

## TARANAKI DHB DENTAL SERVICE CLINICAL REFERRAL GUIDELINES

<b>DENTAL PROBLEMS</b>			
<b>Problem</b>	<b>Actions/Diagnosis</b>	<b>Local Implementation</b>	<b>Likely Priority</b>
<b><u>Oral Infection</u></b> <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	<b>Urgent</b>
<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	<b>Semi urgent</b>
<i>Children</i> Dental abscess with no facial swelling	Appropriate antibiotic Refer for dental attention	Refer school dental therapist or regular dentist	<b>(Not normally seen at hospital)</b>
<b><u>Dental Decay /Erosion</u></b> <i>Adults</i> Minimal decay/pain	Consider & treat acid reflux or bulimia (erosions) Refer to dentist	Refer regular dentist	<b>Routine (4)</b>
Moderate pain	Analgesia Refer to dentist	Refer regular dentist or contracted dentist or hospital	<b>Routine (4)</b>
Severe decay/pain	Analgesia. Consider antibiotic Refer to dentist.		<b>Routine (3)</b>
<i>Children</i>	Refer to school dental therapist (or regular dentist)		<b>Routine</b>
<b><u>Periodontal/Gum Disease</u></b> 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	<b>Routine (4)</b>
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	<b>Routine(3) or see adjacent column</b>

### **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
<b><u>TM joint problems</u></b> 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
<b><u>Oral/facial trauma</u></b> 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
<b><u>Salivary gland pathology</u></b> Sialoliths, suspected tumour		Refer OMFS or ORL ( note 2)	Semi-urgent
<b><u>Head/neck lesions/tumours</u></b>	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
<b><u>Facial deformity –</u></b> 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
<b><u>Dental -alveolar</u></b> 3 <sup>rd</sup> molar (wisdom teeth) Impacted teeth; apical surgery Clearances		Refer regular dentist or OMFS	Routine or semi-urgent
<b><u>Revision of scars</u></b>	History, cause, intervention (by whom?). ACC covered?	Refer OMFS or ? under ACC	<Routine
<b><u>Oral medicine</u></b> _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).