

Dental Care for High Risk Patients

Proposed guidance document for
paediatric patients

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What are the standards?

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

	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



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



Dental Care Pathway for Children with Congenital Heart Disease

- Early years
- Continuous Care
- Pre-surgery
- Transition to adult services
- Audit

Early years

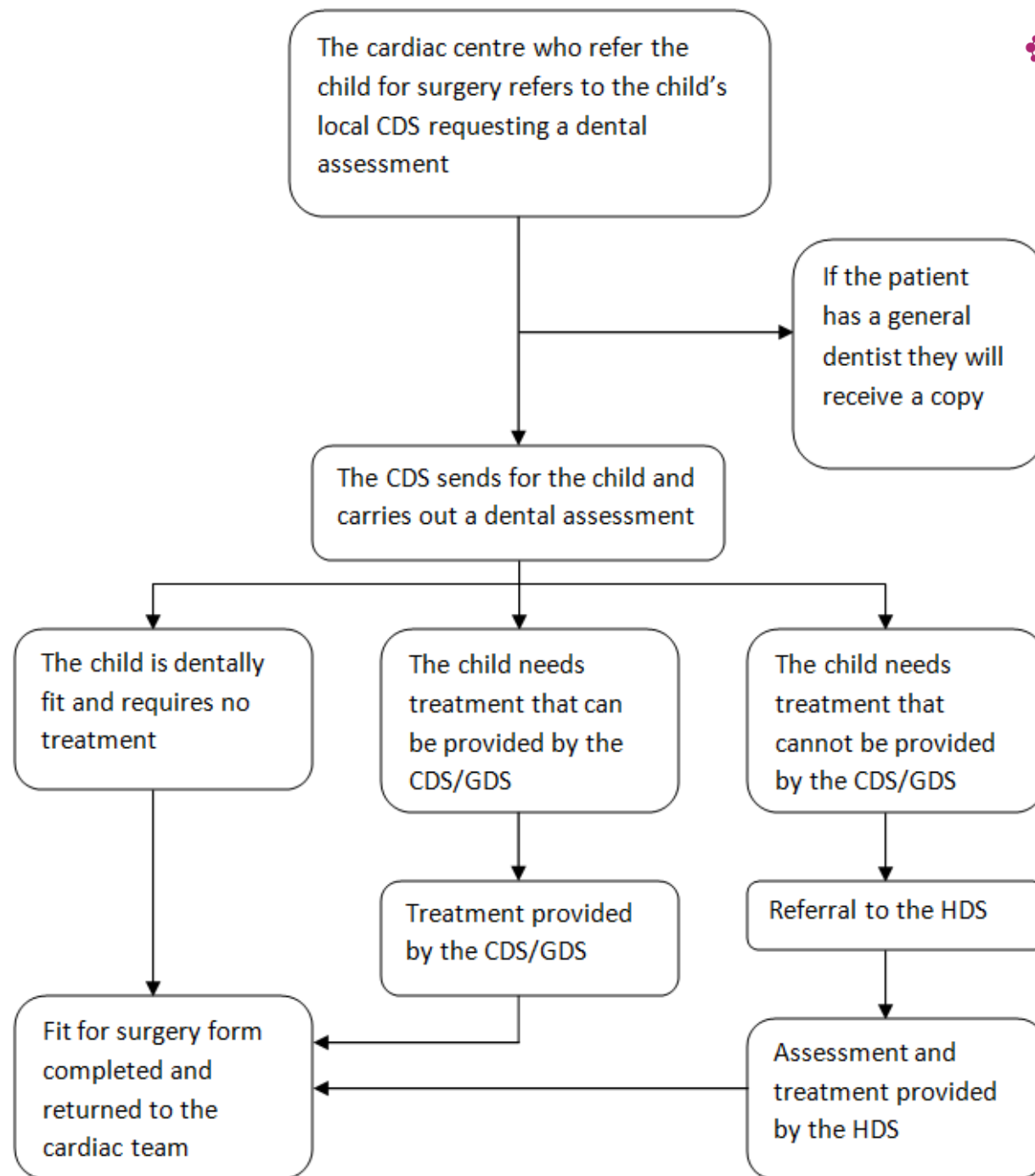
- Parents should be given information about IE risk and dental health by the cardiac team
- Parents should be advised about measures for the prevention of dental disease and should be advised to attend for dental check-ups before the age of 1 year by the cardiac team
- Information should be given verbally and in written form by the cardiac team and followed up at a later date
- Information should be given about how to find an NHS dentist
- Parents should be encouraged to feed back to 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

Continuous care

- Continuous 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 for continuous care in the CDS
- Information for dentists should be available on the SWSWCHD website regarding prevention, contact details for the cardiology team and pathways for referral to dental services. General dental practitioners should be encouraged to 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*.
- Dental disease should be managed in a timely fashion
- Dental information and advice for parents and children should be available in the SWSWCHDN website

Pre-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
- The dental assessment should be carried out as early as possible to avoid unnecessary delays to cardiac surgery
- 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



Pre-surgery

- Cardiac surgery should not proceed until the cardiac team has received confirmation that the child is dentally fit.
- Dental services should prioritise the assessment and treatment of pre-surgical patients in order to prevent delays to their surgery

Post-surgery

- Copies of correspondence will be sent to the GDP or community dental officer in charge of the child's ongoing care
- The cardiac team will give advice regarding continued attendance for dental reviews
- The dentist in charge of ongoing care will ensure regular reviews and prevention continue

Transition to adult services

- In most cases, children and young people will receive ongoing dental care in the GDS which can continue into adulthood
- In cases where children and young people are receiving ongoing 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

Audit

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