

Dental Care Pathways for Children with Congenital Heart Disease

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1. Introduction

Children with congenital heart disease (CHD) are often at increased risk of developing infective endocarditis. Maintaining good oral health is an essential aspect of reducing this risk.

1.1 Infective endocarditis

Infective endocarditis (IE) is an inflammation of the endocardium, particularly affecting the heart valves and caused mainly by bacteria but occasionally by other infectious agents including fungi, which are present in the bloodstream¹. Dental and oral infections or wounds can permit microorganisms to enter the bloodstream easily, causing bacteraemia. Heart valves which are already damaged or abnormal, are more likely to become infected by these microorganisms.

In a recent Japanese survey studying the epidemiology of IE, the oral viridans streptococci was identified as a causative organism in 26% of cases². However in a systematic review over five decades, the authors concluded there has been a reduction in streptococcal-associated IE compared to staphylococcus aureus related IE³.

IE is a rare but serious infection which carries significant risk of mortality. IE can occur in the general population but there is a substantially increased risk for people who have:

- acquired valvular heart disease with stenosis or regurgitation;
- hypertrophic cardiomyopathy;
- previous infective endocarditis;
- structural congenital heart disease, including surgically corrected or palliated structural conditions, but excluding isolated atrial septal defect, fully repaired ventricular septal defect or fully repaired patent ductus arteriosus, and closure devices that are judged to be endothelialised;
- valve replacement.¹

1.2 Oral Health and prevention of infective endocarditis

Good oral and dental health is thought to be important to prevent IE. People with increased risk of IE, with concurrent dental problems such as abscesses or gum disease, should not go untreated, as these conditions increase their risk of bacteraemia. People with poor oral hygiene are 4-8 times more likely to develop a bacteraemia with organisms that cause IE following tooth brushing than those with better standards of oral hygiene⁶.

Since IE risk is increased in the 6 months following cardiac surgery⁷ it is recommended that a child should have a dental assessment and any necessary treatment carried out before they have cardiac surgery⁸. However, children with CHD should be dentally healthy all the time in order to reduce their risk of IE. In 2016, NHS England published a document setting out standards for provision of adult and paediatric CHD care. This standards document includes dental standards (Appendix 1: Paediatric dental

standards) which focus not just on pre-operative dental care but on early access to dental services, a preventive approach, good communication between professionals and timely management of dental disease⁸.

1.3 Antibiotic prophylaxis against infective endocarditis

Guidelines published in 2018 by the Scottish Dental Clinical Effectiveness Programme (SDCEP)⁹ provide advice for dentists for the implementation of the National Institute for Health and Care Excellence (NICE) guidelines¹ for antibiotic prophylaxis for invasive dental procedures. NICE recommendations state that “*Antibiotic prophylaxis against infective endocarditis is not recommended **routinely** for people undergoing dental procedures*”. This has led to some confusion over what is meant by “routinely”. The SDCEP guidance outlines which patients might be considered for non-routine treatment i.e. for which patients antibiotic prophylaxis should be considered for invasive dental procedures. The guidance also outlines which dental procedures are considered to be invasive.

A “sub-group requiring special consideration” has been identified by SDCEP and includes patients with:

- Prosthetic valve, including transcatheter valves, or where any prosthetic material was used for valve repair;
- previous infective endocarditis;
- congenital heart disease (CHD):
 - Any type of cyanotic CHD;
 - Any type of CHD repaired with a prosthetic material, whether placed surgically or by percutaneous techniques, up to 6 months after the procedure or lifelong if residual shunt or valvular regurgitation remains.

In-depth coverage of antibiotic prophylaxis is beyond the scope of this document however it is important to note that where a patient meets the criteria to be considered for non-routine management, their dentist is advised to seek advice from the patient’s cardiologist or cardiac surgeon.

1.4 The dental health of children

The Child Dental Health Survey 2013 found that 46% of 15-year-olds and 34% of 12-year-olds in Wales, England and Northern Ireland had obvious decay experience in their permanent teeth. This includes teeth with untreated dental caries, teeth that have been restored or teeth that have been extracted due to caries. The same survey found that 46% of 8-year-olds and 31% of 5-year-olds had obvious decay experience in their primary teeth⁴. Between 6% and 19% of children surveyed did not attend a dentist for check-ups and attended only when in pain or not at all⁵. Attendance for check-ups gives the dental team the opportunity to give advice for the prevention of dental caries and also to diagnose and treat it early to prevent the development of abscesses and the need to perform invasive dental procedures, both of which can lead to a potentially harmful bacteraemia in an at-risk patient.

2. Aim

To outline the care pathways which exist for the provision of dental care for children with CHD in South Wales and the south west of England to promote regular and early contact with the dental team, a preventive approach and equitable access to high quality dental care in the right place at the right time.

3. Scope

This document concerns children (age 0-16years) with CHD who are at increased risk of infective endocarditis and who are looked after in the South West and South Wales Congenital Heart Disease Network (SWSWCHDN).

The SWSWCHDN coordinates the care of 6500 children with CHD in South Wales and South West England. There are 19 centres within the network providing paediatric services:

- Level one centre (Bristol): specialist CHD surgical centre
- Level two centre (Cardiff): specialist CHD centre
- Level 3 centres: local CHD centres

Appendix 2 shows a map of providers. The network covers a large geographic area and wherever possible efforts should be made to provide dental care for patients close to their home.

All dentists and dental care professionals should have a good understanding and appreciation of IE and its' association with oral health in order to support provision of high quality care and effective decision making. In order to achieve best possible outcomes for patients, multidisciplinary working is required with effective communication with the medical and dental teams.

Provision of specialist- and consultant-led paediatric dental services is sparse in many areas. Children with CDH will often need a combination of primary and secondary dental care and high quality care can only be provided through effective communication between General Dental Practitioners (GDPs), the Community Dental Services (CDS) and the Hospital Dental Services (HDS) as well as with the medical and surgical teams.

4. Recommendations

4.1 Early Years

- Parents of children with CHD should be given information about IE risk and dental health. Parents should be advised by the cardiac team about measures for the prevention of dental disease and should be advised to attend for dental check-ups before the age of 1 year.

- Where a patient is diagnosed prenatally or in the neonatal period it is not relevant to give dental information immediately. Advice for maintaining good oral health should be given before 6 months of age when, on average, the first teeth erupt.
- If the patient is older when they are diagnosed, oral health information should be given around the time of diagnosis. Appendix 3 shows an information leaflet that is appropriate for the parents of pre-school and school-age children.
- Information should be given verbally and in written form by the cardiac team and followed up at subsequent appointments.
- Information should be given about how to find an NHS dentist. Appendices 4 and 5 show examples of information cards that can be given to parents.
- Parents should be encouraged to inform the cardiac team if they are not able to access a general dentist and they should be referred by the cardiac team to the CDS or HDS.

4.2 Continuous Dental Care

- Continuous dental care should be provided as much as possible in the GDS. Where there are patient factors or service provision factors that prevent this, the child should be referred by the cardiac team for continuous care in the CDS.
- Information for dentists should be available on the SWSWCHD website regarding prevention of dental disease, contact details for the cardiology team and pathways for referral to other dental services. GPs should have a low threshold for referral to secondary care.
- Children with CHD should receive an “enhanced prevention” care package in the GDS based on recommendations laid out in the Department of Health Guidelines: *Delivering Better Oral Health: An Evidence-based Toolkit for Prevention*¹⁰. This will consist of:
 - Reduced recall frequency
 - Tailored dietary advice
 - Oral hygiene instruction
 - Age appropriate advice regarding fluoride and provision of supplemental fluoride sources including prescription toothpaste and professional application of fluoride
 - Fissure sealants applied to susceptible tooth surfaces
- Where indicated, radiographs should be taken in order to detect caries at an early stage¹¹.
- Dental disease should be managed in a timely fashion.
- Dental information and advice for parents and children should be available on the SWSWCHDN website.

- The cardiac team will keep an up-to-date record of the patient's general dental practitioner or community dentist.

4.3 Pre-Cardiac Surgery

- Children with CHD should be dentally healthy all of the time but it is particularly important to ensure this is the case when they are undergoing cardiac surgery.
- A full dental assessment, including appropriate radiographs should be conducted prior to a child undergoing cardiac surgery.
- The dental assessment should be carried out by a dentist who is experienced in provision of dental care for children.
- The dental assessment should be carried out as close to the patient's home as possible.
- Due to regional shortages of general dental practitioners, patients may struggle to access assessment in a timely manner, therefore it is considered appropriate that this time-sensitive part of their care pathway be provided within the CDS.
- The pathway shown in Figure. 1 should be followed.
- The referring cardiologist should send a Dental Assessment Request letter to the appropriate CDS. Appendix 6 shows the letter and gives addresses for each regional CDS.
- Cardiac surgery should not proceed until the cardiac team has received confirmation that the child is dentally fit. Appendix 7 shows the Fit for Surgery" form.
- Dental services should prioritise the assessment and treatment of pre-surgical patients in order to prevent delays to their surgery.
- There is an amended pathway to be followed during the COVID-19 period. Appendix 8 shows the COVID-19 pathway.

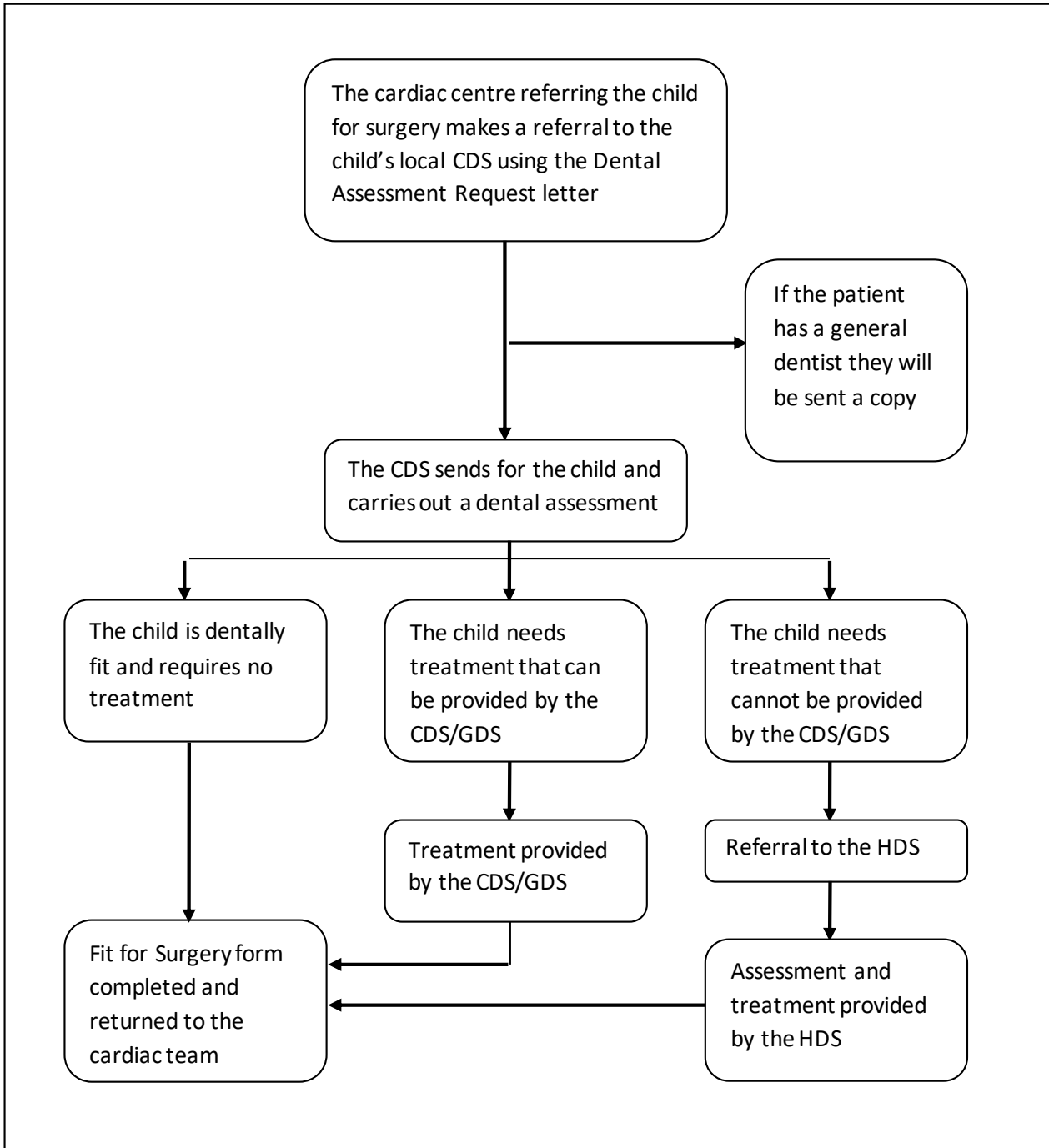


Figure 1: Flowchart for the referral and provision of dental care prior to cardiac surgery

4.4 Post-Cardiac Surgery

- Copies of correspondence should be sent to the GDP or community dentist in charge of the child's ongoing care.
- The cardiac team should give advice regarding continued attendance for dental reviews.

- The dentist in charge of ongoing care should ensure regular reviews and prevention continue.

4.5 Transition to Adult Services

- In most cases, children and young people will receive on-going dental care in the GDS which can continue into adulthood.
- In cases where children and young people are receiving on-going dental care in paediatric dental services it is the responsibility of those services to ensure they are referred on to an appropriate adult service.
- When a young person transitions into adult cardiac services the cardiac teams should ensure that they are still accessing regular dental care. This is especially important if the young person moves to a different area.

5. Managing Referrals

Most dental care should be provided in the GDS. In cases where a child is having difficulty accessing care in the GDS the cardiac team will provide details of how to find a dentist:

England:

<https://www.nhs.uk/using-the-nhs/nhs-services/dentists/how-to-find-an-nhs-dentist/>

<https://www.nhs.uk/Service-Search/Dentist/LocationSearch/3>

NHS England customer contact centre: 0300 311 2233

Wales:

<http://www.wales.nhs.uk/ourservices/findannhsdentist>

<http://www.wales.nhs.uk/>

<http://www.nhsdirect.wales.nhs.uk/LocalServices/?s=Dentist>

Dental helplines:

- Aneurin Bevan HB: 01633 744 387
- Cardiff and Vale HB: 02920 444 550
- Cwm Taf HB: 01443 680166

- Swansea Bay UHB: 0845 46 47
- Hywel Dda UHB: 0845 46 47

Appendices 4 and 5 show information cards that can be given to patients. This information will also be available on the SWSWCHDN website.

If the patient is still unable to access a general dentist the cardiac team should refer to the CDS. Each regional CDS covers a specific geographic area and has a central referral centre. Most services have referral forms that should be used when referring a patient to the service. Cardiac centres will have access to information regarding the postcode areas that are covered by community dental services to ensure patients are referred to the appropriate service.

Links to referral forms and contact details for the CDS:

England:

University Hospitals Bristol (all BS, BA1, BA2 and BA3 post codes): [http://www.uhbristol.nhs.uk/patients-and-visitors/your-hospitals/university-of-bristol-dental-hospital/what-we-do/primary-care-dental-service-\(pcds\)/referrals/](http://www.uhbristol.nhs.uk/patients-and-visitors/your-hospitals/university-of-bristol-dental-hospital/what-we-do/primary-care-dental-service-(pcds)/referrals/)

Wiltshire: Contact the referral team

T: 0345 7581926

E: gwh.dentaladmin.teamoffice@nhs.net

Gloucestershire: [https://www.glos-care.nhs.uk/images/doc_download/2017/Dental/CDS -
_Patient Referral Proforma - Health Care Professional - 07.2017 - new logo.docx](https://www.glos-care.nhs.uk/images/doc_download/2017/Dental/CDS_-_Patient_Referral_Proforma_-_Health_Care_Professional_-_07.2017_-_new_logo.docx)

Somerset: <http://www.sompar.nhs.uk/what-we-do/dental-services/how-to-access-our-services/referrals-by-professionals-in-somerset/>

North Devon: <http://www.healthyteethdevon.nhs.uk/>

Torbay and South Devon: <https://www.torbayandsouthdevon.nhs.uk/services/dental/community-dental-service/>

Dorset: <http://www.sompar.nhs.uk/what-we-do/dental-services/how-to-access-our-services/referrals-by-professionals-in-somerset/>

Cornwall: Contact West Country Dental Care

T: 0333 4050290

E: westcountrydental.care@nhs.net

Wales:

Aneurin Bevan HB: Letters should be addressed to:

Dr Vicki Jones, Clinical Director of Community Dental Services, Grange House, Llanfrechfa
Grange, Llanfrechfa, Torfaen, NP44 8YN

Cardiff and Vale HB: <http://www.cardiffandvaleuhb.wales.nhs.uk/referrals-to-the-cds>

Cwm Taf HB: <http://www.cardiffandvaleuhb.wales.nhs.uk/referrals-to-the-cds>

Swansea Bay UHB: Letters should be addressed to:

Dr Rohini Mohan, paediatric specialist, dental department, Port Talbot Resource Centre, Port
Talbot, SA12 7BJ

Hywel Dda UHB: Letters should be addressed to:

Primary Care Dental Services, Glangwili Hospital, Carmarthen, SA31 2AF

When a child is referred for a pre-surgical assessment, a single referral Request for Dental Assessment letter is used by all cardiac centres within the SWSWCHD Network and is modified to include relevant patient details. The referral form is sent to and triaged by the central referral centre for the CDS local to the patient (Appendix 6).

Referral to Hospital Dental Services:

Within South Wales and the South West, hospital dental services are provided by Cardiff Dental Hospital and Bristol Dental Hospital. Each of these units has referral forms that should be used to refer patients. These are available through the hospital websites:

<http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/Paediatric%20Dentistry%20Referral%20Form.pdf>

<http://www.uhbristol.nhs.uk/patients-and-visitors/your-hospitals/university-of-bristol-dental-hospital/referral-forms/>

6. Evaluation

On-going development and assessment of the care pathway will be carried out by the SWSWCHD Network and by dental managed clinical networks. Areas for audit include but are not limited to:

- Access to early dental care
- Provision of dental information
- On-going provision of dental care
- Pre-surgery assessments
- Patient and parent satisfaction with dental services

7. References

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8. NHS England (2016). *Congenital Heart Disease Standards and Specifications*. <https://www.england.nhs.uk/wp-content/uploads/2018/08/Congenital-heart-disease-standards-and-specifications.pdf>

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10. Department of Health (2017) *Delivering better oral health: an evidence based toolkit for prevention* 3rd Ed.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/605266/Delivering_better_oral_health.pdf
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Appendix 1

Dental recommendations from NHS England document *Congenital Heart Disease Standards and Specifications 2016*

Classification: Official
 Level 1 – Specialist Children’s Surgical Centres. Section M - Dental

Standard	Paediatric	Implementation timescale
M1(L1)	Children and young people and their parents/carers will be given appropriate evidence-based preventive dental advice at time of congenital heart disease diagnosis by the cardiologist or nurse.	Immediate
M2(L1)	All children and young people with planned elective cardiac surgery or intervention must have a dental assessment as part of pre-procedure planning to ensure that they are dentally fit for their planned intervention.	Immediate
M3(L1)	All children at increased risk of endocarditis must be referred for specialist dental assessment at two years of age, and have a tailored programme for specialist follow-up.	Immediate
M4(L1)	Each Congenital Heart Network must have a clear referral pathway for urgent dental assessments for congenital heart disease patients presenting with infective endocarditis, dental pain, acute dental infection or dental trauma. All children and young people admitted and diagnosed with infective endocarditis must have a dental assessment within 72 hours.	Immediate
M5(L1)	Specialist Children’s Surgical Centres must provide access to theatre facilities and appropriate anaesthetic support for the provision of specialist-led dental treatment under general anaesthetic for children and young people with congenital heart disease.	Immediate
M6(L1)	Specialist Children’s Surgical Centres will refer children with CHD to a hospital dental service when local dental services will not provide care.	Immediate

Classification: Official
 Level 2 – Specialist Children’s Cardiology Centres. Section M - Dental

Standard	Paediatric	Implementation timescale
M1(L2)	Children and young people and their parents/carers will be given appropriate evidence-based preventive dental advice at time of congenital heart disease diagnosis by the cardiologist or nurse.	Immediate
M2(L2)	The Specialist Children’s Cardiology Centre must ensure that identified dental treatment needs are addressed prior to referral (where possible) and any outstanding treatment needs are shared with the interventional/surgical team and included in referral documentation.	Immediate
M3(L2)	All children at increased risk of endocarditis must be referred for specialist dental assessment at two years of age, and have a tailored programme for specialist follow-up.	Immediate
M4(L2)	Each Congenital Heart Network must have a clear referral pathway for urgent dental assessments for congenital heart disease patients presenting with infective endocarditis, dental pain, acute dental infection or dental trauma. All children and young people admitted and diagnosed with infective endocarditis must have a dental assessment within 72 hours.	Immediate
M5(L2)	Specialist Children’s Cardiology Centres must either provide access to theatre facilities and appropriate anaesthetic support for the provision of specialist-led dental treatment under general anaesthetic for children and young people with congenital heart disease or refer such patients to the Specialist Children’s Surgical Centre.	Immediate
M6(L2)	Specialist Children’s Cardiology Centres will refer children with CHD to a hospital dental service when local dental services will not provide care.	Immediate

Classification: Official
 Level 3 – Local Children’s Cardiology Centres. Section M - Dental

Standard	Paediatric	Implementation timescale
M1(L3)	Children and young people and their parents/carers will be given appropriate evidence-based preventive dental advice at time of congenital heart disease diagnosis by the cardiologist or nurse.	Immediate
M2(L3)	Each Local Children’s Cardiology Centre must ensure that identified dental treatment needs are addressed prior to referral (where possible) and any outstanding treatment needs are shared with the interventional/surgical team and included in referral documentation.	Immediate
M3(L3)	All children at increased risk of endocarditis must be referred for specialist dental assessment at two years of age, and have a tailored programme for specialist follow-up.	Immediate
M4(L3)	Each Congenital Heart Network must have a clear referral pathway for urgent dental assessments for congenital heart disease patients presenting with infective endocarditis, dental pain, acute dental infection or dental trauma. All children and young people admitted and diagnosed with infective endocarditis must have a dental assessment within 72 hours.	Immediate
M5(L3)	Local Children’s Cardiology Centres must either provide access to theatre facilities and appropriate anaesthetic support for the provision of specialist-led dental treatment under general anaesthetic for children and young people with congenital heart disease or refer such patients to the Specialist Children’s Surgical Centre.	Immediate
M6(L3)	Local Children’s Cardiology Centres will refer children with CHD to a hospital dental service when local dental services will not provide care.	Immediate

Appendix 2

List and map of cardiac centres in the South Wales and South West Congenital heart disease network



Morrison Hospital, Swansea

Princess of Wales Hospital, Bridgend

Nevill Hall Hospital, Abergavenny

Royal Gwent Hospital, Newport

Noah's Ark Children's Hospital for Wales, Cardiff

Prince Charles Hospital, Merthyr Tydfil

Royal Glamorgan Hospital, Llantrisant

Gloucester Royal Hospital, Gloucester

Great Western Hospital, Swindon

Glangwili General Hospital, Carmarthen

Withybush Hospital, Haverford West

North Devon District Hospital, Barnstaple

Derriford Hospital, Plymouth

Royal Cornwall Hospital, Treliske

Royal Devon and Exeter Hospital, Exeter

Royal United Hospital, Bath

Musgrove Park Hospital, Taunton

Torbay General District Hospital, Torquay

Bristol Royal Hospital for Children, Bristol

Appendix 3

Dental information leaflet: Healthy teeth leaflet available on UHB DMS and SWSWCHD website.



NHS
University Hospitals Bristol
NHS Foundation Trust
Patient information service
Bristol Royal Hospital for Children

Healthy teeth make a safer heart



Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

**Above
& Beyond**
fundraising for Bristol city centre hospitals

2

What have teeth got to do with the heart?

Children who have congenital heart disease, for example a hole in the heart or a valve or vessel abnormality, are at risk of getting infective endocarditis. This is an infective disease of the inner lining of the heart. It can occur in anyone who has a structural heart defect (however small) and can result in permanent heart damage or death. Having decayed teeth and inflamed gums puts people at a far greater risk of contracting this disease.

How does the infection happen?

We all have bacteria (germs) in our mouths. They are usually harmless but can cause infection in certain circumstances. If bacteria enter the bloodstreams of people with congenital heart disease, the bacteria may travel to the heart and settle in the region of the heart defect – even if the defect has been operated on.

A fragile, bacteria-containing clot may then develop, which can stick to the inner lining of the heart or blood vessels in the region of the defect. Fragments of this clot can break away and travel to other organs in the body, possibly blocking their blood supply.

A decayed tooth contains large numbers of bacteria which can enter the bloodstream. Inflamed gums are also a source of infection. Poor brushing of teeth results in the build-up of plaque, which causes the gums to become puffy and prone to bleeding. The bacteria in the plaque can enter the bloodstream.

Bacteria can also enter the blood stream during some types of dental treatment that cause the gums to bleed, for example extractions and deep scaling.

Prevention of tooth decay

Limit your child's sugary foods and drinks to three items a day, preferably at mealtimes

When we eat something containing sugar, the bacteria on our teeth convert it to acid, which is what causes tooth decay. Given time, and with the help of some of the constituents of saliva, our teeth can recover from this. If we consume sugary foods and drinks too frequently, our teeth do not have time to recover and the decay will progress.

Children should drink only milk or water between meals. Even 'no added sugar' squash and fruit juices contain natural sugars and acids that can harm teeth. Children should avoid all fizzy drinks, as even the sugar-free ones contain harmful acids. If your child is bottle-fed, give only unsweetened milk or water in the bottle. Squash, fruit juice and any sweetened drinks have been found to cause more damage to teeth when given in a bottle. If children are thirsty after having brushed their teeth at night, they should drink water.

Replace sugary snacks with fresh fruit or savoury alternatives, for example breadsticks, crackers, raw vegetables, sandwiches or toast. Be aware of 'hidden sugars'. Some medicines contain sugar, but most have a sugar-free alternative, so ask your doctor or pharmacist about these options. There is some evidence that dried fruits such as raisins can cause decay, so it is best to limit these, particularly between meals.

Some foods contain more sugar than you might think, for example yogurts or tomato ketchup. Check the label; if the 'carbohydrate of which sugars' is 15g or more per 100g, that food is high in sugar.

Brush twice a day with fluoride toothpaste. Children under seven do not have the ability to brush their own teeth

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Appendix 4

Information card for finding dental services in South Wales

Finding dental services in South Wales



How to find a NHS dentist for your child

If you and your family attend a general practice ask them if they will also see your child for their regular check-ups.

Dental practices that are taking on new NHS patients can be found by following the link: www.wales.nhs.uk/ourservices/findannhsdentist

If you are not able to find a local dentist who is taking on NHS patients then please call the helpline for your local area.

Dental helplines:

- Aneurin Bevan HB: 01633 744 387
- Cardiff and Vale HB: 02920 444 550
- Cwm Taf HB: 01443 680166
- Swansea Bay UHB: 0845 46 47
- Hywel Dda UHB: 0845 46 47

Always inform your dentist of your child's heart condition

If you are unable to find a general dentist for your child please inform the cardiology team



Appendix 5

Information card for finding dental services in England

Finding dental services in England

How to find a NHS dentist for your child


If you and your family attend a general practice ask them if they will also see your child for their regular check-ups.

Dental practices that are taking on new NHS patients can be found by following the link:
<https://www.nhs.uk/Service-Search/Dentist>

If you are not able to find a local dentist who is taking on NHS patients then please call the NHS England customer contact centre: 0300 311 2233

Always inform your dentist of your child's heart condition

If you are unable to find a general dentist for your child please inform the cardiology team



Appendix 6

Request for Dental Assessment letter

Address to the referral
centre of the relevant CDS



Dear Colleague,

Re:

Diagnosis:

Planned surgery:

Antibiotic prophylaxis recommended: No / Yes Details _____

I would be grateful if you would assess the above patient and provide any required dental treatment prior to their planned cardiac surgery.

Please complete and return the enclosed fit for surgery form at your earliest convenience.

Cardiac surgery will not proceed until we have received confirmation that the patient is dentally fit.

Many thanks for your assistance,

Yours sincerely,

A. Cardiologist

CC. General dental practitioner

Dear colleague, please contact the community dental service to share any recent clinical information and radiographs for this patient to avoid unnecessary repetition of investigations.

Request for Dental Assessment letters should be sent to:

England:

University Hospitals Bristol (all BS, BA1, BA2 and BA3 post codes): PCDS Office, Top Floor, Bristol Dental Hospital, Lower Maudlin Street, Bristol, BS1 2LY

Wiltshire: Referrals Department, Great Western Hospitals NHS Foundation Trust, Dental Services, 49 Rowden Hill, Chippenham Community Hospital, Chippenham, Wiltshire, SN15 2AJ

Gloucestershire: GCS Community Dental Service Referrals, Southgate Moorings, 2 Kimbrose Way, Gloucester, GL1 2DB

Somerset: Referral Management Centre, Ground Floor, Mallard Court, Express Park, Bridgwater TA6 4RN

North Devon: Exeter NHS Dental Access Centre, Royal Devon and Exeter Hospital (Heavitree), Gladstone Road, Exeter EX1 2ED

Torbay and South Devon: South Devon Special Care Dental Service, Castle Circus Health Centre, Abbey Road, Torquay, TQ2 5YH

Dorset: Primary Care Dental Service, Special Care Dentistry, Dorset County Hospital, Williams Avenue, Dorchester, DT1 2JY

Cornwall: West Country Dental Care, Truro Health Park, Infirmary Hill, Truro, Cornwall, TR1 2JA

Wales:

Aneurin Bevan HB: Dr Vicki Jones, Clinical Director of Community Dental Services, Grange House, Llanfrechfa Grange, Llanfrechfa, Torfaen, NP44 8YN

Cardiff and Vale HB: Community Dental Service, Dental Department Riverside Health Centre, Wellington St, Canton, Cardiff, CF11 9SH

Cwm Taf HB: Community Dental Department, Kier Hardie Health Park, Aberdare Rd, Merthyr Tydfil, CF48 1BZ

Swansea Bay UHB: Dr Rohini Mohan, paediatric specialist, dental department, Port Talbot Resource Centre, Port Talbot, SA12 7BJ

Hywel Dda UHB: Primary Care Dental Services, Glangwili Hospital, Carmarthen, SA31 2AF

Appendix 7

Fit for Surgery form

Address to whom?
Should all go to the Level 1 centre?
Back to referring centre?



Dear Specialist Nurse (Cardiology Team),

Re:

--

I confirm that I have provided a dental assessment for the above child, who has a cardiac condition and is due to have a cardiac procedure in the near future, and that:

- ✓ All carious primary or permanent teeth have been restored
- ✓ Teeth with caries and/or restorations close to the pulp, that could cause sepsis, have been extracted
- ✓ Oral hygiene is good
- ✓ All calculus has been removed

Signed:	
Name (please print clearly):	
Date:	
Practice address:	
Practice telephone:	

Please post form to: Address

This information will be conveyed to the specialist surgical centre.

Appendix 8

Pre-Cardiac Surgery (during COVID-19)

- Due to cessation of routine dental treatment, patients cannot be assessed in CDS/GDS, therefore it is considered appropriate that this time-sensitive part of their care pathway be provided within the HDS. The pathway below should be followed.
- The referring cardiologist should send a Dental Assessment Request letter to the HDS by email to Daniella.bailey@uhbw.nhs.uk and Manal.mohammed@uhbw.nhs.uk. Appendix 6 shows the letter.
- Cardiac surgery should not proceed until the cardiac team has received confirmation that the child is dentally fit. Appendix 7 shows the "Fit for Surgery" form.

