**Emergency dental service for children under the age of 16 years**

**The Department of Paediatric Dentistry is a Specialist Unit and only provides walk-in emergency care within office hours, for children with;**

* **complex dental trauma**
* **significant facial swelling associated with dental infection not responding to antibiotics**
* **uncontrolled bleeding following dental extractions or dental trauma**

This service is provided between the hours of 9.00am and 4.00pm, Monday to Friday (excluding Bank holidays). Emergencies of this nature outside of these hours should attend the Bristol Royal Hospital for Children's A&E department.

All children attending as an emergency will be triaged, and if not meeting the acceptance criteria above, will be asked to return to their own dentist, or directed to phone 111 for the ‘out of hour's service’.

For any other dental problems, children who are registered with their own dentist should contact their dentist in the first instance.

If outside of their normal dentists opening hours, they should telephone 111 for information regarding the ‘out of hour's dental service’ in their area.

If the child is not registered with a dentist, the carer should telephone 111 for advice regarding dentists who are accepting NHS patients for assessment and treatment, and for information regarding out of hour's dental services, and access to the Primary Care Dental Service.

# Referring a child or young person to UHBW Paediatric Dentistry Team

## On this page you will find:

* What we do
* Paediatric dentistry referral criteria, and advice when completing a referral
* Definition of urgent referrals
* Patient information leaflets

## What we do

**GA Pre-assessment Clinic**- for fit and well children who need general anaesthetic extractions in the primary dentition only

**Consultant new patient assessment clinic** (3a and 3b service)- We provide specialist dental care for children under the age of 16 years. We hold combined paediatric dentistry and orthodontic clinics, and clinics enabling children and young people to pass onto care with the Community Dental Service and Special Care Dentistry as they approach the age of 16.

**Consultant planned outpatient treatment clinics**- local anaesthetic and inhalational sedation

**General Anaesthetic services**- see below for details

**Referrals**

Referrals must be made on the appropriate forms provided, as this will give us the information we need to care for the patient in an appropriate and timely manner.

Referrals received which are not on the official referral form, or which are incomplete will be returned to the referrer.

Whenever possible, recent radiographs (taken within the last 12 months) should accompany the referral.

Referrals should be sent to Patient Administration Office, Chapter House, Bristol Dental Hospital, Lower Maudlin Street, Bristol BS1 2LY.

Radiographs can be emailed as long as the sender is using an nhs.net email when patient details are included.

Email address: dentalmedicalsecretaries@uhbw.nhs.uk

The final decision as to whether a referral may be accepted comes after the referral from has been triaged by:

* the Consultant Team for the Paediatric Dentistry service (3a, 3b service)
* the Speciality Dentist for GA Pre-assessment clinic for planning of routine primary tooth/teeth extraction only under general anaesthetic

Please note:

* Emergency relief of symptoms and pain is expected to continue in general dental practice, or the CDS service whilst the patient is waiting to be seen at the dental hospital
* Shared care with the general dental practice, or CDS service is expected to continue whilst waiting to be seen, or a course of specific specialist treatment is being provided
* The majority of children will be discharged back to the GDP or CDS once treatment has been completed

The referral forms are not for PAIN appointments, and it may take a significant number of weeks for an initial assessment to be offered, subject to fulfilling the referral criteria.

Please see advice with regard to the criteria of an ‘URGENT’ assessment.

***It should be noted that a lack of ability to register with an NHS general dentist does not qualify a patient to access the Specialist and Consultant led Paediatric Dental Service at UHBW.***

## Paediatric Dentistry referral criteria

**Advice and instructions prior to referral**

The department accepts referrals for Level 3a and 3b complexity- see Paediatric Dentistry Commissioning Document Appendix 3 [NHS England » Paediatric dentistry](https://www.england.nhs.uk/long-read/paediatric-dentistry/#appendix-3)

Please note that we ask that all patients have been given appropriate emergency care, stabilisation of caries, diet advice, and prevention advice in line with the Department of Health Toolkit [Delivering better oral health: an evidence-based toolkit for prevention - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention) appropriate for their age, caries risk and clinical presentation, prior to referral to the dental hospital.

Please continue to see and support the child and family during the time that they wait to be seen at the dental hospital- review intervals in practice should be dictated by caries risk and need for ongoing prevention / care and advice.

The dental hospital has a policy of shared care which must continue, as the child will be discharged back to the referring practice once treatment has been completed.

Please continue to provide on-going emergency care and support to relieve symptoms whilst they are waiting to be seen.

Please do not make multiple referrals to several departments, specialties or providers, as this causes further increases in waiting times and duplicates work and costs incurred by the NHS. Please take time to look at the referral forms and chose the correct one.

Please ensure that a copy of all radiographs is included with the referral- we would expect that a practice holding an NHS contract and seeing children under 16 years of age, should have the correctly sized equipment and radiographic skills to enable bitewing radiographs, periapical radiographs and upper occlusal radiographs to be taken in smaller mouths.

For suggested radiographic intervals related to caries risk please see DoH Toolkit [Delivering better oral health: an evidence-based toolkit for prevention - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention)

**Acceptance criteria: For routine Consultant New Patient referral (Level 3a-3b)**

* **Inhalational sedation**- this requires co-operation from the child, the average age group is 6-15 years of age, and is not indicated for multiple extractions of primary molars (we are unable to accept referrals for routine orthodontic extractions, or routine single extractions in the primary dentition). Routine restorations in primary teeth would be expected to be provided in practice, Hall Crown technique can be used for children unable to accept LA and removal of caries.
* **Minor oral surgery procedures**: biopsies, surgical extractions, impacted teeth, failure of eruption, frenectomy in teenagers if requested by orthodontic specialists/ consultants (as part of active treatment, or to aid retention on completion of treatment), gingival recession or pathology is present, or personal choice indicates need, surgical exposures of teeth etc. These procedures may be carried out under local anaesthetic (LA), inhalational sedation (IS) or general anaesthetic (GA). Please note, frenectomies are only provided under LA or IS/LA in older children.
* **Physically/Medically and behaviourally compromised children** for a course of dental treatment (not routine dental reviews and prevention which could be done in PCDS or primary care for the majority of children). The ‘dental home’ would remain in primary care practice or the Community Dental Service, for review appointments and prevention
* **Dental anomalies**: for example Amelogenesis imperfecta, Dentinogenesis Imperfecta, Hypodontia
* **Complex restorative work**- **Multi-Disciplinary Team (MDT) Clinics**: mainly with orthodontic colleagues, and some Restorative and Special Care Dentistry clinics for children transitioning to adult care (Cleft has separate funding and referrals)
* **Management of poor prognosis first permanent molars**, referral ideally around the age of **8-9 years**, GDP to stabilise and maintain the teeth with prevention and GIC dressings where possible until this age
* **Dental trauma:**
	+ - Emergency management of complex dental trauma within office hours
		- Non-emergency management of complex dental trauma in the permanent dentition e.g. definitive root canal treatment for teeth with immature apices (initial extirpation and dressing should be carried out prior to referral when loss of vitality is diagnosed), management of resorption, interdisciplinary planning for teeth of hopeless prognosis, dens in dente, etc.
		- Non-emergency management of complex dental trauma in the primary dentition if sedation/ GA needed for extraction
* **Complex restorative/ aesthetic treatment**- micro-abrasion, composite veneers, adhesive bridges from MDT clinics, on-lays, non-vital bleaching, treatment for severe tooth surface loss
* **Assessment and treatment planning for comprehensive care under general anaesthetic in children with additional needs**
* **Urgent Dental assessment prior to high risk procedures** e.g. bone marrow transplant, organ transplant and cardiac surgery, to be referred by the relevant medical or surgical team, if likely that active and urgent dental treatment is needed

**Referrals not accepted**

Referrals that do not meet these criteria, have insufficient information to enable triage, or the incorrect form has been used, will be returned to the referrer, with comments on why the referral has been rejected, and advice on further options where possible.

## General anaesthetic services

**Routine extraction of primary teeth and first permanent molars** (fit and well children)

As per General Dental Council (GDC) guidance, please discuss a GA referral with the adult with parental responsibility who must attend with the child for consent purposes at the assessment appointment, and complete any restorations possible prior to the referral, as all carious teeth will be extracted at the time of the GA, to ensure that the child is dentally fit post-operatively.

* Day Stay Theatre at Bristol Dental Hospital
* High BMI patients (on or above 99.6th centile +3.33 SD, or over 90kg) can only be provided with GA at the Bristol Children’s hospital by the Paediatric dental team.

**Comprehensive dental care under GA for children who are vulnerable and/or who have additional needs**

* Day Stay Bristol Dental Hospital if deemed suitable by the anaesthetic team
* Day-Stay or in-patient at the Bristol Royal Children’s Hospital
* High BMI patients (on or above 99.6th centile +3.33 SD, or over 90kg) can only be provided with GA at the Bristol Children’s hospital by the Paediatric dental team.

**Minor oral surgery procedures**-

* Day-Stay Theatre at Bristol Dental Hospital
* Day-Stay or in-patient at the Bristol Royal Children’s Hospital
* High BMI patients (on or above 99.6th centile +3.33 SD, or over 90kg) can only be provided with GA at the Bristol Children’s hospital by the Paediatric dental team.

## Urgent referrals

All referrals are triaged by the senior clinical team and allocated to the correct clinic and in the relevant clinical time frame.

Please only mark a referral as urgent if there are any of the following:

* Suspected pathology
* A significant facial/intraoral swelling not responding to antibiotics
* Prolonged bleeding from the mouth
* Complex dental trauma
* Outside these hours, the patient should phone 111 or go to their local Emergency Department

## NHS Web page [NHS England — South West » Dental referral guidance and forms](https://www.england.nhs.uk/south/info-professional/dental/dcis/forms/)