

Outreach Services of Indiana

DENTAL APPOINTMENTS CHECKLIST: AFTER THE DENTAL APPOINTMENT

Client Name: _____

Instructions: Staff to initial each area as completed. Document any comments related to the completion of each task in the space provided. Forward or file completed Checklist according to agency protocol.

- _____ 1. Discuss new orders/recommendations with the person and answer questions & offer support.
- _____ 2. Return to home, work etc. & ensure administration of food, fluids, medications & hygiene. Communicate any new orders per facility policy.
- _____ 3. Follow dentist recommendations of a waiting period before allowing person to chew food and drink hot beverages.
- _____ 4. POTENTIAL CHOKING RISK: Exercise caution when person drinks cold beverages before the numbing sensation has gone as choking risk is greater.
- _____ 5. Follow dentist recommendations for modification of food texture for specified amount of time following certain dental procedures.
- _____ 6. Follow dentist recommendations regarding smoking and drinking from a straw following certain dental procedures.
- _____ 7. Notify nurse/supervisor of the outcome of appointment and discuss any new orders/recommendations & upcoming appointments/procedures.
- _____ 8. Ensure all immediate follow up recommendations are completed (checking for pain, sensitivity, numbness).
- _____ 9. Take/fax prescriptions to the pharmacy or deliver. Be sure you have a copy of the prescription for the person's medical record.
- _____ 10. Ensure needed medications or supplies are delivered in the appropriate timeframe.
- _____ 11. Notify the dentist of any delay in medication/supply delivery and inquire whether additional actions need to be taken due to the delay & describe below.

- _____ 12. Transcribe orders to the Medication Administration Record & ensure are double checked by other staff.
- _____ 13. Transcribe orders for monitoring, observation, treatments, and notifications to a treatment sheet & ensure double check by another staff person.
- _____ 14. Mark any new appointments or scheduled procedures on the person's daily calendar.
- _____ 15. Follow agency policy or physician order for monitoring if sedated before or during appointment including: ambulating with assist & not offering food or drink by mouth until the person returns to baseline.

Comments: _____

Staff Completing: _____ Date: _____

To Be Completed by Nurse, supervisor, Program Director, Etc.

- ____ 1. Provide staff training for new dental hygiene/oral care and/or medications.
- ____ 2. Designate person to communicate outcome of the appointment with the support team including oral hygiene recommendations.
- ____ 3. Support team to address any issues/barriers regarding implementation of recommendations.
- ____ 4. Ensure revisions to the Risk plan are completed as necessary.

Comments: _____

Staff Completing: _____ Date: _____

Outreach Services

outreach@fssa.in.gov • DDRSOutreach.IN.gov

As a service for persons supporting individuals with intellectual/developmental disabilities, BQIS/ Outreach developed the Outreach Fact Sheet Library. The information provided is designed to enhance the understanding of the topic and does not replace other professional or medical instructions or individually developed plans. For more fact sheets and information, please visit DDRSOutreach.IN.gov.



Indiana Family & Social Services Administration
Division of Disability & Rehabilitative Services
Bureau of Quality Improvement Services

OR-FM-HS-DT-97(02-19-10)