

TRIAGE FOR DENTAL EMERGENCIES

Date of call: _____

Patient Name _____ Parent _____ Scheduled with _____ Appt date _____

“To help your child I need to ask you a few questions.”

INSTRUCTIONS: Carefully listen to the parent’s answers and place a check mark beside each symptom they say applies.
Determine how quickly the child must be seen depending on which column the check marks fall into.

✓	Abscess Symptoms Must be seen today!	✓	Toothache See tomorrow or within week	✓	Bothersome Dental Condition See within 2 weeks?
	Location of pain or which tooth:		Location of pain or which tooth:		Location of pain or which tooth:
	persistent, throbbing pain		intermittent pain		broken tooth, lost filling, no pain
	acute pain not relieved by pain meds		relieved by pain medication		intermittent pain, bothersome
	keeps patient awake at night		can sleep okay		responds quickly to medication
	prolonged reaction to heat, cold, pressure		sensitivity to heat or cold that ceases		chronic pain, not acute
	swelling or fever		within 30 seconds		happened or started “awhile back”
	Broken tooth with above symptoms		lost filling or broken tooth with minimal discomfort		Parent doesn’t mind waiting
	ASK: “on a scale of 1 to 10 how badly is your child hurting?”		ASK: “on a scale of 1 to 10 how badly is your child hurting?”		ASK: “on a scale of 1 to 10 how badly is your child hurting?”
	7 and above = MUST BE SEEN TODAY		5 -6 = TOMORROW OR SOON		4 And Below = COUPLE OF WEEKS
	How long has your child been hurting?		How long has your child been hurting		How long has your child been hurting
	Are there recent x-rays?		Are there recent x-rays?		Are there recent x-rays?
	What medication have you given to your child?		What medication have you given to your child?		What medication have you given to your child?