

**Triage and risk assessment**

# Triage and risk assessment

### Pre-appointment screening/triage

Remote consultation is advisable via telephone, video conference or a secure website to collect patient information prior to their visit. This will assist with determining when it is appropriate to see a particular patient and will enable to the practice to plan their workflow.

### Example of a triage form (this may need to be modified to suit each practice’s needs)

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| **Section 1: COVID-19 TELEPHONE TRIAGE** |
| Date and time call received |  |
| Caller (from the patient / parent or carer) |  |
| Patient Name |  |
| Patient Address |  |
| Patient Postcode |  |
| Date of birth (dd/mm/yyyy) |  |
| Gender |  |
| NHS number (if known) |  |
| Name of parent or carer (if applicable) |  |
| Contact details for parent or carer if different from patient. *(including telephone number)* |  |
| Called previously for AAA (is this a repeat call?) | Yes [ ]  | No [ ]  |
| Date of previous call? |  |

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| **COVID-19 STATUS & TELEPHONE TRIAGE** | **Please tick to confirm** |
|  | Yes | No |
| The patient has been diagnosed with coronavirus? | [ ]  | [ ]  |
| The patient has been in contact with someone with confirmed coronavirus? | [ ]  | [ ]  |
| Is the patient or the household self-isolating? | [ ]  | [ ]  |
| Does the patient have or had a temperature (> 37.8 °C) in the last 14 days | [ ]  | [ ]  |
| Does the patient have or had a persistent dry cough in the last 14 days | [ ]  | [ ]  |
| Is the patient in a vulnerable group or at increased risk of COVID-19 e.g. 70 or older or under 70 with underlying health condition | [ ]  | [ ]  |
| Is the patient in a shielded group considered at increased risk of COVID-19 e.g. 70 or older or under 70 with underlying health condition | [ ]  | [ ]  |
| Medical History (including allergies, and medication) |  |
| Presenting complaint |  |
| History of presenting complaint and/or previous treatment: |  |
| PAIN | Where is the pain coming from?How long has pain been there? |  |
| Severity scale: 1 (no pain) - 10 (worst pain ever) | Pain Score(value) | 0/10 |
| Constant pain / does it come and go? |  |
| Has it kept you awake / does it get worse at night? |  |
| Have you taken any painkillers? |  |
| SWELLING | Intraoral swelling? Size/duration |  |
| Extraoral swelling? Size/duration |  |
| Functional impairment caused by swelling (swallowing, breathing and trismus) |  |

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| BLEEDING | Source, duration, amount?Recent extractions? Previous bleeding problems (ask about anti-coagulant medications/conditions) |  |
| TRAUMA | How, Where, What, When? |  |
| Any loss of consciousness – have they visited A&E? |  |
| OTHER | Ulcers – location, size, duration? |  |
| Orthodontic appliances – is it causing soft tissue trauma? |  |
| Additional notes (including any mobility or communication needs |  |

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| **PREVIOUS COVID-19 AAA TELEPHONE CONSULTATION OUTCOME** |
| Advice given |  |
| Analgesics advised |  |
| Antimicrobials prescribed | Name |  |
|  | Dose |  |
|  | Duration |  |
|  | Additional advice |  |
|  | Prescription number |  |
| Discharge / Complete |  |
| Review / To call back if symptoms deteriorate |  |

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|  | **Risk Category** |
| **Risk assessment** | Covid-19+ symptomatic patients |
|  | Asymptomatic vulnerable to Covid-19 and asymptomatic shielded patients |
|  | Asymptomatic non-vulnerable and non-shielded patients |
| Radiographs / photographs if available |  |
| DENTAL EMERGENCY potentially life-threatening condition and therefore signposted to A&E | **Advised to phone 999/A&E** |

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| **Dentist name** |  |
| **Dentist GDC Number** |  |
| **Outcome and next steps** | e.g. AAA or Non-AGP appointment booked on XXX or AGP appointment booked on XXX or patient to be called back to book appointment. |