

Urgent Dental Care Pathway – COVID19

As at 2nd April 2020 - this document will require weekly review

This document has been developed by NHS England and Improvement, Primary Care Commissioning Team. There has been clinical oversight from the following, using national guidance available:

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The document has had wider circulation, comment from a range of dental specialities across the South West region.

Our clinical experts are now members of our Urgent Dental Care Project Group which will develop dental systems to manage care for patients during COVID-19 Pandemic.

Definition of need

P1 Requires immediate treatment on the day

Directed to urgent dental care hub and or hospital unit depending on severity

P2 Treatment within 24 hours

Directed to urgent dental care hub for management

P3 Dental emergency that can be managed with triage and AAA, does not require treatment on the day and can be managed by a planned appointment at a later date

P1 Requires immediate treatment on the day

Directed to Urgent Dental Care Hub and or may require hospital unit depending on severity

For example:

Oral facial Dental infection with swelling / pyrexia / airway risk

Bleeding of dental origin that the patient cannot control

Trauma of the facial skeleton (usually requiring Maxillo facial input)

Trauma to teeth requiring urgent management that has defined time-line. (tooth avulsion)

P2 Treatment within 24 hours

Directed to dental facility in community for management

For example:

Oral dental conditions which are likely to exacerbate a systemic medical condition

Dental infection that if not treated would escalate to level P1

Pericoronitis – Severe - unresponsive to Triage, AAA

Localised swelling without pyrexia that can be managed by local dental measures

Dental infection that can be treated by removal of a tooth +/- 1st stage RCT

Dental trauma of the teeth and supporting structures that can be managed in outpatient facilities and does not have a defined time-line for care.

P2 services to have close liaison with hospital units

P3 Non-Urgent

Dental emergency that can be treated In an Urgent Dental Care Hub and does not require treatment on the day and can be managed by a planned appointment

For example

Mild or moderate pain: that is, pain not associated with an Urgent Care condition and that responds to over the counter medications

Minor dental trauma

Post-extraction bleeding that the patient is able to control using self-help measures

Loose or displaced crowns, bridges or veneers

Fractured or loose-fitting dentures and other appliances including Orthodontics

Orthodontic Emergencies causing trauma

Fractured posts Fractured, loose or displaced fillings

Treatments normally associated with routine dental care Bleeding gums.

Guidance for care pathways for use during the current COVID 19 pandemic

See Annex A for suggested advice.

Dealing with a patient with a dental emergency

Initial telephone contact and TRIAGE – Virtual, Skype or any other applications available.

If providing emergency care and/or urgent care it is recommended to ask the following questions:

1. Do you have a new or continuous dry cough?
2. Is temperature above 37.8?
3. Have you been diagnosed with Covid19?
4. Have you or a member of your household been told to self-isolate?
5. Have you been identified as Shielded/vulnerable?

If **YES** to any question 1-3:

Patient to BE SEEN for treatment in appropriate facility with appropriate PPE
<https://www.england.nhs.uk/coronavirus/publication/updates-and-guidance-for-primary-dental-care/>
<https://www.england.nhs.uk/coronavirus/primary-care/infection-control/aerosol-generating-procedures/>
<https://www.england.nhs.uk/coronavirus/primary-care/infection-control/>

If **YES** to question 4:

What day are you on?

After 7 days attend Primary Care /Community Dental Service,
OR 14 days for those self-isolating with symptomatic family member.

IF unable to wait: To attend recognised facility with appropriate PPE

IF **No** to all questions:

Patient to attend recognised GDP in primary/community care setting

See Annex B - flow-chart for suggested care pathways:

MANAGEMENT of Aerosol Generating Procedures (AGP)

<https://www.england.nhs.uk/coronavirus/primary-care/infection-control/aerosol-generating-procedures/>

Alternative treatments to be considered:

Dental extractions

Dressings only with caries removal and ZnOE and IRM dressings

Using hand excavation and slow handpiece only

Avoid endodontic procedures

Trauma as stated in trauma guide

Avoid use of ultrasonic scaler

Annex A. Suggested advice.

Definition of need - Reminder

P1 Requires immediate treatment on the day

Directed to dental facility in community care and or hospital unit depending on severity

P2 Treatment within 24 hours

Directed to dental facility in community for management

P3 Dental emergency that can be treated outside in community and does not require treatment on the day and can be managed by a planned appointment

Advice on Managing Dental Pain

The delivery of advice on managing dental pain requires suitable training.

Patients who are waiting for dental appointments might require basic advice on the effective management of their dental pain. Give the patient the following advice on the use of self-help measures, including appropriate analgesia to relieve pain.

- Avoid stimuli that precipitate or worsen the pain such as hot or cold foods or cold air.
- Holding cooled water or crushed ice around the tooth can help some types of dental pain.
- Severe pain from the mouth or teeth sometimes feels worse when lying flat; therefore, try lying propped up as this might ease the pain.
- Use painkillers that have successfully provided pain relief for you in the past without adverse effects.
- Avoid taking aspirin as a painkiller if there is bleeding.
- Avoid taking NSAIDs if COVID + or suspected as per CMO advice Ensure patients are reminded to follow the directions on the packet for advice on precautions in some medical conditions.

(For example, patients with asthma should avoid ibuprofen)

- Advise the patient to call back if Symptoms persist or worsen

Analgesic advice – to be given only after establishing that the following painkillers have been used successfully by the patient in the past.

Detailed dosage advice can be given only by a suitably qualified health professional.

(refer to current CMO guidance re: COVID19)

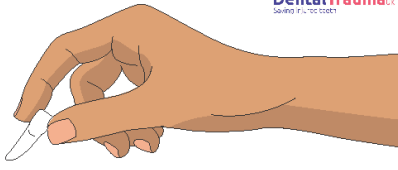
Advice on Managing Dental Trauma

SAVE A KNOCKED OUT TOOTH

PICK IT

Keep calm!

Find the tooth and **PICK IT** up holding the crown only.



DentalTrauma.co.uk
Saving smiles, restoring teeth



LICK IT

Clean the mouth with water and mop up any blood.

If the tooth is visibly dirty, **LICK IT** or pour water over it.

STICK IT

Gently **STICK IT** back into position and bite down on a tissue to keep it in place.



PICK IT, LICK IT, STICK IT!
and go to a dentist immediately.

If you are unable to replant a tooth, put it in milk and go to the dentist immediately.

Never replant a baby tooth.

www.dentaltrauma.co.uk

[facebook.com/groups/dentaltraumauk](https://www.facebook.com/groups/dentaltraumauk)
[@dentaltraumauk](https://www.instagram.com/dentaltraumauk)

For broken or fractured teeth, determine whether dentine has been exposed by asking the patient if they are in pain or are sensitive to heat or cold. If they are, arrange an Urgent appointment with a dentist to help avoid pulpal infection. If dentine has not been exposed, advise the patient that this does not require Emergency care but that a routine appointment might be necessary to restore aesthetics or to remove sharp edges later but this can be delayed.

Advice on Managing Post-extraction Bleeding

Context Patients who have had extractions during the past week might require basic advice on the management of bleeding from the extraction area. Ascertain that no anticoagulant medication is currently being taken. Give the patient the following advice on the use of self-help measures to stop the bleeding. Blood-stained saliva is normal after dental extractions. Make a small pad with a clean cotton handkerchief or kitchen towel and dampen it slightly with water. Rinse the mouth once only with warm (not hot) water to get rid of the blood. Place the damp pad over the socket area and bite firmly. If there are no opposing teeth hold the pad firmly on the socket. Maintain this while sitting upright quietly for 20 minutes and then check. Repeat once if necessary. After the bleeding has stopped, remain rested and as upright as possible. Do not drink alcohol. Do not disturb the blood clot in the socket. Advise the patient to re-contact the service if these self-help measures prove inadequate.

ACCESS TO TREATMENT (depending on Covid-19 status and PPE procedure status)

<https://www.england.nhs.uk/coronavirus/primary-care/infection-control/aerosol-generating-procedures/>

<https://www.england.nhs.uk/coronavirus/primary-care/infection-control/>

Annex B – Flow Chart for suggested care pathways.

