Health Screening Station Instructions – SAMPLE

Function:
To support this mission by providing basic health screenings for each participant; to include
blood pressure and blood glucose screenings and to highlight for dental triage those
parameters below that may be of concern prior to and regarding dental treatment.

1. **Anticoagulant Medication Check – Please ask prior to screening participant**
   - ARE YOU ON ANY ANTICOAGULANT SUCH AS COUMADIN/WARFARIN? IF YES, document and highlight name of anticoagulant on registration form AND refer participant to nursing supervisor for PT/INR evaluation before performing any further screening

2. **Drug Allergies – ASK, DOCUMENT AND HIGHLIGHT IF ANY DRUG Allergies On Registration Form**

3. **Blood Glucose**: OSHA requires change of gloves prior to serving each participant. Place _used lancets ONLY into dirty sharps containers_; all other refuse place in regular trash
   - Document blood glucose value on participant copy, registration form and tic sheet
   - 200 and above? Please highlight elevated value on all forms
   - Below 70mg/dl? Too low, as defined by the American Diabetes Association *(Diabetes Forecast, April 2009, Checking Your Blood Glucose by Erika Gebel, PhD)* If complaints of low blood sugar symptoms, (*shakiness, fainting*) please notify nursing supervisor - snacks available based on medical need

   IF ELEVATED BLOOD GLUCOSE, PLEASE ASK:
   - Do you have diabetes?
   - Are you on any diabetic medicines? Have you taken meds today? Record answer on registration form; example: dx Diabetes, on diabetic meds, taken today, OR on diabetic meds, not taken today

4. **Blood Pressure** – clean stethoscope ear pieces with alcohol when passing equipment on to the next shift
   - Document blood pressure reading on participant copy, registration form and tic sheet
   - 165/100 and above? Repeat blood pressure reading after several minutes, document and highlight all elevated readings on all forms

   IF ELEVATED BLOOD PRESSURE, PLEASE ASK:
   - Do you have high blood pressure?
   - Are you on blood pressure medicine; Have you taken it today? Record answer on registration form; example: dx Hypertension, on hypertension meds, taken today, OR on hypertension meds, not taken today

5. **Pulse** – document on registration form and highlight if irregular

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