

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*

[Type text]

