

Referral Guidance for NHS GG&C PDS Paediatric Needs Assessment Pathway (<16 years)

**NHS GG&C PDS Paediatric Dental Needs Assessment Pathway:
Tel: 0141 314 6669 for advice**

What do we accept?

Referrals for any of the conditions listed below. **If your patient does not fall into any of these categories please refer to the guidance for the Paediatric Secondary Care Services** located in Glasgow Dental Hospital.

Please note we can only accept patients with Greater Glasgow & Clyde postcodes and not patients from the other areas. Please approach services within your own Board area for advice in the first instance.

Safeguarding information is essential for the follow up of any child who is not brought to an appointment. This is best practice and in line with guidance from General Dental Council¹, British Society for Paediatric Dentistry² and National Guidance for Child Protection in Scotland³.

The SDNAP report on Oral Health and Dental Services for Children⁴ outlines the clinical care, which should be provided by GDPs in Primary Care:

General Dental Practice and non-specialists in the Public Dental Service – Dentists in teams working with hygiene/therapists, hygienists, extended duties dental nurses and the Childsmile team should provide the following care:

- Routine assessment of healthy co-operative children, including clinical and radiographic examination, assessment of caries risk, preventive advice in accordance with SDCEP guidelines
- Preventive care including topical fluoride, application of fissure sealants, diet analysis and advice, tooth-brushing instruction, toothpaste usage instruction/prescription, scaling and prophylaxis.
- Behaviour and pain management techniques including use of topical and local anaesthetics for children, acclimatisation for mild-moderate anxiety
- Restorative care – adhesive (composite/composer) and amalgam restorations where required (single surface in primary teeth), pre-formed metal crowns (PMC's) for multi-surface restorations in primary teeth
- Endodontic treatment of closed apex teeth
- Exodontia, primary and permanent teeth including orthodontic extractions and removal of erupted supernumeraries

1 <https://standards.gdc-uk.org/pages/principle8/principle8.aspx>

2 <https://www.sdcep.org.uk/published-guidance/management-of-acute-dental-problems-madp/>

3 <https://www.gov.scot/publications/national-guidance-child-protection-scotland-guidance-health-professionals-scotland/pages/4/>

4 https://www.scottishdental.org/wp-content/uploads/2017/03/SDNAP_Oral-Health-Dental-Services-for-Children-2017.pdf

Referral Guidance for NHS GG&C PDS Paediatric Needs Assessment Pathway (<16 years)

- Single tooth partial dentures (transitional) and removable space maintainers
- Interceptive orthodontic treatment with a removable appliance
- Emergency treatment and pain management for simple dental trauma and dental infection
- Advice re common soft tissue conditions such as recurrent aphthae and primary herpes
- Advice on early tooth tissue loss
- Provision of any of the above under conscious sedation where indicated and where there exists appropriate skills and training.
- Timely onward referral to the most appropriate service (PDS or HDS) of children requiring diagnosis or treatment out-with the above scope, and the maintenance of regular review during any periods of shared care

Referrals into the NHS GG&C Paediatric Dental Needs Assessment Pathway in the PDS are for the following patient types:

1.	Pain, where it is not possible to manage the patient in GDS, or it has not been possible to provide sufficient pain management to deliver routine care
2.	Caries Management, where there are multiple extensive carious lesions in multiple quadrants. The burden of the case should be of a nature, which renders the successful management of the child in GDS beyond the scope of a GDP
3.	Minor dental trauma of the primary or permanent dentition or where there is involvement of the dentine and/or pulp.
4.	Dental anxiety, where the management of the patient is beyond the scope of the GDP
5.	Intellectual Disabilities, where the management of the patient is beyond the scope of the GDP and the level of care required requires referral
6.	Behavioural issues, where the management of the patient is beyond the scope of the GDP and the level of care required requires referral

Indications for referral:

- Pain and sepsis are not automatic triggers for referral. Both can be resolved or controlled by local means in Primary Care GDS. Temporary measures can defer permanent treatment until the child is older and more cooperative.
- Referral for extraction(s) should be seen as part of an overall management plan. **The referring dentist retains responsibility for patient continuing care.** Prior to extraction, much can be done in the way of expectations, acclimatisation and home care.
- **If a child is accepted for GA extractions a radical approach will be taken and all primary teeth with established caries will be extracted. This is to minimise the risk of a repeat GA episode.**

Referral Guidance for NHS GG&C PDS Paediatric Needs Assessment Pathway (<16 years)

Access to the Paediatric Dentistry GA or Sedation services.

Referrals where extractions under General Anaesthesia or sedation are thought to be necessary, should follow the guidelines published by the GDC in Maintaining Standards.

Guidance to Dentists on Professional and Personal Conduct. 1997; Paragraph 4.18;

"Clear justification for the use of General Anaesthesia, together with details of the relevant medical and dental histories, must be contained in the referral letter".

The SDCEP report Management of Acute Dental Conditions should be followed when assessing the priority of the referral⁵

Indicators for NON URGENT referral for extraction of carious teeth under General Anaesthesia

- A child in pain/recurrent episodes of pain and/or sepsis and all treatment options have been considered and attempted
- A child in pain/recurrent episodes of pain and/or sepsis and all treatment options have been considered and attempted and where pain can be controlled with analgesia
- GA more likely to be considered where:
 - Is pre-cooperative
 - Has multi quadrant extensive caries
 - Has multiple sites of pain and/or sepsis
 - Is an irregular attender

Indicators for URGENT referral of extraction of carious teeth under General Anaesthesia

- A child in pain/recurrent episodes of pain and/or sepsis and all treatment options have been considered and attempted and where pain cannot be controlled with analgesia
- Where there is a swelling slowly increasing in size and antibiotics may be required

Indicators for EMERGENCY referral for extraction of carious teeth under General Anaesthesia. These children should be referred via Rapid Access Maxillofacial team.

- **When there is a swelling extending to the eye, which is closing**
- **Airway is compromised by swelling**

⁵ <https://www.sdcep.org.uk/published-guidance/management-of-acute-dental-problems-madp/>

Referral Guidance for NHS GG&C PDS Paediatric Needs Assessment Pathway (<16 years)

- **Swelling increasing in size despite 24 hours of antibiotic therapy**
- **Child has been unable to take fluids for 24 hours**

How to send your referral to us: SCI Gateway

Referrals are NOT accepted for:

- Routine primary care (e.g. caries in cooperative children, endodontic treatment in permanent teeth with closed apices).
- Root canal treatment in permanent molars unless there is good clinical indication for retention of the compromised tooth i.e. severe hypodontia.
- Routine (premolar) orthodontic extractions under GA.

⁵<http://www.sdcep.org.uk/wp-content/uploads/2013/03/SDCEP+MADP+Guidance+March+2013.pdf>

Managing Sepsis:

- Do not leave sepsis untreated
- Where possible provide pulp therapy, or extract the tooth
- If sepsis is asymptomatic and the child is pre-cooperative, monitor and acclimatise to allow time for the child's anxiety to reduce (up to 3 months) and accept treatment.
- If this is not achieved, consider referral to a specialist

Before you refer your patient please ensure the following:

You complete all the mandatory fields on the SCI Gateway referral (highlighted in pink). All relevant information is required to enable the patient to be seen by the correct service in a timely manner. Good referral information will assist in this process.

If incomplete or inadequate referral information is forwarded, this may result in the referral being returned to the referrer, which will cause delays to treatment.

As part of the referral process, the referring dentist has held a conversation regarding the possibility/probability of a general anaesthetic with the patient and parents/carers and has explained the risks and benefits.

You confirm (on the referral form) all the necessary prevention and advice indicated in SDCEP guidance has been provided (or attempted) and you will provide continuing care for the patient irrespective of the referral (unless indicated or otherwise agreed following acceptance for treatment).