

TARANAKI DHB DENTAL SERVICE CLINICAL REFERRAL GUIDELINES

DENTAL PROBLEMS			
Problem	Actions/Diagnosis	Local Implementation	Likely Priority
<u>Oral Infection</u> <i>Adults</i> with major acute cellulitis & facial swelling	Refer hospital Dental Dept (possible admission depending on severity)	Refer for assessment & antibiotics –oral and IV	Urgent
<i>Children</i> with dental abscess - facial swelling and febrile			
<i>Adults</i> Acute dental abscess with no facial swelling	Antibiotics Refer to regular dentist	Refer regular dentist, or contracted dentist or hospital	Semi urgent
<i>Children</i> Dental abscess with no facial swelling	Appropriate antibiotic Refer for dental attention	Refer school dental therapist or regular dentist	(Not normally seen at hospital)
<u>Dental Decay /Erosion</u> <i>Adults</i> Minimal decay/pain	Consider & treat acid reflux or bulimia (erosions) Refer to dentist	Refer regular dentist	Routine (4)
Moderate pain	Analgesia Refer to dentist	Refer regular dentist or contracted dentist or hospital	Routine (4)
Severe decay/pain	Analgesia. Consider antibiotic Refer to dentist.		Routine (3)
<i>Children</i>	Refer to school dental therapist (or regular dentist)		Routine
<u>Periodontal/Gum Disease</u> Bleeding gums, mobile teeth, halitosis	Advice on improved oral hygiene, diet, smoking etc. Refer to regular family dentist	Refer regular dentist, contracted dentist or hospital	Routine (4)
Ulcers/small recurrent	As above. Consider FBC/iron levels, B12.	If not responding to local treatment in 2 weeks – refer reg. dentist or hosp. urgently	Routine(3) or see adjacent column

NOTES:

1. Please use the Dental Department **Referral Form**. Your referral letter or form should include a summary of medical conditions, medications, allergies, previous referrals, and social and economic status (including CSC no)
2. For urgent **secondary** referrals from 8.30am to 4.30pm contact Dental Dept- Base Hospital. The hospital dentists will take enquiries by phone or Fax (7537703) during office hours. Outside these hours contact on-call dentist through ED.
3. For urgent primary/ACC dental problems out of hours (eg toothache/ tooth trauma), **phone emergency dentist on 06 753 7866**

ORAL & MAXILLOFACIAL SURGERY (OMFS)

Problem	Actions/Diagnosis	Local Implementation	Likely Priority
<u>TM joint problems</u> Acute functional impairment Chronic functional impairment	Acute pain, opening in mm, deviation History –interventions & treatment	Refer OMFS Refer regular dentist or OMS	Urgent Routine or semi-urgent
<u>Oral/facial trauma</u> Soft tissue Hard tissue –facial bones, mandible, nasal bone Teeth	Contact Dental, ORL or surgical departments With no facial fracture	Contact Dental dept (9-4.30pm) or duty dentist (via ED) , on-call ORL. or duty surgical registrar Local dentist under ACC	Urgent Not seen in hospital
<u>Salivary gland pathology</u> Sialoliths, suspected tumour		Refer OMFS or ORL (note 2)	Semi-urgent
<u>Head/neck lesions/tumours</u>	Check for lymphadenopathy Lip/face lesions not responding local Rx 2 wks, or suspicious mass/lymphadenopathy	Refer OMS or ORL face/neck clinic (note 2)	Urgent or semi-urgent
<u>Facial deformity –</u> Congenital/ acquired/bony disproportion		Refer OMFS or ORL (note 2)	Routine
Hypoplastic gingiva, implants, flabby ridges	Check possible aetiology eg medications, blood??	Refer OMFS or ?regular dentist	<routine
<u>Dental -alveolar</u> 3 rd molar (wisdom teeth) Impacted teeth; apical surgery Clearances		Refer regular dentist or OMFS	Routine or semi-urgent
<u>Revision of scars</u>	History, cause, intervention (by whom?). ACC covered?	Refer OMFS or ? under ACC	<Routine
<u>Oral medicine</u> _Systemic conditions with dental involvement	History, intervention, Rx		Semi-urgent
High dose biphosphonate IV Low dose biphosphonate	Risk of osteonecrosis of jaw Annual dental review	Refer OMFS Refer regular dentist	Urgent Routine
Facial pain			Semi-urgent

NOTES:

- A higher priority level will be given to patients in the following categories, if relevant information is provided:
 - Acute swelling causing problems with airway and/or swallowing – urgent (seen same day)
 - Trauma – seen same day or advice given
 - Unusual conditions or diagnostic conundrums
- There is overlap between the dental department, ORL (face and neck clinic), and general/plastic surgical service for several conditions listed. The decision regarding where best to refer depends on current resource availability and skill-set, and is left to the referrer's clinical judgment.

Summary of Current Rheumatic Fever prophylaxis for Dental/Oral Procedures.

Refer current Cardiac Guidelines from National Heart Foundation for details.

Conditions: Procedures with bleeding: eg Extractions, cleaning, periodontal procedures, dental implant placement, endodontic surgery (root canal), orthodontic bands and intraligamentary local anaesthesia injections

Patients at risk: Previous endocarditis, prosthetic cardiac valves or valvular dysfunction, left sided & major right sided congenital heart lesions, systemic-pulmonary shunts or conduits from the heart to the great arteries, hypertrophic cardiomyopathy, mitral valve prolapse with regurgitation.

Prophylaxis: Moderate risk: **Amoxicillin 2g** (if *penicillin allergy*: cefuroxamine 1g, clindamycin 600mg, or clarithromycin 500mg) **all PO 1 hour before procedure** and 6 hours post op.(For HIGH RISK procedures, consult full guideline).