Blood Pressure Measurement in Dental Practice

Information and Guidelines

NORTH Dakota | Health & Human Services

Be Legendary

Table of Contents

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North Dakota Health and Human Services (NDHHS) Oral Health Program (OHP) is dedicated to improving the oral health of all North Dakotans through prevention and education. Because the impacts of oral health and overall health are connected, the program is working to increase coordination between oral health providers and medical providers. Oral health dental providers can help by collaborating with medical providers on strategies to prevent cardiovascular diseases. CDC funding allows the state to implement a blood pressure pilot project intended to improve the oral and cardiovascular health of North Dakotans.

For the blood pressure pilot project, the ND OHP partners with dental providers, who provide blood pressure screenings for adult patients and conduct bi-directional referrals. Bi-directional referrals are a process in which a dental provider refers a patient for services when high blood pressure is identified and receives feedback from the medical provider on that referral. All participating dental offices receive training on best practices for screening patients' blood pressure. After receiving this training, dental providers screen adult patients for high blood pressure using a set of protocol and refer people with a high blood pressure reading to partner medical practices. Dental practices track the number of screenings provided, the number detected to have high blood pressure, the number referred to a medical practice and the number receiving follow-up on their referral.

Introduction

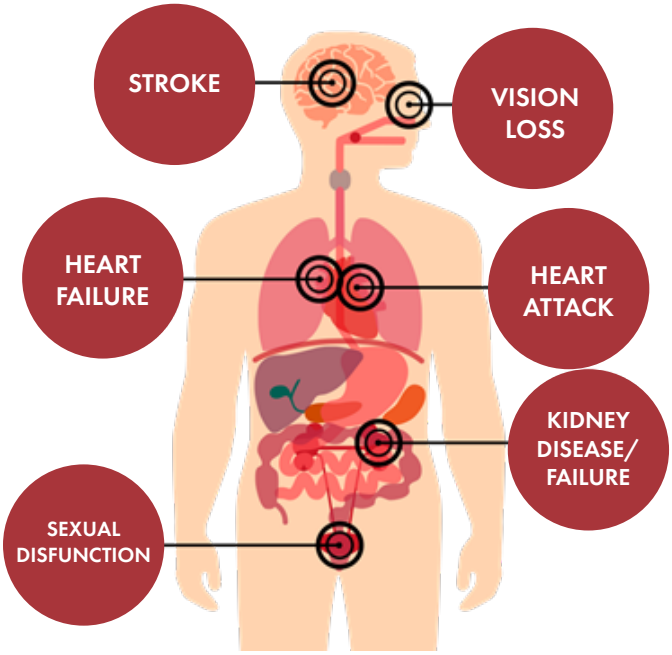
Hypertension is one of the most common chronic cardiovascular conditions in the United States and was the primary or contributing cause of death for 516,955 people in the United States in 2019. Nearly half of adults in the US (47% or 116 million) have hypertension, defined as a systolic blood pressure greater than 130 mmHg or a diastolic blood pressure greater than 80 mmHg or are taking medication for hypertension. Many do not even know that they have it. Only about 1 in 4 adults (24%) with hypertension have their condition under control. Despite progress in hypertension control in the United States over the years, the goal of Healthy People 2020 (61.2% by 2020) has not been met.

> *"Oral health professionals not only have a responsibility to take every patient's blood pressure, they must also make patients aware of the connection between oral and systemic health."*
>
> *- Debrony R. Hughes, DDS (2019)*

Research shows that more than 90% of all systemic diseases (diseases involving many organs or the whole body) have oral manifestations including swollen gums, mouth ulcers, dry mouth, and excessive gum problems. Since most people have regular oral examinations, their dentist may be the first health care provider to diagnose a health problem in its early stages. Poor oral health can lead to problems. Blood pressure screenings can help identify patients with high blood pressure that are "hiding in plain sight." It also provides an opportunity to discuss current lifestyle choices, such as physical activity, eating habits, tobacco habits, alcohol use and sodium intake. This information also allows the patient to initiate a conversation with their primary physician about ways to control their hypertension. Often, it is the patients that are unaware of their hypertension that have the greatest risk.

Key Points

- In 1974, the American Dental Association began recommending that dental offices measure blood pressure routinely, and it has been further encouraged since 2006. (Yarows et Al, 2020)
- Hypertension (i.e., high blood pressure) is one of the most common chronic cardiovascular conditions in the U.S.
- There is a relationship between periodontal disease and health complications such as stroke and heart disease. Ninety percent of all systemic diseases (conditions involving multiple organs or the entire body) have oral manifestations, including swollen gums, mouth ulcers, dry mouth, and excessive gum problems.



Source: American Heart Association

- Blood pressure measurement is an important screening vital sign at dental visits.
- Anti-hypertensive medications may cause oral/dentofacial adverse effects.
- Although vasoconstrictors in local anesthetics are rarely contraindicated, the potential for cardiovascular stimulation (e.g., increased heart rate, increased blood pressure) following inadvertent intravascular injection may cause dental practitioners to reduce or avoid vasoconstrictor-containing formulations in individuals with cardiovascular compromise.
- Since most people have regular oral exams, their dentist may be the first health care provider to diagnose a health problem in its early stages.
- If symptoms of hypertensive crisis/emergency are observed, immediate referral to emergency care may be warranted to prevent adverse sequelae such as stroke or end-organ damage.

Objective: Taking Blood Pressure Measurement in the Dental Office

- Screen all patients, ages 18 and over, by taking an accurate blood pressure reading.
- Make a referral to the patients' primary care provider (medical) for all patients with a blood pressure of 130/80 or higher. If the patient does not have a primary care provider, refer to an established referral partner.

Current Guideline: American Heart Association, 2017

Diagnosis of hypertension is based on an average of two or more elevated measurement readings obtained on two or more occasions. For years, hypertension was classified as a blood pressure reading of 140/90 mm Hg or higher, but the updated guideline classifies hypertension as a blood pressure reading of 130/80 mm Hg or higher. The new guidelines do not change the level of what is unsafe for dental office procedures, which is 180/110 mm Hg or higher. Table 1 shows the classification of blood pressure and the recommended action to be taken in the dental office.

Table 1. Classification of Blood Pressure

Blood Pressure Category	Systolic mm Hg (upper number)	and/or	Diastolic mm Hg (lower number)	Recommended Action in the Dental Office
Normal	Less than 120	and	Less than 80	Document in chart
Elevated	120-129	and	Less than 80	Document in chart. Flag for re-check at next appointment.
High Blood Pressure (Hypertension Stage 1)	130-139	or	80-89	Inform the patient - speak to their health care provider at next appintment. Complete referral. Document/flag.
High Blood Pressure (Hypertension Stage 2)	140 or higher	or	90 or higher	Inform the patient to make an appointment with health care provider. Complete referral. Document/flag.
Hypertensive Crisis (Consult your doctor immediateley)	Higher than 180	and/or	Higher than 120	Determine if emergent or urgent. Complete referral if urgent. If accompanied by other symptoms such as headache, flushing, sweating, then send to the nearest emergency department. Document/flag.

American Heart Association Guidelines, 2017.

"White-coat" hypertension refers to blood pressure that is elevated when measured in a health care setting, but otherwise is normal, for example, when measured at home. In a study conducted in Sweden of 2,025 individuals aged 40-75 years, the prevalence of white-coat hypertension in the setting of dental office visits was 17.7% (Andersson, Hedström & Bergh, 2021). Regardless, all elevated BP readings need to be referred to primary care.

The American Dental Association accepted the American Heart Association 2017 Guidelines for Hypertension in December of 2017. It may be helpful to note that not all medical groups have accepted these guidelines including the American Academy of Family Physicians. The key takeaway is that, lower blood pressure is better for most people, if it can be achieved safely. This may be a consideration when making a referral to local providers. It is recommended to make the referral based on the guidelines accepted by your professional organization. The treatment plan can then be determined between the patient and their primary care provider.

Taking an Accurate Blood Pressure

There are several factors that may cause variation in blood pressure readings including where the patient is located (work vs. home) and what time of the day it is. Imagine a patient who comes from a busy workday and stopped in at the drive-through coffee kiosk on the way over and paused at the door to finish the last draw on a cigarette. This client is likely to have a higher blood pressure reading than they would following a quiet Sunday afternoon nap at home. Blood pressure is also affected by the fit and placement of the cuff, and the status of the arm that is used for measurement. Management of high readings has implications for outcomes of additional readings.

Most resources recommend the use of the left arm, unless it has been compromised. Examples include an arm with lymph edema as result of breast removal, the affected arm post-stroke or major trauma to the arm. Some patients know they may get a higher reading in one arm or the other and will ask to have it taken on the lower-reading arm. It is recommended to take the reading on the arm with the higher reading, as it is the one that would indicate a problem, which is the purpose of screening.

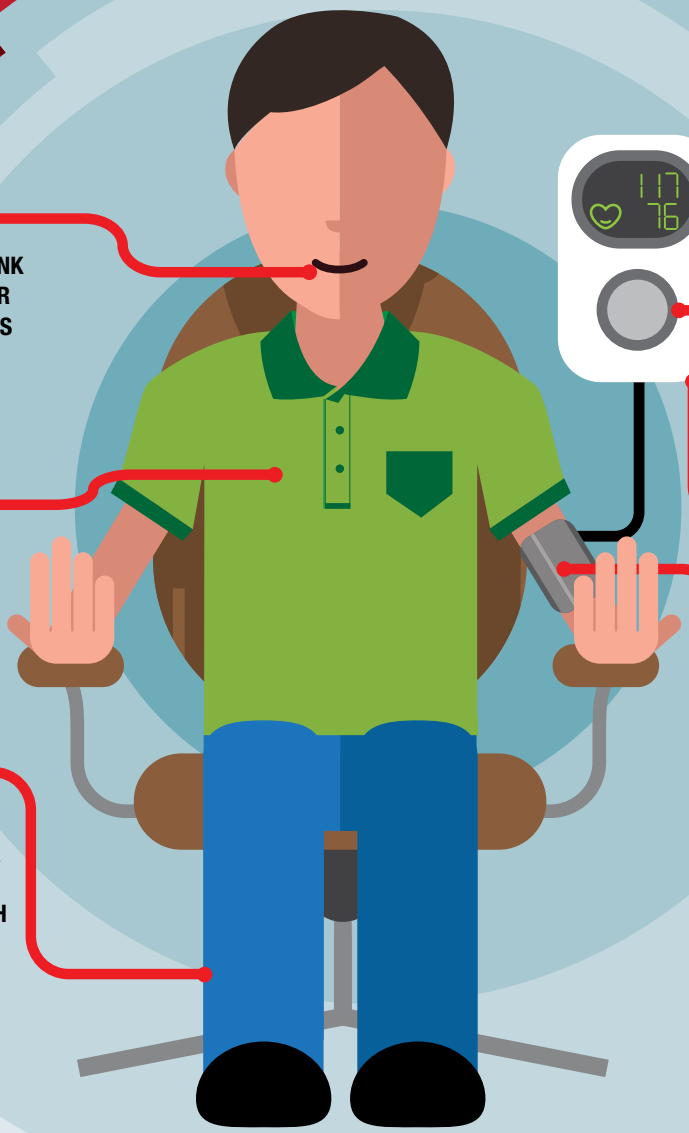
When blood pressure is taken incorrectly, it can inaccurately increase or decrease the reading.

Key factors in taking an accurate blood pressure
Use the correct cuff size on a BARE arm
Place the arm at heart level
Have the back supported and legs uncrossed
Avoid having conversation while the blood pressure is being taken
Wait 5 minutes prior to taking blood pressure (last in rooming-process)
Empty the bladder first
Keep your thumb off of the bell of the stethoscope

Ideally, blood pressure should be taken in a seated position with back supported (See Figure 1). In a dental setting, patients are often roomed directly into the dental operatory into a reclined dental chair. Wherever possible, the blood pressure should be taken in an upright position but with back supported. If there is space in the room to accommodate a side chair for this purpose, it should be utilized. In many cases, the room is already crowded. In that case, it may be necessary to find a semi-private space designed to assess the blood pressure. A curtain may provide visual privacy; however, patient health should not be discussed in this space due to privacy concerns. In most cases, one blood pressure station can support several exam rooms.

American Heart Association.

BLOOD PRESSURE MEASUREMENT INSTRUCTIONS



DON'T SMOKE, EXERCISE, DRINK CAFFEINATED BEVERAGES OR ALCOHOL WITHIN 30 MINUTES OF MEASUREMENT.

REST IN A CHAIR FOR AT LEAST 5 MINUTES WITH YOUR LEFT ARM RESTING COMFORTABLY ON A FLAT SURFACE AT HEART LEVEL. SIT CALMLY AND DON'T TALK.

MAKE SURE YOU'RE RELAXED. SIT STILL IN A CHAIR WITH YOUR FEET FLAT ON THE FLOOR WITH YOUR BACK STRAIGHT AND SUPPORTED.

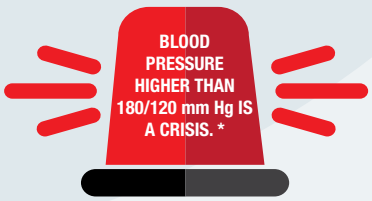
TAKE AT LEAST TWO READINGS 1 MIN. APART IN MORNING BEFORE TAKING MEDICATIONS, AND IN EVENING BEFORE DINNER. RECORD ALL RESULTS.

USE PROPERLY CALIBRATED AND VALIDATED INSTRUMENT. CHECK THE CUFF SIZE AND FIT.

PLACE THE BOTTOM OF THE CUFF ABOVE THE BEND OF THE ELBOW.

American Heart Association recommended blood pressure levels

BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)		DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120-129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130-139	or	80-89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	or	90 OR HIGHER
HYPERTENSIVE CRISIS (consult your doctor immediately)	HIGHER THAN 180	and/or	HIGHER THAN 120



* Wait a few minutes and take blood pressure again. If it's still high, contact your doctor immediately.

LEARN MORE AT HEART.ORG/HBP

A blood pressure cuff and pump are called a sphygmomanometer. These come in a variety of styles including a manual version, automatic machine, or a wrist monitor. A manual cuff requires a stethoscope to be used to auscultate (listen with a stethoscope) for a change in the sounds in the vein while releasing air from the cuff. An automatic sphygmomanometer is placed on the arm and then activated with the push of a button and the machine does the work of taking the blood pressure measurement. This machine uses oscillation to detect change in the pressure. The automatic machine is now considered the GOLD STANDARD as it removes much of the risk of human error (NEJM Journal Watch, 2019). A wrist monitor is a digital monitor that works similar to an upper arm blood pressure cuff. It can be used by the individual who finds arm-based devices uncomfortable or painful. However, medical experts do not recommend these devices for everyone, due to the possibility of receiving false readings due to improper placement or use. Wrist monitors will produce a slightly higher reading than arm measurements. Blood pressure monitors are very sensitive to body position, and special care should be taken during their use in order to get accurate readings.

Table 2. Pros and Cons of Blood Pressure Measuring Equipment

Device	Pros	Cons
Manual Cuff Uses ***Auscultation*** to listen for a change in the sounds	Durable Accurate Low maintenance	Bulky Requires Practice Requires good vision/hearing
Digital/Automatic Machine Uses ***Oscillation*** to detect change in the pressure	***Gold Standard*** Very easy - Minimizes human error Reports produced automatically	Delicate - Proper care required Repair can be complicated and costly Requires periodic check with manual cuff for accuracy
Wrist monitor	Used when individual finds arm devices uncomfortable or painful	Less accurate Sensitive to body position Often imporperly used

The size of the blood pressure cuff is very important. The bladder of the cuff is the pocket that fills with air when it is pumped up. The ideal cuff bladder length is >80 percent of the patient's arm circumference. The ideal cuff bladder width is > 40 percent of the patient's arm circumference. Note that this has nothing to do with the height of the person but the size of the circumference of the arm.

Table 3: Choose the Proper Cuff Size

Indication	Arm Circumference (in.)	Arm Circumference (cm)
Small Adult	9-10 in.	22-26 cm
Standard Adult	11-13 in.	27-34 cm
Large Adult	14-17 in.	35-44 cm
Adult Thigh	18-21 in.	45-52 cm

Steps to Taking the Blood Pressure with a Manual Cuff

1. **Place the patient in a seated position in a private space with feet resting flat on the floor with arm and back supported.**
2. **Perform hand hygiene.**
3. **Ask if the patient has smoked or taken in any caffeine in the 30 minutes and whether they currently take a blood pressure lowering medication (document).**
4. **Place the cuff on a bare arm about two fingers above the antecubital space (bend in elbow), with bladder centered over the brachial artery.**
5. **Place the stethoscope over the brachial artery.**
6. **Inflate the cuff to 160 mmHG. if you can still hear the pulse, inflate higher in 30 mmHG increments.**
7. **Slowly release the pressure in the cuff.**
8. **Pay attention for the first sharp release of blood known as the Korotkoff sound. This is the systolic number.**
9. **Continue to release pressure from the cuff, which will allow more blood flow and the Korotkoff sounds will slowly diminish.**
10. **The last sound you hear will be recorded as the diastolic pressure.**
11. **If the blood pressure is >120/80, wait 1-5 minutes and repeat the blood pressure. The average of the two readings is reported, though a provider should be informed of the most elevated reading, IF there is a > 5 mm Hg difference between the first and second reading.**
12. **Document and refer if necessary.**

If using an automatic cuff, follow steps 1-4 and then push the button to start the machine. The measurement will be displayed when complete.

Appropriate action should be taken following the blood pressure reading according to the algorithm. It is always a courtesy to provide the client with a copy of their blood pressure reading. This can be provided on a wallet card designed for this purpose.

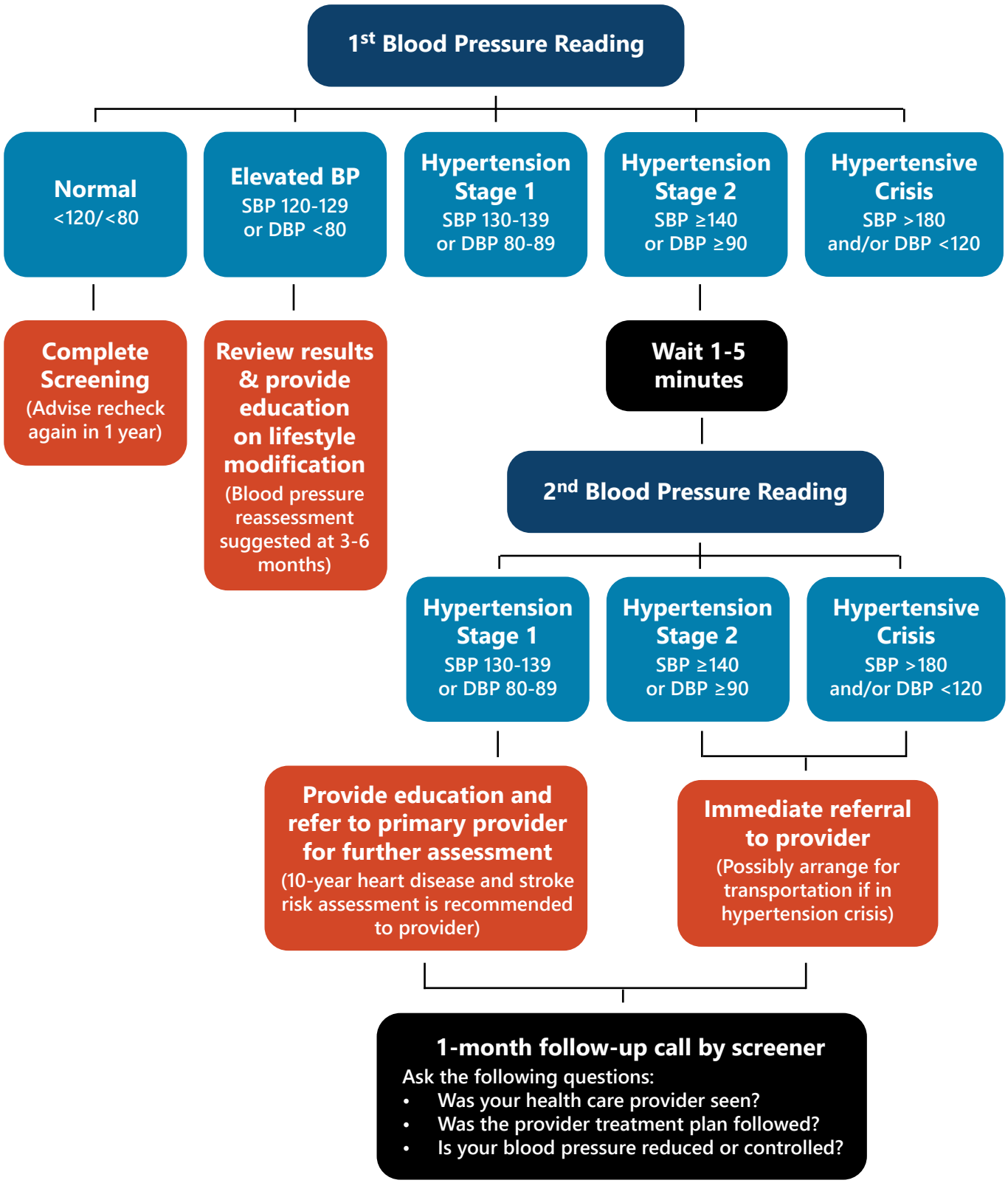


Figure 1. Community-Based Blood Pressure Screening Algorithm

North Dakota Department of Health and Human Services
Heart Disease & Stroke Prevention Program

According to the NDHHS Heart Disease and Stroke Prevention Program, a referral is made for each patient with a blood pressure of 130/80 or greater. Referrals may be completed through the mail, fax or electronically through direct secure messaging. An example referral form can be found in ***Appendix B***. A referral without follow up is just advice. When a referral is made, it is because there is concern about a patient, and it is now extended to an appropriate source for help. Appropriate follow-up questions include, but are not limited to, whether they have seen their healthcare provider, what treatment was prescribed, whether they have been able to comply with the treatment plan and if their blood pressure is reduced or controlled. It is recommended to evaluate the competency of those taking blood pressure annually.

Developing Referral Relationships

Referral relationships are important to have in place before you need them. Like any other relationship, it takes effort to cultivate and develop trust and rapport. Consider whether your dental office has a relationship with your local clinic(s).

- Is there someone that could be contacted at your local clinic who would answer questions you might have about a patient's blood pressure or other health condition that may impact your work?
- Would they be able to easily speak to a dentist in your office if they had a question about oral health?
- Does your local clinic know that you are taking blood pressures and have been trained to make referrals based on American Heart Association criteria?
- Do you know which clinics in your community are taking new patients?
- Do you know other resources in your community where a patient could have their blood pressure checked, such as a local public health office or pharmacy?

If the answers to any of these questions is no, then you may want to take some time to connect with them. ***Appendix D*** offers a guide to developing referral relationships and getting to know other resources in your community that could support your work.

Resources

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Appendix A

Blood Pressure Screening Policy and Procedures
Revised November 2021

POLICY: [Name of Practice] will offer blood pressure measurement for all patients ages 18 and older and will make referrals based on current American Heart Association guidelines as accepted by the American Dental Association.

PURPOSE: Despite progress toward improving health in North Dakota, there are unmet needs in chronic disease prevention and management. In the state, 30.4% of adults are diagnosed with hypertension, unequally affecting some populations. Regular blood pressure measurement at dental offices will provide opportunities to create awareness for evaluation, and conversations related to risks of having elevated blood pressure, such as heart disease, stroke, kidney disease and other chronic diseases, many of which have oral health manifestations.

Blood Pressure Category	Systolic mm Hg (upper number)	and/or	Diastolic mm Hg (lower number)	Recommended Action in the Dental Office
Normal	Less than 120	and	Less than 80	Document in chart
Elevated	120-129	and	Less than 80	Document in chart. Flag for re-check at next appointment.
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Hypertensive Crisis (Consult your doctor immediateley)	Higher than 180	and/or	Higher than 120	Determine if emergent or urgent. Complete referral if urgent. If accompanied by other symptoms such as headache, flushing, sweating, then send to the nearest emergency department. Document/flag.

American Heart Association Guidelines, 2017.

Steps to Taking the Blood Pressure with a Manual Cuff

1. **Place the patient in a seated position in a private space with feet resting flat on the floor with arm and back supported.**
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5. **Place the stethoscope over the brachial artery.**
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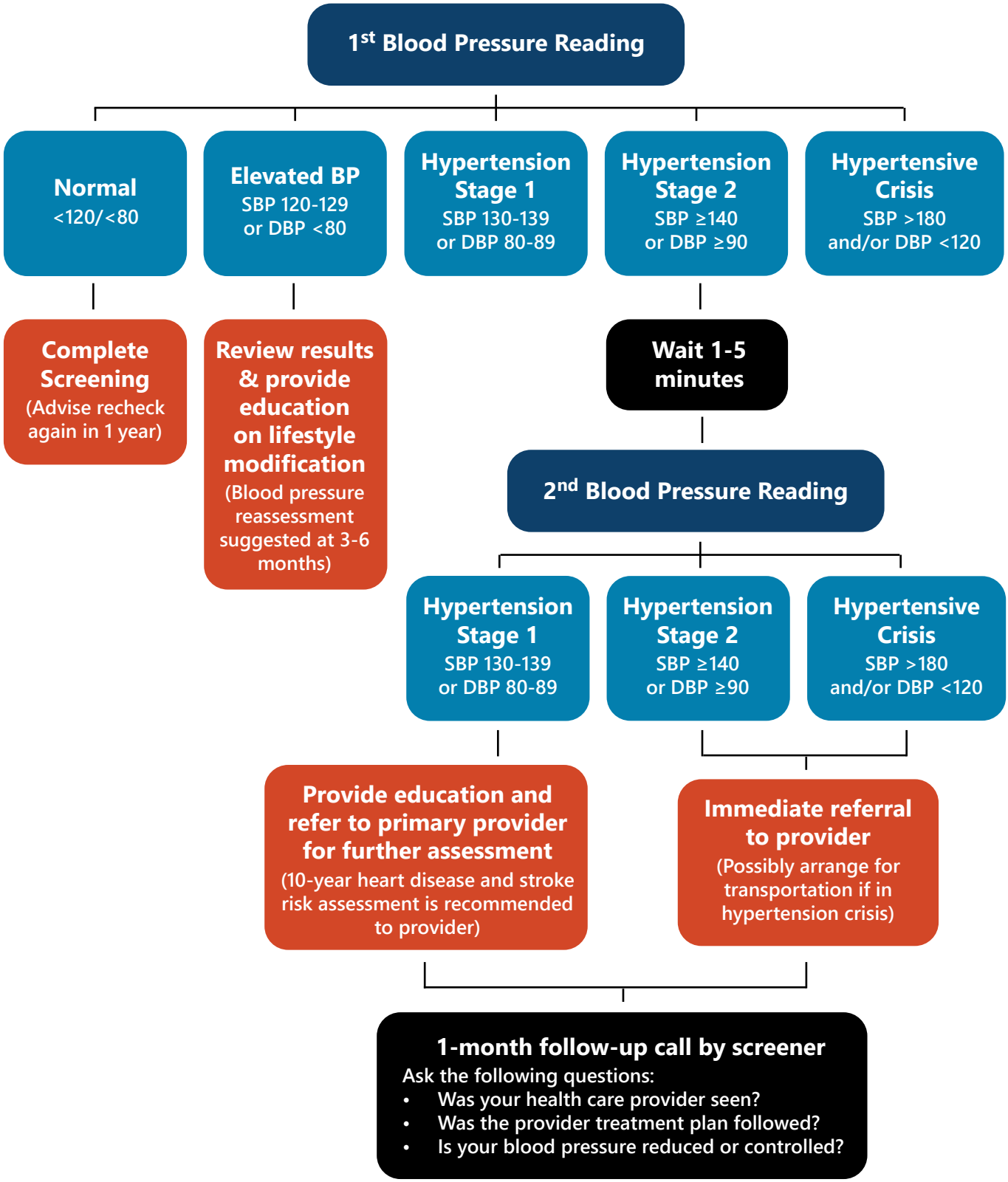
7. **Slowly release the pressure in the cuff.**
8. **Pay attention for the first sharp release of blood known as the Korotkoff sound. This is the systolic number.**
9. **Continue to release pressure from the cuff, which will allow more blood flow and the Korotkoff sounds will slowly diminish.**
10. **The last sound you hear will be recorded as the diastolic pressure.**
11. **If the blood pressure is >120/80, wait 1-5 minutes and repeat the blood pressure. The average of the two readings is reported, though a provider should be informed of the most elevated reading, IF there is a > 5 mm Hg difference between the first and second reading.**
12. **Document and refer if necessary.**

If using an automatic cuff, follow steps 1-4 and then push the button to start the machine. The measurement will be displayed when complete.

Appropriate action should be taken following the blood pressure reading according to the algorithm. It is always a courtesy to provide the client with a copy of their blood pressure reading. This can be provided on a wallet card designed for this purpose.

Community-based Blood Pressure Screening Algorithm



Post Assessment

- For clients who have a normal blood pressure reading, provide person with their blood pressure numbers and encourage them to get their blood pressure checked yearly.
- For clients who have an elevated blood pressure reading, utilize these counseling points.

If blood pressure is considered prehypertensive (120-139/80-89)

Remind client that hypertension usually has no symptoms and that they could become hypertensive without even knowing it. Risk factors and corrective actions:

- Smoking/smoking cessation
- Obesity/weight reduction
- Sedentary habits/ brisk walk 60 min. daily (check with practitioner first)
- Alcohol /limit to 1 drink per day for a woman; 2 for a man
- High saturated fat and trans-fat diet/ High sodium diet /limit salt (sodium) in diet

If blood pressure is 140/90 and above and client has no history of hypertension

- Provide definitions of normal and abnormal BP
- Explain that more than one elevated BP reading is necessary to diagnose hypertension
- Discuss the damage that can be done to heart, brain, kidneys by increased B/P when hypertension is not controlled; Emphasize that hypertension requires lifelong management
- Discuss risk factors/corrective actions noted above
- Refer for medical evaluation within 2 months

If blood pressure is below 140/90 and client has known history of hypertension and is under treatment

- Give positive reinforcement for efforts to control BP
- Review counseling points above as necessary
- If blood pressure is 140/90 or above and is known hypertensive
- Review counseling points above as necessary
- Identify barriers to care and work with client to form a plan of action for better control of BP

If blood pressure is 180/110 or above

- Explain significance of BP reading and need for urgent medical evaluation
- Discuss options for care and offer to help make an urgent appointment
- Assist, as needed, in contacting family member/friends who can drive client to appointment
- Seek immediate medical professional care (including Emergency Service as needed)

Provide Follow-up Patient Education Materials (Suggestions below)

- Healthy Lifestyle Habits and Goals
- Follow-up for Hypertension
- Let's talk about High Blood Pressure and Stroke

Appendix B

Sample Referral Consultation

Request form: SECTION A: DENTAL PRACTICE TO COMPLETE

Patient Information	Practice Information
Name: _____ **DOB**: _____	**Referring Practice**: _____ **Consulting Practice**: _____

Referral consultation reasons: *(Include any relevant diagnosis information available to assist with the consultation)

Patient presented for dental appointment with BP of:_____/_____
Current diagnosis of hypertension. Yes: ____No: ____ Unknown: _____
Patient is referred for follow-up with primary care provider. Yes:_____No: ____
Additional Comments:

Referring Provider

Name:_____**Signature**:_____
Date:_____**Contact #**: (____)_____-_____
Address:_____
Fax number: _____

***Document any relevant information regarding consultation referral in patient's dental chart.**

SECTION B: MEDICAL PRACTICE TO COMPLETE

Patient Information	Practice Information
Name: _____ **DOB**: _____	**Referring Practice**: _____ **Consulting Practice**: _____

Referral consultation response:

_____Was unable to contact patient (If applicable, list additional information below.)

_____Patient seen in practice/clinic and evaluated. Current BP is___/_____
Recommendations and treatment:

Healthcare Provider

Name:_____**Signature**:_____
Date:_____**Contact #**: (____)_____-_____
Address:_____
Fax number: _____

Appendix C

Competency Spot Check. Rate your organization on how frequently you perform there variable across all staff, using the scale below.

Criteria	1 = never/almost never (0-20% of time)	2 = seldom (21-40% of the time)	3 = sometimes (41-60% of the time)	4 = usually (61-80% of the time)	5 = almost always or always (81-100% of the time)
Cuff placed over bare arm					
Arm supported at level of the heart					
Staff not talking during BP					
Patient not talking during BP					
Correct BP cuff size					
Feet on floor and legs uncrossed					

Appendix D

Quality Health Associates of North Dakota | North Dakota Be Legendary. Health & Human Services

Developing Referral Relationships

Dental Practice: _____ Date: _____
Name: _____ Title: _____

1. List the clinics in your service area with which you have established a referral relationship.

Clinic Name	# Of clinicians	Taking new patients (Y/N)	Does the clinic take Medicaid (MA) and/or have a sliding fee scale (SFS)?	Referral method preferred (mail, secure email, phone, fax, NDHIN)

2. Aside from a primary care clinician, what other resources do you have in your community where a person could be referred for a blood pressure recheck? (For example: Local Public Health, Rec Center, Aging Services, Pharmacy)

Organization	Sites (location/day/time)	Appointment required? Y/N	Cost?

3. Are there other potential clinics or organizations that you could still reach out to? (Make sure to ask number of providers, schedule of services, whether they are taking new patients and their preferred method of referral.)

Organization	Known services	Contact Info

4. Please describe your practice's referral and follow-up process. (Identify who is responsible for each task, how will documentation take place.)

Task	Assigned to	Explain the process
Take blood pressure reading		
Provide education to patient/discuss referral to provider		
Send referral		
Follow-up 1 month later (ex: this could be from the clinician or a phone call to the patient)		
Documentation		

5. System workflow issues Identified and/or modified: (ex: purchased chair with arm rest for patients).

_____

_____

_____

6. Educational requests:

_____

_____

_____

7. Will anyone in your office be taking the course to become a Community Dental Healthcare Coordinator (CDHC)?
Yes | No If yes, who?

_____

Oral Health Program
Health Promotion & Chronic Disease Prevention

North Dakota Health and Human Services
600 East Boulevard Avenue, Dept. 325
Bismarck, ND 58505-0200

If you have questions, contact Cheri Kiefer, Oral Health Program Director at 701.328.4930 or ckiefer@nd.gov

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