**Paediatric Dentistry**

**Updated referral criteria (COVID-19)**

Due to the national restrictions on dental practice arising from the COVID-19 pandemic, it is necessary to temporarily adjust our referral criteria. This is due to reduced capacity as well as a restricted ability to provide a full range of treatment. *The evolving situation and need for these updated criteria will be reviewed in 4 months.*

We are prioritising patients with urgent clinical needs and are minimising aerosol generating procedures. **We are currently able to offer treatment under inhalation sedation and general anaesthetic provision on a *limited* basis.**

**Children attending as emergencies**

The Department provides a limited emergency service for children with acute pain or infection, bleeding from the mouth or those who have suffered dento-alveolar injury and require emergency care. It should be noted that children who have a primary dental care provider should contact them in the first instance.

This service operates during normal working hours (except public holidays) on an appointment basis following remote triage by a clinician. **This is no longer a walk-in service, and emergencies must be referred by a General Dental Practitioner. Unregistered children can access the service via NHS111.** Should you feel an emergency appointment is necessary please contact the department by emailing a referral to [nuth.paediatricdental@nhs.net](mailto:nuth.paediatricdental@nhs.net). All non-urgent referrals should continue to be made by post.

The **acceptance criteria** for referral of patients to the emergency clinic are:

* Dento-alveolar trauma of permanent dentition**\***
* Dento-alveolar trauma of primary dentition *only* where there is pulp exposure or occlusal interference**\***
* Soft tissue trauma where intra-oral sutures are indicated \*
* Severe dental pain unresponsive to analgesia in children with complex medical, behavioural or social needs**\***
* Orofacial swellings not responding to antibiotics, presenting extra-orally
* Orofacial swelling causing eye closure or trismus

Cases presenting with dysphagia or airway restrictions should be sent to local maxillofacial units

* Post extraction bleeding that cannot be controlled with local measures
* Suspected oral cancer
* Urgent dental assessment and treatment on request from hospital medical services prior to child having medical intervention e.g. bone marrow transplant, urgent cardiac surgery and oncology treatment.

***\*where treatment is not possible in a primary care setting***

**Referral Criteria for Routine Conditions**

The department accepts patients from birth until their 16th birthday. Referrals can be made by post or by emailing a referral to [tnu-tr.dentalhospital@nhs.net](mailto:tnu-tr.dentalhospital@nhs.net).

If patients are accepted for treatment, it is on the understanding (of the patient, parent and the referring dentist) that a specific course of treatment will be undertaken and then the patient will be discharged back to the dental primary care setting for continuing care. The referring practitioner remains responsible for continuing and emergency care for the patient during this treatment course. Waiting lists for treatment are expected to be extensive and continuing care with a general dental practitioner is therefore crucial.

Where clinically appropriate, patients (including patients who have been on long-term review) may be discharged back to primary care for elements of treatment or ongoing monitoring.

A senior clinician triages all referrals and a pooled waiting list is in operation. Undergraduate students, specialists, training grade staff and consultants may treat patients accepted for treatment.

Initial consultation will be completed via telephone or using virtual technology. A face-to-face consultation will be arranged if deemed necessary after the initial telephone assessment.

The **acceptance criteria** for referral of patients are:

* ***Caries in pre-cooperative children and uncooperative older children, where dental treatment under local anaesthesia has been attempted but is not possible, and who may require extraction under general anaesthesia*** 
  + Efforts should be made by the referring practitioner to identify a general anaesthetic service in their local area, for example within a local hospital or community service before referring to the Dental Hospital.
  + Before referral, there must have been an attempt at age appropriate pharmacological or non-pharmacological behaviour management, either with a General Dental Practitioner or with the Salaried Primary Care Dental Services (Community Dental Service).
  + It is inappropriate to refer a child for caries management without having provided dietary advice, oral hygiene instruction and some attempt has been made to acclimatise the patient, i.e. introduction to equipment, placement of temporary dressing.
* ***Children who have sustained complex dento-alveolar injuries requiring specialist opinion and/or treatment***
  + E.g. avulsion, significant luxation, trauma to multiple teeth, traumatised and subsequently non-vital teeth with immature root development
  + It is NOT appropriate to refer a child who requires a simple composite restoration unless the restoration placed has repeatedly failed
  + In the primary dentition treatment is rarely indicated and these should be reviewed in primary care and only referred if specialist level treatment is required
* ***Children with soft tissue pathology*** such as oral ulceration or other lesions, where the lesion’s appearance or behaviour is unusual or suspicious, or does not resolve as expected
* ***Medically compromised children*** where treatment planning is difficult, or treatment needs to be undertaken in liaison with other health care professionals. Treatment planning and specialist input for children subject to a child protection plan or looked after by local authority.
* ***Phobic children*** where treatment attempts have failed
* ***Children with special care requirements*** who are not and could not be managed for a particular treatment episode within the Salaried Primary Care Dental Services (Community Dental Service)
* ***Children requiring surgical exposure and/or surgical removal of unerupted teeth.*** In these cases a referral for an orthodontic opinion may be more appropriate in the first instance and should be considered prior to referral.

* ***Children requiring extractions within hospital setting due to medical conditions that may necessitate liaising with medical colleagues and associated medical management.*** Examples of appropriate referralsmay include children with bleeding disorders, oncology diagnoses and cardiac conditions.Comprehensive details of medical history and justification for extractions required **must** be sent with the referral.
* ***First permanent molars of poor long-term prognosis due to Molar Incisor Hypomineralisation.*** Patients identified as having first permanent molars of poor long-term prognosis before their 8th birthday should be temporised and maintained in the short term within primary care unless there is the presence of symptoms which cannot adequately be managed in primary care. Where possible, please enclose a recent OPG with a referral. If it is deemed unlikely that treatment would be provided at the moment, then a referral may be returned.
* ***Orthodontic extractions with inhalation sedation*.** An up to date OPG and recent (within last 3 months) written confirmation of orthodontic extraction pattern and intention to start active orthodontic treatment from an orthodontist **must** be included with referral. Extractions under local anaesthetic **will not** be accepted and patients opting for local anaesthetic alone at assessment appointment will be returned to referring practitioner. Please note that patients unsuccessful at tolerating orthodontic extractions under inhalation sedation will **not** be offered any other treatment modalities and will be discharged.

**At present we are unable to accept referrals for the following:**

* Children with inherited or acquired dental anomalies such as altered tooth structure, shape, size, form and number of teeth.
* Children requiring investigation of disorders of eruption and shedding of teeth.
* Children with periodontal problems.
  + It is **not** appropriate to refer children for simple gingivitis.
* Children with non-carious tooth surface loss which does not appear to respond to standard preventive advice or where it is of uncertain aetiology.
* Hypodontia unless in the established permanent dentition. At the point of referral recent OPG radiograph should be sent where possible with the referral. If necessary, a telephone consultation may be arranged but a face to face assessment is unlikely to be necessary. It is likely that a referral for orthodontic assessment would be more appropriate and this should be considered in the first instance.
* Orthodontic extractions under local anaesthetic
* Concerns regarding appearance/aesthetics of teeth
* Supernumerary teeth where eruption of permanent teeth has not been affected. Erupted supernumeraries should be extracted in primary care where possible.

**Children Requiring Extractions under General Anaesthesia**

Dental Practitioners referring patients for GA are subject to the regulations laid down by the

General Dental Council. In each case the referring practitioner should:

* Clearly state the child’s name, address and date of birth
* Provide details of any relevant medical history
* Provide existing radiographs in order to avoid further exposure
* Provide details of the proposed treatment to be undertaken
* Discuss alternative methods of providing the treatment
* Explain to the patients and parents or carers the risks associated with general anaesthesia
* Give a clear and written justification for the use of general anaesthesia
* Retain a copy of their referral letter
* Advise that the child attends with a legal guardian or individual with parental responsibility

***Advise parent/guardian that at present the service is very limited and there may therefore be an extensive waiting list.***

It is important that the referral letter to the Dental Hospital contains information that confirms the details above. Failure to do so will result in the return of the referral letter to the referring practitioner.

**Correct Route of Referral**

Referrals to the Paediatric Dentistry Department should follow the above guidance. Please note, that this list is not comprehensive, and the Department is happy to receive referrals on an individual basis that may require secondary care intervention. Full details of a child’s medical and social history should be provided with the referral. Inappropriate or incomplete referrals will be returned to the referrer.

**A specific template for referral to the Child Dental Health Department (Appendix A) is available and there is a specific patient information leaflet for children (Appendix B).**

*December 2020*

*Review Date: April 2021*

***A picture containing drawing

Description automatically generatedInformation for referrer***

**Child Dental Health**

**New Patient Referral Form**

***Appendix A***

* Completed referral forms should be sent to: [**tnu-tr.dentalhospital@nhs.net**](mailto:tnu-tr.dentalhospital@nhs.net) **from an NHS email address or via post to Department of Child Dental Health, Newcastle Dental Hospital, Richardson Road, Newcastle-Upon-Tyne, NE2 4AZ.**

***For internal use: Triage***

* Tier 1 and 2 referrals will only be accepted for undergraduate / junior staff treatment. This information should be given to parents prior to sending a referral. For further clarification on treatment complexity levels please visit[**https://www.england.nhs.uk/wp-content/uploads/2018/04/commissioning-standard-for-dental-specialties-paediatric-dentristry.pdf**](https://www.england.nhs.uk/wp-content/uploads/2018/04/commissioning-standard-for-dental-specialties-paediatric-dentristry.pdf)
* **Please fill in all mandatory fields, incomplete forms with insufficient patient demographics or clinical information will be returned to sender.**
* Adjuncts such as radiographs and clinical photographs should be included where possible. Where these are not possible, a reason should be given.

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| **Section 1. Practice / Referrer Information** | | | |
| **Date of referral** |  | | |
| **Referring GDP name** |  | **GDC number** |  |
| **Referring GDP Signature** |  | **NHS.net address (where available)** |  |
| **Practice Referrer Address** |  | | |
| **Postcode** |  | **Telephone number** |  |

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| **Section 2. Patient Information** | | | | | | | | | | | | | | |
| **Title** |  | **First Name** | | |  | | | | | **Surname** | | |  | |
| **Date of Birth** |  | **Age** | | |  | | | | | **Gender** | | |  | |
| **Patient Address** |  | | | | | | | | | | | | | |
| **Postcode** |  | | | **Telephone (mobile)** | | |  | | | | | | | |
| ***NHS/MRN number***  ***(if known)*** |  | | | **Parent/Guardian e-mail address** | | |  | | | | | | | |
| **General Medical Practitioner Details** | | | | **Medical History**  ***please include relevant details of other health care professionals involved in this child’s care*** | | | | | | | | | | |
| **Named Practice** |  | | |  | | | | | | | | | | |
| **Address** |  | | |
| **Behavioural/Cognitive/**  **Communication difficulties** | | | | No  Yes | | | | *If yes, please provide details* | | |
| **Postcode** |  | | | **Medications** | |  | | | | | | | | |
| **Telephone No.** |  | | | **Allergies** | | No Known Allergies  Yes  Details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| **Social History** |  | | | | | | | | | | | | | |
| **Social Worker** | No  Yes | | **Interpreter required** | | | | | | No  Yes | | | | | |
| **Social Worker Details *(if applicable)*** |  | | **Language required** | | | | | |  | | | | | |
| **Active Child Protection Plan** | No  Yes | | **Are you referring multiple children from the same family?** | | | | | | No  Yes | | **Name(s):** | | |  |
| **DOB(s):** | | |  |
| **Child in Care (CIC)? *(previously Looked After Child)*** | No  Yes | | **Additional information** | | | | | | | | | | | |
| *If yes, details of placement* |  | |  | | | | | |  | | | | | |

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| **Section 3. Dental History / Reason for Referral** | | | | | | | | | | |
| Regular attender:  No  Yes | | | Last dental visit: | | Have radiographs been attempted before? No  Yes  If yes, were radiographs tolerated? No  Yes  Have radiographs been enclosed? No  Yes  *If no, please state reason* | | | | | |
| F- Varnish tolerated:  No  Yes | | | Previous GA for dental treatment:  No  Yes | |
| Seen at NDH before?  No  Yes | | | Seen by CDS before?  No  Yes | | Details of previous treatment attempted: | |  | | | |
| Experience of having treatment under LA: | | | No  Yes  Not attempted | |
| **Reason For Referral**  *please tick all applicable boxes* | | | **Teeth affected:**  **Primary**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | E | D | C | B | A | A | B | C | D | E | | E | D | C | B | A | A | B | C | D | E | | | | | | | ***Anticipated Outcome of Referral*** | |
| Caries |  | | Opinion and Treatment Plan Only |  |
| Pain |  | |
| Trauma |  | |
| Intra Oral Swelling |  | | Referral for undergraduate/ trainee treatment |  |
| Extra Oral Swelling |  | |
| Enamel/Dentine defects |  | | **Permanent**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | | | |
| Hypodontia |  | |
| Supernumeraries |  | | Specialist / Consultant treatment |  |
| Soft Tissue Lesion |  | |
| TMD |  | |
| Other |  | |
| ***History of Presenting Complaint / Further Details of Problem:*** | | | | | | | | | | |
| ***Provisional Diagnosis*** | | | | | | | | | | |
| Anticipated treatment modality | | *Local Anaesthetic* | | *Inhalation Sedation* | | *Intravenous Sedation* | | *General Anaesthetic* | | |
|  | |  | |  | |  | | |
| Urgency | | *Urgent* | | *Soon* | | *Routine* | | *Other* | | |
|  | |  | |  | |  | | |

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| **Professional Declaration** | | |
|  | *I confirm that the above referral letter is accurate, to the best of my knowledge* | |
|  | *I confirm that this child has not been referred to any other dental services simultaneously* | |
|  | *I confirm that consent has been sought from Parent/Guardian for referrals for Tier 1 and 2 treatment to be carried out by Undergraduates or Trainee’s* | |
|  | ***\*In the case of referral for treatment under General Anaesthetic,*** *I confirm I have made the Parent/Guardian aware that all teeth of poor prognosis (that are deemed unrestorable) will be removed at the time of General Anaesthetic* | |
| **Electronic / Physical Signature**  **(of referring practitioner)** | |  |

**Patient Information Leaflet (Children) – Appendix B**



**Information for parents and guardians**

**Referral to the Dental Hospital (for a child or minor)**

**This leaflet will tell you…**

* **About your young person referral**
* **Why your dentist has referred your young person**
* **About your young person’s appointment**
* **Where you can find further information about the Dental Hospital and independent advice**

**This leaflet is available in large print on**

**request please contact 0191 219 5209**

**About your young person’s referral**

Your dentist has referred your child or minor (hereafter referred to as young person) to the Dental Hospital which is a specialist centre providing dental treatment for children. We offer both an opinion and treatment service.

If your young person needs to have treatment, it will be carried out by the most appropriate person for that care. Treatment is undertaken by staff and dental students. Treatment may be completed under local anaesthetic, sedation or general anaesthetic.

If the treatment required could be done in primary dental care i.e. outside the dental hospital, your young person may be referred back to your dentist or, in some circumstances, given the option of being treated by a dental student.

**Why has the young person been referred to the Dental Hospital?**

Your dentist has referred your young person for any one of the following reasons…

* a second opinion so that he or she can be sure your young person receives the appropriate treatment if your young person’s case is a little more difficult than routine
* treatment if this is required by someone who has been trained further e.g. specialist
* possible opportunities for treatment by a dental trainee (undergraduate or postgraduate)
* treatment under sedation or general anaesthetic

**Make sure that you are clear why your young person is being referred**

**What happens next?**

You will be sent a letter to confirm that the hospital has received the referral. You should receive this letter within 4 weeks of being referred by your dentist.

**What should I do before my young person’s appointment?**

It is very important your young person attends with someone with parental responsibility who can give details of your young person’s medical history and details of any medication they are taking.

**What will happen at my young person’s appointment?**

Your young person will receive a thorough examination and assessment.

It is possible your young person may need to have further tests carried out e.g. radiographs, blood tests.

**It is unlikely any treatment other than addressing any pain will be carried out at your young person’s first visit.**

**Please note the assessment may take 2-3 hours, as this is a teaching hospital and your young person may be seen by one or more clinician’s and students**

**What if we can’t attend the appointment?**

You should telephone 0191 282 0603 as soon as possible to cancel your appointment. You will then receive a new appointment.

**What if we miss an appointment?**

If you miss an appointment, your young person will not automatically be sent another appointment.

Your dentist will be sent a letter to inform them that you and your young person failed to attend the appointment.

If you and your dentist still think your young person needs to be referred, your dentist will need to write again requesting an appointment.

**Where can I find further information about the Dental Hospital?**

Further information may be obtained from the website [www.newcastle-hospitals.org.uk](http://www.newcastle-hospitals.org.uk)

**For independent dental advice you can contact…**

The British Dental Health Foundation helpline

✆0845 063 1188 9am to 5pm, Monday to Friday or visit

[www.dentalhelpline.org.uk](http://www.dentalhelpline.org.uk)