

# Planning care following the Remote Oral Health Check-in

The below guide can be used to allow correct planning with regards to the provision of dental care for each child and young person seen for a remote oral health check-in and the ideal setting as to where their dental care should be undertaken.

|                       | Level 1/2   | Level 2/3   | Level 3   |
|-----------------------|---|---|---|
| Likely dental setting | <b>General Dental Services</b>  | <b>Community Dental Services / Hospital-based setting</b>   | <b>Community Dental Services / Hospital-based Dentistry setting (Paediatric Dentistry if &lt; 16 years old) (Special Care Dentistry &gt; 16 years old)</b>  |
| Communication         | Mild Communication Restriction:<br>- Some difficulty in communication either with CYP or parent/ carer but can overcome with reasonable adjustments<br>- Patient / parent / guardian speaks English but not as first language<br>- Very young child with limited verbal communication   | Moderate Communication Restriction:<br>- Limited communication skills with CYP/ parent due to multi-sensory or cognitive impairment<br>- CYP/ parent has moderate learning difficulty or autism<br>- Non- verbal communication methods necessary  | Severe Communication Restriction:<br>- No ability to communicate due to severe cognitive impairment<br>- Multiple communication aids required<br>- Interpreter/ 3rd party required to communicate   |
| Co-operation          | Some difficulty in co-operation:<br>- Full examination and/or simple treatment possible, but requiring additional support or behaviour management techniques  | Considerable difficulty in co-operation:<br>- Limited examination only possible<br>- CYP will accept limited restorative care with difficulty<br>- CYP requires multiple acclimatisation visits to accept treatment<br><br>May require:<br>- Advanced anxiety and behaviour modification techniques<br>- Conscious sedation for moderate anxiety/ gagging or medical health conditions<br>- Clinical holding  | Presents with severe disability or mental health state that prevents them from co-operating with dental examination and / or treatment.<br><br>May require:<br>- Specialist experience of managing agitated or inappropriate behaviour in patient at risk of harm to self or others<br>- Basic / advanced sedation techniques<br>- Assessment of patient requiring dental treatment under general anaesthetic   |
| Medical               | - Some treatment modifications may be required<br>- Well controlled medical condition(s)<br>- Patients not requiring bariatric chair  | - Moderate impact of medical or psychiatric condition on provision of care<br>- CYP may require management under specialist supervision<br>- High BMI requiring treatment in bariatric dental chair   | - Severe impact of medical condition on provision of care<br><br>May require:<br>- Multispecialty medical risk assessment<br>- Treatment in medically supported hospital setting<br>- Use of conscious sedation in an acute care setting<br>- Shared medical care<br>- High BMI requiring treatment in bariatric dental chair   |
| Access                | Unrestricted / Moderately restricted:<br>- Reasonable adjustments must be available for patients with physical disability to access   | Moderately/ Severely Restricted:<br>CYP may require:<br>- NHS transport to access dental surgery<br>- Special equipment to transfer to dental chair (manual handling risk assessment, hoist, wheelchair recliner, bariatric dental chair)<br>- Child whose parent/carer repeatedly cancels, giving concern about possible disguised compliance  | Patients who require secondary care facilities for access:<br>- Transport via ambulance<br>- Domiciliary care   |
| Oral Risk             | Minimal – moderate risk factors:<br>- Can comply with most/ all aspects of 'Delivering better oral health' recommendations<br>- Can perform oral hygiene independently or may require some assistance e.g., prompting/ co-operative with support provided<br>- Malocclusion hindering brushing / manual dexterity compromised<br>- Previous neglect | Severe risk factors:<br>- Support to achieve some aspects of 'Delivering Better Oral Health' advice<br>- Oral hygiene requires support of third party<br>- Cariogenic diet resulting in uncontrolled caries<br>- Molar incisor hypomineralisation with symptoms or post-eruptive breakdown<br>- Altered salivation<br>- Access to oral cavity severely restricted<br>- Children with severe dental or craniofacial developmental abnormalities<br>- Moderate-severe risk factors e.g. altered salivation, patient does not spit out, good oral hygiene hindered by malocclusion/ manual dexterity | Extreme risk factors:<br>- Access to oral cavity for dental treatment severely restricted by major positioning difficulties, inability to open mouth or dysphagia problems<br>- Patient unable to tolerate home oral care provided by third party<br>- Requires multi-disciplinary management of oral care with high risk factors for oral disease<br>- Extreme risk factors include being unable to comply with any aspects of 'Delivering Better Oral Health', high calorie supplementation, regular sugar-containing medication, severe xerostomia, PEG feeding, immunocompromised |
| Legal and Ethical     | No-some legal/ ethical issues:<br>- Consent can be achieved easily without the need of a second clinical opinion  | Moderate legal/ ethical issues:<br>- Best interests require 2nd clinical opinion<br>- Doubtful or fluctuating capacity to consent, clinician required to make best interest decision and consult/ correspond to do so<br>- Child who is subject to a care order<br>- Child who is the subject of a child protection plan<br>- Parental responsibility requires further clarification<br>- Looked after child  | Severe legal/ ethical difficulties:<br>- Patients requiring a Deprivation of Liberty standard or a court decision regarding their oral care<br>- Multi- disciplinary decision required<br>- Referral to an IMCA<br>- Safeguarding concern   |

### Important to remember:

- The diverse needs and complexities of this patient group might necessitate shared care where recalls may be carried out in a general dental practice however treatment may need to be undertaken by a community dental service or hospital service
- This may need to be implemented as long-term management for many CYP

### Sources:

- Guides for commissioning dental specialities – Paediatric Dentistry (2018) and Special Care Dentistry (2015)
- Guidance for Referrals to Dental Specialty Services: Paediatric Dentistry and Special Care Dentistry (2019)
- BDA Casemix 2019

