

Bridgewater Community Healthcare



NHS Foundation Trust

REFERRAL GUIDANCE

COMMUNITY DENTAL SERVICES

Version 1: From April 2015 onwards.

INTRODUCTION

The remit of Bridgewater Community Dental Services is to provide the following services:

Adult and Children's Special Care; which can be short, medium or long term care.
Sedation for Adult Patients; short term care only
Extractions for Paediatric patients: short term care only.

Referrals should be made on one of the three standard referral forms attached with this document. The three referral forms are:

- Form 1 : Special Care Adult and Children's Referral Form
- Form 2 : Adult Sedation Referral Form (IOSN) (Halton and St Helens, Warrington)
- Form 3: Paediatric Exodontia Referral Form

1. ADULT SPECIAL CARE

1.1 Acceptance and Exclusion Criteria

Referrals will be accepted for the following groups of patients:

- Learning disability
- Physical disability
- Complex medical condition
- Mental health condition
- Socially excluded
- Domiciliary care (primarily assessment only)

Table 1 below provides for full details of acceptance and exclusion criteria for each of these groups.

Table 1: Acceptance and Exclusion Criteria for Adult Special Care Dentistry

Special Care group	Condition examples	Acceptance criteria	Exclusion criteria
1. Learning disability	<ul style="list-style-type: none">• Multiple genetic and acquired causes• Autism• Down's	<ul style="list-style-type: none">• Limited verbal communication ability due to cognitive or sensory impairment• Unable to co-operate with lying in a dental chair and dental examination with rapport building and tell-show-do technique.• Doubtful or fluctuating capacity to consent, clinician required to make best interest decision• Requires direct assistance of a carer to carry out oral hygiene	

Special Care group	Condition examples	Acceptance criteria	Exclusion criteria
2. Physical disability	<ul style="list-style-type: none"> • Cerebral palsy • Multiple sclerosis • Parkinson's disease • Severe stroke • Advanced rheumatoid arthritis • Frail older persons • Brain injury 	<ul style="list-style-type: none"> • Unable to bear their own weight and transfer to dental chair. May require manual handling assessment / hoist / wheelchair recliner / NHS transport • Restricted oral access for treatment due to positioning difficulties or impaired mouth opening • Unable to maintain reasonable stillness to allow treatment • May also have communication / sensory / cognitive impairment, doubtful capacity to consent, and may require direct assistance of a carer to carry out oral hygiene 	<ul style="list-style-type: none"> • Wheelchair users (who can weight bear) and people unable to climb stairs: refer to an alternative GDP practice with wheelchair access / ground floor surgery
3. Medical	<p>Cardiovascular:</p> <ul style="list-style-type: none"> • Angina • Heart failure • Uncontrolled hypertension <p>Respiratory:</p> <ul style="list-style-type: none"> • COPD • Severe asthma <p>Other:</p> <ul style="list-style-type: none"> • Severe epilepsy • Unstable diabetes • Bleeding disorders • Immune compromised 	<ul style="list-style-type: none"> • Complex medical history requiring a medical risk assessment to evaluate the risk of medical emergency, bleeding or healing complications: ie. ASA III with multiple co-morbidities and all ASA IV. NB. Care will be provided on a shared care basis where clinically appropriate. 	<ul style="list-style-type: none"> • blood borne viruses: HIV, Hep B,C • anticoagulant therapy with a stable INR below 4.0 • oral bisphosphonates or an annual injection for osteoporosis • oral steroids at a dose of <10mg prednisolone or equivalent.
4. Mental health	<ul style="list-style-type: none"> • Schizophrenia • Other psychotic illness • Bipolar disorder • Personality disorder • Eating disorders • Extreme dental phobia • Dementia 	<ul style="list-style-type: none"> • Severe and enduring mental health condition • Extreme mood or co-operation problems • Inappropriate or agitated behaviour +/- behaviour which may result in harm to self or others • May also have communication / cognitive impairment with doubtful or fluctuating capacity to consent, may require direct assistance of a carer to carry out oral hygiene 	

Special Care group	Condition examples	Acceptance criteria	Exclusion criteria
5. Socially excluded	<ul style="list-style-type: none"> • Drug dependency • Homeless 	<ul style="list-style-type: none"> • Requiring an outreach service provided jointly with other specialist service providers to facilitate access. 	Able to receive dental care at a GDP.
6. Domiciliary care (assessment only)	<ul style="list-style-type: none"> • Frail Elderly • Long Term Care(in-patient) 	<ul style="list-style-type: none"> • Physical, medical or mental health requirement which requires assessment to take place in a non-clinical setting 	

1.2 Acceptance and Exclusion Criteria for Paediatric Special Care Dentistry.

Paediatric Special care patients can be referred if they meet the criteria in the following check list:

Patients who have a medical condition that increases the risk of dental treatment complications, OR
Patients who have a dental anomaly or complex treatment need (**), OR
Patients who have a physical disability /neurological condition , OR
Patients who have a learning disability
AND IN ADDITION
Require active treatment AND
The patient is NOT able to sit in a dental chair and cope with dental examination and treatment with tell-show-do.

(**Includes complex Trauma)

1.3 Discharge

Patients with learning disability, physical disability, and mental health problems are by definition vulnerable adult groups. They will be discharged following treatment with the support of their carers providing their condition does not present insurmountable difficulties with accessing a GDP.

Patients with a complex medical history will be discharged following treatment providing their medical condition is stable. Shared care with a specific GDP will normally be the most appropriate option for continuing care.

Patients with social exclusion will be discharged following treatment completion.

2. ADULTS WITH DENTAL PHOBIA (Commissioned in Halton, St Helens and Warrington)

Referrals for adults with a dental phobia should be made on Form 2; there is however, some overlap with the group of patients described under Special Care above and you will need to consider carefully which pathway/ form to use. Form 2 should be used where the primary barrier to care is purely phobia where this is not complicated by other co-morbidities.

2.1 Acceptance and Exclusion Criteria

The need for treatment under sedation for adults with a dental phobia will be assessed using the Index of Sedation Need which should be completed by the referring dentist and the patient.

Patients who will be accepted for treatment include those with:

- Phobia with a concomitant medical condition exacerbated by stress e.g. cardiac problems, epilepsy, hypertension, asthma
- Gagging problem
- Severe and enduring dental phobia which precludes any attempt at treatment
- Inability to tolerate treatment using LA alone.

Treatment will not be provided for:

- Patients with an apparent phobia who can with persuasion be treated using LA alone
- Patients where no attempt has been made to provide treatment under LA.
- Emergency treatment for patients in acute pain: this should be provided in the practice i.e. pulp extirpation, drainage, temp dressing, analgesics, antibiotics (where appropriate)
- Patients requiring endodontic treatment or advanced restorative care.

2.2 Discharge

All adult dentally phobic sedation patients will be discharged following a single course of treatment.

3. PAEDIATRIC REFERRALS

Paediatric patients may be referred either because they have special care requirements (Use Form 1), or because they require exodontia which cannot be carried out by the referring dentist. Referrals for paediatric exodontia will only be accepted from dentists. Referrals of children for exodontia only should be made on Referral Form 3.

3.1 Acceptance and Exclusion Criteria

Paediatric special care patients will be accepted for care according to the criteria in 1.2 above.

Paediatric exodontia will be offered to children and young people who require exodontia with either GA, sedation or other appropriate patient management system and treatment under LA has not been possible. All referred patients should have been offered the opportunity to undertake care under local anaesthetic before referral.

GA exodontia will not be normally offered for patients who require only orthodontic extractions

3.2 Discharge

Special care paediatric patients may be discharged to a local general dental practitioner where appropriate. However some special care patients, because of the nature of their condition, may receive long term care in the CDS. Shared care between the CDS, GDS and hospital services may also be appropriate in some cases. Transition of the vulnerable older paediatric special care patient into adult services will be planned to be seamless and robust. Transition to adult services will take place between the ages of 16-19 years.

Paediatric exodontia patients will be referred back to referring dentist with a summary of care provided and appropriate post op instructions.