	Dose	Frequency	Duration	
Any Significant Previous Surgical History					
<input type="checkbox"/> Re-admission within 72 hours, (If Yes) <input type="checkbox"/> Same Hospital <input type="checkbox"/> Other Hospital.....					

Past Dental History			
<input type="checkbox"/> Dental Problems in last 6 Months	<input type="checkbox"/> Tooth Sensitivity to Hot/ Cold/ Food	<input type="checkbox"/> Dental Procedure in Last 6 Months	<input type="checkbox"/> Others
<input type="checkbox"/> Sores or Ulcers in Oral Cavity	<input type="checkbox"/> Bleeding Gums	<input type="checkbox"/> Partial Dentures	
<input type="checkbox"/> Teeth Clenching	<input type="checkbox"/> Complete Dentures	<input type="checkbox"/> Difficulty in Tooth Extraction in Past	
<input type="checkbox"/> Implants	<input type="checkbox"/> Orthodontic Treatment	<input type="checkbox"/> Received Oral Hygiene Instructions	
Provisional/ Final Diagnosis		Differential Diagnosis	

Vitals				
B.P	Pulse	Temp	R/R	BSL

Treatment	Details
<input type="checkbox"/> Dental Infection Treatment	
<input type="checkbox"/> Dental Restoration	
<input type="checkbox"/> Minor Dental/ Oral Surgery	
<input type="checkbox"/> Gums/ Periodontitis Treatment	
<input type="checkbox"/> Root Canal Therapy	
<input type="checkbox"/> Scaling and Polishing	
<input type="checkbox"/> Tooth Extraction	
<input type="checkbox"/> Prophylactic Treatment	
<input type="checkbox"/> Others	

Dental chart showing tooth positions 1-16 and 32-17 with labels for RIGHT, LEFT, Lingual, and various tooth types (A-E, T-P, F-J, O-K).

For Specialist Consultation Referred to Department:

Consultant Notes:


Doctor's Name: _____ Signature & ID: _____ Date: ..dd./mm./yy... Time (..... : AM/PM)

Treatment Advice						
Sr No.	Name of Drug & Strength	Dose	Frequency	Route	Timings	Duration
1					کانے سے پہلے کھانے کے بعد	
2					کانے سے پہلے کھانے کے بعد	
3					کانے سے پہلے کھانے کے بعد	
4						
5						

تاریخ برائے دوبارہ معائنہ (.....dd...../.....mm...../.....yy.....) ہدایات برائے خوراک

Referral <input type="checkbox"/> No <input type="checkbox"/> Yes (To be filled in by Referring Doctor in case of Referral)	
Nature of Referral: <input type="checkbox"/> Emergency <input type="checkbox"/> Non-Emergency	Referred to: _____
Reason of Referral: _____	Ambulance Call Time: (.....:.....) AM/PM
Any Drug Allergy: _____	Patient Discharge Time (.....:.....) AM/PM
Instructions to be carried out during Patient Transfer: _____	

Discharge/ Referral Prepared By: _____ Signature & ID: _____ Date: ..dd./mm./yy... Time (..... : AM/PM)



PRIMARY & SECONDARY HEALTHCARE DEPARTMENT

DHQ / THQ HOSPITAL

DENTAL CARD

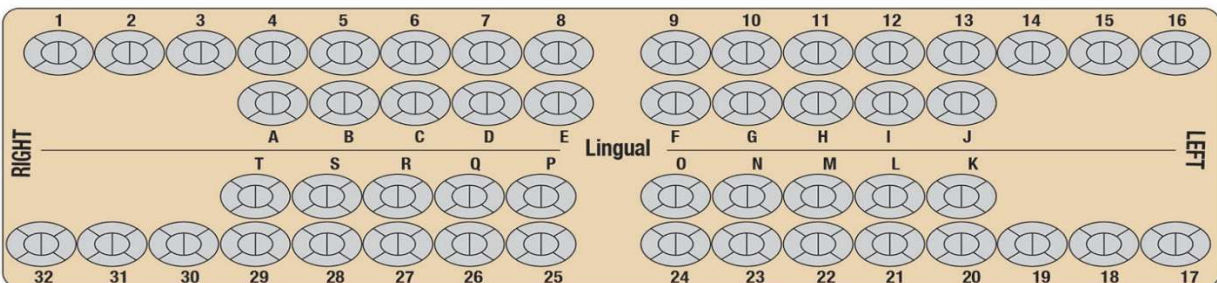
Patient Name	Father/ Husband Name	MR No
CNIC/SNIC	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> T
Contact No	Address	
Date	Time (..... : AM/PM)	Referred To
		Referred From

Presenting Complaint: History of Presenting Complaint:	<input type="checkbox"/> Bleeding Gums <input type="checkbox"/> Generalized Sensitivity <input type="checkbox"/> Caries <input type="checkbox"/> Mal-aligned Teeth <input type="checkbox"/> Missing Teeth <input type="checkbox"/> Sores/ Ulcers <input type="checkbox"/> Trauma <input type="checkbox"/> Pain Alleviating Factors _____ Aggravating Factors _____
---------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Significant Investigations & Values					
Test	Value	Test	Value	Test	Value
<input type="checkbox"/> X-ray					
<input type="checkbox"/> CT-Scan					
<input type="checkbox"/> MRI					

Final Diagnosis	Additional Diagnosis
-----------------	----------------------

Treatment	Details
<input type="checkbox"/> Dental Infection Treatment	
<input type="checkbox"/> Dental Restoration	
<input type="checkbox"/> Minor Dental/ Oral Surgery	
<input type="checkbox"/> Gums/ Periodontitis Treatment	
<input type="checkbox"/> Root Canal Therapy	
<input type="checkbox"/> Scaling and Polishing	
<input type="checkbox"/> Tooth Extraction	
<input type="checkbox"/> Prophylactic Treatment	
<input type="checkbox"/> Others	



Patient Condition on Exit Alert Responds to Verbal Command Unconscious Other

Response to Treatment Improved Unchanged Deteriorated Other

Treatment Advice			
Medicine & Strength	Dose	Instruction & Timing	Treatment Course
ادویات کا نام اور طاقت	خوراک	ہدایات اور اوقات	دورانیہ
		<input type="checkbox"/> صبح <input type="checkbox"/> دوپہر <input type="checkbox"/> شام	<input type="checkbox"/> کھانے سے پہلے <input type="checkbox"/> کھانے کے بعد
		<input type="checkbox"/> صبح <input type="checkbox"/> دوپہر <input type="checkbox"/> شام	<input type="checkbox"/> کھانے سے پہلے <input type="checkbox"/> کھانے کے بعد
		<input type="checkbox"/> صبح <input type="checkbox"/> دوپہر <input type="checkbox"/> شام	<input type="checkbox"/> کھانے سے پہلے <input type="checkbox"/> کھانے کے بعد
		<input type="checkbox"/> صبح <input type="checkbox"/> دوپہر <input type="checkbox"/> شام	<input type="checkbox"/> کھانے سے پہلے <input type="checkbox"/> کھانے کے بعد
		<input type="checkbox"/> صبح <input type="checkbox"/> دوپہر	<input type="checkbox"/> کھانے سے پہلے <input type="checkbox"/> کھانے کے بعد

ہدایات برائے دوبارہ معائنہ: درج ذیل تاریخ کو ہسپتال کے درج ذیل شعبہ میں معائنہ کے لیے تشریف لائیں۔

تاریخ (...../...../.....) شعبہ:

مریضوں کیلئے ہدایات	
1-	تجویز کردہ ادویات صرف اور صرف مریض کیلئے ہیں جسے کوئی دوسرا شخص استعمال نہیں کر سکتا۔
2-	ادویات مقررہ وقت کی پابندی کے ساتھ استعمال کریں۔ طبیعت بہتر ہونے کے باوجود ادویات بند نہ کریں اور کورس مکمل کریں۔
3-	دوا ہمیشہ کھانے کے ساتھ لیں اور زیادہ سے زیادہ پانی پیئیں۔
4-	دانتوں کے علاج کے بعد کم از کم ایک گھنٹہ منہ میں رکھی گئی پیکنگ مت نکالیں، ایسا کرنے سے زخم کھل سکتا ہے۔
5-	سُن کرنے کا اثر کم از کم 1 گھنٹے تک رہتا ہے اس دوران کھانے اور زیادہ بولنے سے اجتناب کریں۔
6-	دانتوں کے علاج کے فوراً بعد 24 گھنٹے تک پانی کی گلیاں مت کریں اور 24 گھنٹے گزرنے کے بعد نمک ملے نیم گرم پانی سے گلیاں کریں۔
7-	علاج کے بعد 2 ہفتے تک الکوہلک ماؤتھ واش استعمال نہ کریں کیونکہ یہ زخم کے بھرنے میں رکاوٹ بنتا ہے۔
8-	تجویز کی جانے والی 24 Chlorhexidine گھنٹے کے بعد استعمال کریں۔
9-	پسی ہوئی برف پلاسٹک کے لفافے میں ڈالیں اور اسے باریک تولیے میں لپیٹ کر سرجری کی جگہ پر چہرے کی اوپری طرف رکھیں تاکہ متاثرہ جگہ ٹھنڈی رہے۔
10-	سیدھے نہ لیں، اپنی پشت یا سر کے نیچے دو یا تین سرہانے رکھیں تاکہ سو جنم سے کم ہو۔
11-	سگریٹ، تمباکو نوشی اور مشروبات پینے والے پائپ (Straw) کے استعمال سے اجتناب کریں۔
12-	علاج کے بعد پہلے 2 دن تک نرم اور ٹھنڈی غذا کا استعمال کریں اور مصالحہ دار غذا سے پرہیز کریں۔

Referral Yes No (To be filled in by Referring Doctor in case of Referral)

Nature of Referral: <input type="checkbox"/> Emergency <input type="checkbox"/> Non-Emergency	Referred to:	Ambulance Call Time: (.....:.....) AM/PM
Reason of Referral: <input type="checkbox"/> Patient/ Attendant's Request <input type="checkbox"/> Clinical Assessment <input type="checkbox"/> MLC <input type="checkbox"/> Others		
Patient Vitals on Exit B.P	Pulse	Temp
		R/R
Any Drug Allergy:		BSL
Instructions to be carried out during Patient Transfer:		Patient Discharge Time (.....:.....) AM/PM

Discharge/ Referral Prepared By _____ Signature & ID: _____ Date .dd./mm./yy.. Time (..... : AM/PM)

Scanned By:	Name:	Signature & ID:	Designation
	Date (.....dd...../.....mm...../.....yy.....)		Time (..... : AM/PM)

20.5 (ANNEX-04) - DENTAL DEPARTMENT REGISTERS

20.5.1 DENTAL OPD REGISTER

DENTAL PATIENT RECORD REGISTER												
S. No	Date	MR#	Name	Age	Sex	CNIC	Address	Contact#	Diagnosis	Treatment Performed	Signature Dental Assistant	Remarks

20.5.2 DENTAL APPOINTMENT REGISTER

DENTAL APPOINTMENT REGISTER													
S. No	Date	MR#	Name	Age	Sex	CNIC	Address	Contact#	Diagnosis	Appointment Date & Time	Treatment Plan	Signature Dental Assistant	Remarks

20.5.3 DENTAL RADIOGRAPH REGISTER

S. No	Date	MR#	Name	Age	Sex	CNIC	Address	Contact#	Diagnosis	Tooth No.	Signature Dental Assistant	Remarks

20.5.4 DENTAL REFERRAL REGISTER

S. No	Date	MR#	Name	Age	Sex	CNIC	Address	Contact#	Diagnosis	Referred to	Reason of Referral	Signature Dental Assistant	Remarks

20.5.5 EQUIPMENT RECORD AND MAINTENANCE

BIO MEDICAL EQUIPMENT REPAIR AND MAINTENANCE LOG BOOK												
Equipment Name:				Model:			Serial No:			Manufacturer:		
Department:				Date of Installation :			Warranty Status					
Sr. No	Date & Time of Fault	Fault reported	Fault Reported by	Reported to Engineer At	Fault Found / Action Taken	Maintenance done by	Date & Time of report sent to Engineer	Date & Time of response by the Engineer	Date & Time of rectification of fault	Total Breakdown Time	Signature of Engineer	Remarks

BIOMEDICAL EQUIPMENT PPM / CALIBRATION RECORD REGISTER																	
Sr. No	QR Code	Department	Equipment	Make / Origin	Model	Serial No.	Date of Installation	Warranty Status	Functional Status	Calibration Frequency			Calibration Date	Calibration Due Date	Calibration Done By	PPM Schedule Date	Remarks
										Quarterly	Half Yearly	Yearly					

STOCK INVENTORY REGISTER															
--------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DHQ/ THQ Hospital					
Department Name:					
S. No	Particulars	Receiving Date	Quantity		Remarks
			Received	Current Stock	

20.5.6 WASTE RECORD REGISTER

DAILY BIOMEDICAL WASTE GENERATION RECORD REGISTER												
Date	Time	Ward / Unit	No of Beds	Total Occupied Beds	Total No. of RED bags	Total No. of Yellow bags	Total Weight (All Bags) KGS	Shifts / Collection Frequency			Signature	
								Morning	Evening	Night	On duty Staff Physiotherapy Technician	Infection Control Nurse

20.7 (ANNEX-06) DENTAL SURGEON NOTES



PRIMARY & SECONDARY HEALTHCARE DEPARTMENT
DHQ / THQ HOSPITAL -----

Patient Name:				Father / Husband Name:				MR No:			
CNIC/SNIC:		-		-		Age:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> T			
Ward No.		Bed No.		Unit		Diagnosis					

DENTAL SURGEON NOTES			
Date	Time	Notes:	Dental Surgeon Name , Signature & ID
Date	Time	Notes:	Dental Surgeon Name , Signature & ID
Date	Time	Notes:	Dental Surgeon Name , Signature & ID

20.8 (ANNEX-07) DENTAL PATIENT RECORD REVIEW CHECK-LIST

Instructions:

1. Record Review by Medical Record Review Committee every 3 months
2. Choose at random 5 percent of the discharged patients for last 3 months.
3. Retrieve the Dental cards of selected patients for review.
4. If record is not available, write “Missing Records” in the comment area.
5. Send the observations of record review to CQI committee.

Patient Record Review Form –

Card MR No. _____ Date of review _____ Clinic _____ Dental Surgeon Name _____
 Quality Assurance Officer----- Surgeon from other specialty -----

Information type	Fully Met	Not Met	Not applicable
1. Patient identity			
a) Patient name same as patient name in HMIS.			
b) Correct gender?			
c) DOB same as DOB in HMIS?			
2. Radiograph pocket:			
a) Patient (correct person)			
b) Correct Tooth as advised by Dental Surgeon			
c) Date and Time of Dental Radiograph			
3. Printout of patient Odontogram before any Tx done?			
4. Author, date and time of every entry in patient Dental Record.			

		Fully Met	Not Met	Not Applicable
1.1	Patient history completed, reviewed, summarized, dated, timed and signed exam: (pre-existing treatment, teeth present and missing, current Oral conditions, etc.)			
2.2	Periodontal assessment completed as required			
2.3	Treatment plan recorded			
3.1	Approved Card template used			
3.2	Referring doctor and reason of referral recorded			
3.3	Chief complaint recorded, investigated and addressed			
3.5	Extra-oral findings recorded: TMJ, lymph nodes, skin, etc.			
3.6	Intra-oral findings recorded: e.g. teeth condition, soft tissue, Occlusion, habits, hygiene and period.			
3.7	Vital signs recorded.			

Manual for dental department

3.9	Provisional and Final Diagnosis recorded			
3.11	Prognosis statement recorded			
3.13	Treatment plan outlined			
3.14	Treatment plan is appropriate to the clinical findings			
3.15	Dental Surgeon Name, Signature, date and time after every entry followed by RDA / RDH Overlapped contacts, poor contrast, inadequately fixed, etc.)			
4.2	Appropriate number and type of radiographs			
4.3	Radiographic findings documented			
	Only accepted abbreviations used throughout record			
	Appropriate internal or external referral and consultation requested			
	Patient has received advice, education and/or therapy to prevent future problems			
	Dismissed / discharged patients have been informed of any remaining issues or treatment (temporary fillings, incomplete endo; Spacers which need annual recementing, etc.) and has been Advised to see a dentist regularly.			

20.9 (ANNEX-08) - WARNING SIGNS AND DISPLAYS

<p>جیب کتروں سے ہوشیار رہیں اپنے سامان کی خود حفاظت کریں</p>	<p>NO SMOKING</p> <p>ہسپتال کی حدود میں سگریٹ پینا سخت منع ہے</p> 
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<p>پرائمری اینڈ سیکنڈری ہیلتھ کیئر ڈیپارٹمنٹ</p> <p>ہدایات برائے استعمال فائر ایکسٹنگشر</p> <ul style="list-style-type: none">• سیٹھ بن• سیٹھی پن کو کھینچیں• نوزل کو آگ کی بنیاد کی طرف کریں• ہینڈل کو دبائیں• نوزل کو آگ کے رخ پر دائیں اور بائیں ہلائیں 	<p>پرائمری اینڈ سیکنڈری ہیلتھ کیئر ڈیپارٹمنٹ</p> <p>غیر متعلقہ افراد کا داخلہ ممنوع ہے (ہسپتال انتظامیہ)</p>
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<p>RESTRICTED — AREA —</p> <p>DO NOT ENTER</p> <p>AUTHORIZED PERSONNEL ONLY</p> 	 <p>خبردار! بجلی کا جھکا لگ سکتا ہے</p>
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20.10 (ANNEX-09) DENTAL DEPARTMENT DISPLAY



20.11 ANNEX-10 – DENTAL INSTRUCTIONS

a دانت نکالنے کے بعد کی ہدایات

۱۔ جو ادویات آپ کو دی جا رہی ہیں وہ خاص طور پر آپ کے لیئے ہیں اور یہ کسی اور مریض کو نہیں دی جا سکتی۔ یہ ادویات آپکی بیماری (طبیعت) اور جسم کی قوتِ مدافعت / برداشت کے مطابق ہیں۔



۲۔ جو ادویات آپکو دی جا رہی ہیں وہ مقررہ وقت کے لیئے دی جا رہی ہیں آپ نے انہیں بند نہیں کرنا ہے شک آپ بہت بہتر محسوس کریں۔ بہتر محسوس کرنے سے یہ مراد نہیں کہ آپ بالکل ٹھیک ہیں۔



۳۔ برائے مہربانی ادویات کو اپنی مرضی سے بند (ختم) نہ کریں کیونکہ اس سے آپکی علامات بگڑ سکتی ہیں جن کو ٹھیک کرنا مشکل ہو سکتا ہے۔ ہم ۲۴ گھنٹے آپکی خدمت کے لیئے موجود ہیں۔



۴۔ ادویات آپ نے خوراک کے ساتھ کھانی ہیں اور زیادہ سے زیادہ پانی پینا ہے۔



۵۔ پہلے 1 گھنٹے کے دوران منہ میں رکھا ہوا پیک نہیں نکالنا۔ اگر آپ نے ایسا کیا تو منہ میں خون کا لوتھڑا زخم سے نکل جائے گا اور زخم دیر سے بھرے گا۔



۶۔ نیم بے ہوشی کا اثر 1 گھنٹے میں زائل ہوتا ہے، اس دوران کھانے اور زیادہ بولنے سے پرہیز کریں۔



۶۔ آپ نے 24 گھنٹے تک پانی کی کلیاں نہیں کرنی۔



۷۔ 24 گھنٹے کے بعد نیم گرم پانی میں نمک ملا کر کلیاں کریں۔

۸۔ مارکیٹ میں ملنے والے الکوحل ملے مائوتھ واش 2 ہفتہ تک استعمال نہ کریں کیونکہ یہ آپ کے خون کے لوتھڑے کو گلا دیتے ہیں۔ اگر ہم آپ کو enidixehrolC تجویز کرتے ہیں تو وہ آپ نے 24 گھنٹے کے بعد استعمال کرنا ہے۔



۸۔ پسی ہوئی برف ایک پلاسٹک کے تھیلے میں ڈالکر باریک تولیے میں لپیٹ لیں اور اسے سرجری کی جگہ پر چہرے کے اوپر رکھیں تاکہ وہ ٹھنڈا رہے۔ سوزش کو کم سے کم دھوئیں۔



۹۔ سیدھے نہ لیٹیں ، اپنی پشت یا سر کے نیچے دو یا تین سرہانے رکھیں تاکہ سوجن کم سے کم ہو۔



۱۱۔ سگریٹ کا استعمال نہ کریں چونکہ یہ زخم کو جمنے نہیں دیتا۔



۱۲۔ پینے والے پائپ کا استعمال نہ کریں چونکہ یہ آپ کے زخم کے لوتھڑے کو جمنے نہیں دیتا۔



۱۳۔ ایک ماہ تک پائپ کا استعمال نہیں کرنا۔
۱۳۔ پہلے دو دن نرم، ٹھنڈی غذا کا استعمال اور گرم، مرچ مصالحے والی غذا سے پرہیز کریں۔

21 REFERENCES:

- 1) Standard Operating Procedures for all Dentists, fifth edition by Marsha Freeman M.A.
- 2) Systematic Operating Procedures 2005, Australian Dental Association.
- 3) Audit and the Dental Team, Ian Redfearn, GDP.