



# Dental Care for High Risk Patients

What are the standards and how can we meet them?

# What are the standards?



**DRAFT CHD Standards: Section M: Dental**  
**Level 1: Specialist Children's Surgical Centres**

	Paediatric	Implementation timescale
<b>M1(L1)</b>	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
<b>M2(L1)</b>	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
<b>M3(L1)</b>	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
<b>M4(L1)</b>	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
<b>M5(L1)</b>	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
<b>M6 (L1)</b>	Specialist Children's Surgical Centres will refer children with CHD to a hospital dental service when local dental services will not provide care.	Immediate

# What are the standards?



**DRAFT CHD Standards: Section M: Dental**  
**Level 1: Specialist ACHD Surgical Centres**

	Adult	Implementation timescale
<b>M1(L1)</b>	Patients will be given appropriate evidence-based preventive dental advice at time of congenital heart disease diagnosis by the cardiologist or nurse.	Immediate
<b>M2(L1)</b>	All patients 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
<b>M3(L1)</b>	All patients at increased risk of endocarditis must have a tailored programme for specialist follow-up.	Immediate
<b>M4(L1)</b>	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 patients admitted and diagnosed with infective endocarditis must have a dental assessment within 72 hours.	Immediate
<b>M5(L1)</b>	Specialist ACHD Surgical Centres must provide access to theatre facilities and appropriate anaesthetic support for the provision of specialist-led dental treatment under general anaesthetic for patients with congenital heart disease.	Immediate



# Dental caries



- Most common reason for a child to be admitted to hospital
- Approx 50% of children in England and Wales have obvious tooth decay experience by the age of 5
- Risk factors include: deprivation, medications, dry mouth, dietary supplements, additional needs...
- Adults and rarely children are also at risk of periodontal infection

# Dental Services



- General dental Service
  - High street dentists
  - NHS or private
  - 90% dental work provided by GDS
  - No registration of patients
  - Shortage of dentists and long waits to be seen in some areas
  - Children free, adults pay

# Dental Services



- Community Dental Service
  - NHS
  - Some specialists and consultants
  - Emergency access, out of hours
  - Patients with additional needs
  - Domiciliary care
  - Sedation and GA services
  - Referral or direct access

# Dental Services



- Hospital Dental Service
  - Specialist services
  - Consultant-led
  - Referral only
  - Bristol and Cardiff



# Standard 1



- **Patients will be given appropriate dental advice at the time of diagnosis by the cardiologist or nurse**
  - Recent audit (2018) shows 25% of parents of children with CHD remembered receiving advice re the link between teeth and heart
  - Is information being given?
  - Is it being given in the right way at the right time?



# Standard 2



- Pre-op dental checks
  - An evaluation of the paed dental assessment programme in Bristol found
    - 42% had not seen a dentist in last 6m (age 12m+)
    - 36% had surgery planned within 3 months
    - 15% of those with teeth had dental caries
  - Level 2 and 3 responsibility to address dental needs

# Standard 2



- Barriers
  - Access to services: adults and children
  - Cost: adults
  - Expertise: adults with additional needs and children
- Adults
  - Pathway drafted
    - GDS first then CDS if necessary
- Children
  - Harder to diagnose and treat, more likely to require GA
    - CDS first then HDS if necessary

# Standard 3



- Specialist assessment by 2 years old, specialist follow up
  - **Dentally fit all the time**
  - Very few paediatric dentistry specialists
  - Specialist assessment may not be necessary
  - Dental check by 1 scheme
  - Patient's dentists should be informed about the risk and asked to provide enhanced prevention-dental guidelines exist for this



# Standard 4

- Clear referral pathway for patients diagnosed with IE or acute dental problems.
  - Need local consensus from dental services, probably CDS/HDS
  - Where are patients with IE likely to be treated?
  - Assessment within 72hrs
  - Agreed ABC protocol?

# Standard 5



- Access to theatre service
  - Lots of dental GA services for healthy children, fewer for adults and even fewer for children and adults with medical conditions
  - Dental teams will request advice on where a GA can be provided if necessary
  - Long waiting lists, but at-risk patients prioritised

# Standard 6 (paeds)



- Cardiac centres must refer to hospital dental services where local services can't/won't provide care
  - Cardiac teams must know when this is the case so must check regularly with patients whether they are receiving care.

# Discussion



- Barriers exist for everyone trying to access dental care- how can we make it easier for our high risk patients?
- How can we ensure patients are dentally fit all the time?
- How can we ensure all patients are dentally fit before surgery and prevent delays?