

Liverpool University Dental Hospital
Referral Guidelines

GUIDELINES FOR PATIENTS REFERRED TO LIVERPOOL UNIVERSITY DENTAL HOSPITAL

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1. INFORMATION REQUIRED FOR REFERRALS TO LIVERPOOL UNIVERSITY DENTAL HOSPITAL (ALL DEPARTMENTS)

The following guidelines clearly set out clinically appropriate conditions for referral to Liverpool University Dental Hospital (LUDH). In order to accept referrals, the following information is required. Referrals outwith the guidelines or with incomplete information will be rejected. Do not hesitate to contact LUDH if you require clarification of the guidelines.

The Dental Referral Proforma (Appendix 1) should be used when referring a patient to a specialist. The information provided in the referral form is important in helping the consultant decide how best to categorise and prioritise patients.

We are aware that dentists may refer patients they may feel are suitable for undergraduate teaching and we do not wish to discourage this. Patients who may be suitable for teaching should be referred on the student treatment form (Appendix 3).

The referral form can highlight the need to obtain additional information from the patient's primary medical practitioner or specialist, prior to the patient's consultation, thus avoiding unnecessary delays. It is essential that you provide all clinical details about your patient, including relevant medical history and/or medications.

The following information is needed for all referrals:

- Full name
- Date of birth and age
- Gender
- Full address and full postcode
- Current daytime telephone number (eg home/work/mobile) NB: this must not be 'call barred' and must accept calls from hospitals switchboards
- GMP details and tel no
- GDP details and tel no

- Relevant medical history and details of medication
- Relevant x-rays (these will be copied and returned)*
- Sufficient clinical details about your patient (or reason for referral)

* See Section 9 re: electronic transmission of digital x-rays to Liverpool University Dental Hospital.

Please note that, incomplete/inappropriate referrals will be returned to the referring practitioner.

Referrals should be sent by post to:
Medical Records Department
Liverpool University Dental Hospital
Pembroke Place
Liverpool L3 5PS

or by fax: 0151 706 5807.

Please do not send duplicate referrals (ie refer by fax or post but not both).

Please photocopy referral forms as necessary, or obtain further copies from our website www.rlbuht.nhs.uk/dental

2. REFERRAL GUIDELINES FOR RESTORATIVE DENTISTRY

The Liverpool University Dental Hospital is a teaching hospital able to accept a limited number of patients suitable for treatment by undergraduate and postgraduate students, junior hospital staff and specialist trainees. Specialists or consultants also treat patients. Restorative waiting lists for students are variable and often show seasonal fluctuations relating to undergraduate timetables, student intake and examinations.

There are a very limited number of staff hygienists, who only see priority cases.

Criteria for referring patients to the unit for consultation and acceptance for treatment.

Consultation:

Restorative staff will provide a diagnostic and treatment planning service for a wide range of congenital disorders and acquired diseases affecting the mouth, face and jaws. This will include patients with chronic pain that is thought to be of dental origin and those with TMJ Pain Dysfunction Syndrome, which has failed to respond to conservative measures in primary dental care (see section 8). All patients should continue to attend their own GDP for routine and emergency dental treatment whilst awaiting consultation; this includes preventive care and advice.

Acceptance for consultation does not mean that the patient will be accepted for treatment. A treatment plan appropriate for primary care will be provided whenever possible. It is not the responsibility of the hospital dental service to treat patients who are having difficulty accessing/paying for primary dental care. Treatment not easily available within the NHS general dental services include advanced fixed prosthodontics, molar endodontics and restorative treatment under sedation. Implants are only available on the NHS for certain priority cases such as post-cancer rehabilitation, severe congenital hypodontia and following severe maxillofacial trauma.

Treatment by Staff:

Acceptance of a patient for an item or course of treatment does not guarantee that treatment will be provided by a specific grade (or member) of staff. Once treatment is complete, the patient will be discharged. Patients undergoing treatment for specific items are at all times still under the care of the local referring GDP/dentist. Furthermore, once discharged the Restorative Department at Liverpool University Dental Hospital does not have responsibility for the long-term care and maintenance of treatment provided by Liverpool University Dental Hospital.

The following groups of patients will be accepted for treatment:

- patients who require multidisciplinary care by specialists. Examples include patients with severe congenital dento-facial abnormalities (such as hypodontia, palatal clefts) and patients requiring oral rehabilitation following ablative tumour surgery.
- patients requiring endodontics rather than exodontia because of an increased risk of osteoradionecrosis following radiotherapy to the jaws.

- patients requiring endodontics, rather than exodontia, because of an increased risk of osteonecrosis of the jaws because of intravenous (not oral) bisphosphonate therapy.
- patients with medical or oral conditions which make dental treatment difficult (eg muco-cutaneous diseases such as pemphigoid) and connective tissue disease (scleroderma, epidermolysis bullosa).

The following **may** be accepted for treatment:

- aggressive periodontitis including significant localized gingival recession, muco-gingival overgrowth, perio-endo lesions, perforations
- fractured instruments
- advanced tooth wear
- fixed or removable prosthodontics
- dental treatment of moderate complexity needed by hospital staff in training or postgraduate students.

We are unlikely to offer a treatment service for:

- patients who have had full mouth rehabilitation, multiple crowns or bridgework that is failing or has failed.
- patients that have received a poor standard of dental care (undertaken privately or within the NHS) and are pursuing, or have successfully pursued, litigation.

Further information about specific clinical areas:

Periodontology:

The Flow Chart in the Periodontal Referral Protocol (Appendix 2) summarises the patients who will be seen for specialist periodontal assessment. The documentation for a referral must include:

- A completed dental referral proforma
- A full periodontal charting of probing depths
- Contemporaneous radiographs, if available

Referrals which do not include periodontal charting or radiographs (if available) will be returned. Patients referred without any initial assessment or periodontal therapy, and those who are not motivated and cannot achieve reasonable plaque control should not be referred for a specialist opinion.

Endodontics:

Demand for endodontic treatment and re-treatment is high. All referrals should be accompanied by appropriate radiographs (preferably periapical films), which are secured, to the referral letter (these will be copied and returned to you with the clinic letter). We do not provide a full specialist endodontic service and generally will usually only accept patients suitable for specialist training in general terms.

Dental Implants:

Dental implant treatment on the NHS is limited mainly to patients with significant congenital hypodontia, following treatment for oral cancer or severe maxillofacial injuries. Appropriate referrals should be addressed to Mr C Butterworth for

assessment. We do not provide a 2nd opinion service for patients pursuing private treatment within general dental practice.

Consultant Staff in Restorative Dentistry who accept referrals:

Mr S Barber, Consultant in Restorative Dentistry (Cleft Lip & Palate)
Dr E L Boyle, Senior Lecturer/Honorary Consultant in Restorative Dentistry
Mr C J Butterworth, Consultant in Restorative Dentistry (Oral Rehabilitation)
Dr A Milosevic, Consultant in Restorative Dentistry
Miss B Sood, Consultant in Restorative Dentistry
Dr A J Preston, Senior Lecturer/Honorary Consultant in Restorative Dentistry
Dr P W Smith, Senior Lecturer/Honorary Consultant in Restorative Dentistry
Professor C C Youngson, Honorary Consultant in Restorative Dentistry

- NB: 1. 'Dear Sir' letters or those addressed to the 'Department of Restorative Dentistry' will be given to the consultant with the shortest waiting list.
2. Referrals to a 'named' consultant may be transferred to another appropriate consultant, depending on the waiting list at the time.

Treatment by Dental Students:

The majority of patients sent to Restorative consultant clinics are not suitable for treatment by students. Patients who are considered suitable for treatment by students will be seen on an undergraduate assessment clinic. It is important to note that a consultant will not assess the patient and a full treatment plan will not be provided to the referring practitioner. When a patient is not suitable for restorative treatment by undergraduate's treatment will not be offered and the patient will be discharged at the assessment visit. The referring clinician, should there be one, will be informed, by letter, about the outcome of the assessment visit.

The following patients may be accepted for treatment by undergraduates:

- Those who require simple restorative care. Examples include patients who require:
 - intra-coronal restorations
 - uncomplicated endodontic treatment; excluding molar teeth
 - 1-4 crowns, or a small bridge.
- Those who have gingivitis or early/moderate periodontitis and an uncomplicated medical history.
- Those requiring complete dentures or partial dentures from simple acrylic to more complex cobalt-chromium dentures.

Do not refer patients for restorative treatment by an undergraduate if they:

- have a complicated medical history
- have difficulty in attending for regular appointments
- want their treatment carried out quickly
- have severe behavioural problems or suffer from dental anxiety

Please find enclosed a referral form for patients who wish to be assessed regarding their suitability for student treatment (Appendix 3).

3. REFERRAL GUIDELINES FOR ADULT SPECIAL CARE DENTISTRY

Referrals for patients with special needs, including those who are medically compromised, should be sent to Dr Lesley Longman, Honorary Consultant in Special Care Dentistry or Mrs Avril Macpherson, Consultant in Special Care Dentistry.

Dr Lesley Longman, Mrs Avril Macpherson and their staff provide a dental service for patients with a wide range of complex special needs that seriously affect dental treatment.

This includes the following groups:

- Patients who have a proven, immediate Type I allergic reaction to natural rubber latex (ie individuals who may develop a life-threatening anaphylaxis).
- Patients who are likely to have an adverse reaction to drugs used in the practice of dentistry.
- Patients whose management requires close liaison with medical specialties (eg patients with haemophilia patients requiring extractions).
- Any patients who are at increased risk from morbidity whilst undergoing dental treatment.
- Patients who have dental anxiety/phobia and have systemic disease that warrants sedation to be undertaken in a specialist facility.
- Patients with moderate/severe learning disabilities and require sedation to accept dental treatment.
- Patients with physical, neurological and/or movement disabilities (eg cerebral palsy, Parkinson's or Alzheimer's disease) and require sedation to have dental treatment carried out safely.
- Patients with complex needs who require comprehensive dental treatment under GA e.g. patients with profound learning disabilities (and occasionally patients with psychiatric or physical disabilities) who cannot be managed appropriately with local anaesthesia (\pm sedation).

NB: When patients in the above groups are referred for treatment with sedation, the referring dentist continues to be responsible for subsequent monitoring and preventive care/advice; unless the patient's disability precludes this.

Special Care Dentistry **does not** provide dental treatment for patients with Blood Borne Viruses (eg HIV, hepatitis B and C), whose medical status does not warrant dental management in secondary care.

General practitioners are reminded that the local Community Dental Service also provides a Special Care Dentistry service (including treatment under general anaesthesia). It is often more appropriate to send a patient locally to the Community Dental Service in the first instance.

Treatment under sedation **is not** available for restorative dental care in patients with dental anxiety or phobia: you are advised to undertake an intra-primary care referral if sedation is required.

4. REFERRAL GUIDELINES FOR ORAL & MAXILLOFACIAL SURGERY

ORAL SURGERY

Referrals marked with a ** must be accompanied by recent, diagnostic quality radiograph(s).

Conditions Managed

- Impacted and displaced teeth **
- Retained roots requiring surgical removal **
- Surgical removal of ankylosed teeth / teeth with hypercementosis (evident on radiograph)**
- Oro-facial infections
- Dento-alveolar trauma
- Soft tissue lesions
- Jaw cysts **
- Bony lesions of the jaws **
- TMJ problems, after conservative management (for example provision of a soft splint), has been ineffective.
- Peri-radicular surgery providing that an adequate root filling is present.**
- Extractions for patients whose medical condition necessitates treatment in the secondary care sector **
- Patients for routine extractions who are undergoing intravenous bisphosphonate therapy. **

Referrals are not accepted for:-

- Routine extractions
- Anticipated, difficult extractions
- Patients with a history of difficult extractions
- Peri-radicular surgery when endodontic treatment has not been carried out.
- Orthognathic surgery
- Oral mucosal disease (these patients should be referred to Oral Medicine).
- Routine extractions for patients taking **oral** bisphosphonates
- Routine exodontia in warfarinised patients unless other coagulopathies exist, or the INR is maintained at over 4.0 – see guidelines from National Patient Safety Agency (circulated to all GDPs – website at www.npsa.nhs.uk) or recent BNF.

Senior Clinical Staff in Oral Surgery who accept referrals:

Mr P Hardy, Consultant Oral Surgeon

Mr P P Nixon, Consultant in Maxillofacial Radiology and Specialist in Oral Surgery

Ms E Varga, Associate Specialist in Oral Surgery

MAXILLOFACIAL SURGERY

Liverpool University Dental Hospital has three visiting consultants (see below for details) in Oral & Maxillofacial Surgery, who all undertake sessions at Liverpool University Dental Hospital.

In addition to seeing patients with Oral Surgery conditions (see previous guidelines), they accept referrals at LUDH for a wide range of maxillofacial problems including:

- TMJ disorders which have proved to be refractory to conservative measures
- orthognathic problems
- facial deformity
- salivary gland disorders, particularly those requiring surgical interventions
- patients with suspected oral/head and neck cancers
- maxillofacial trauma (non-acute)
- intraosseous or soft tissue pathology likely to require major surgical intervention
- pre-implant/pre-prosthetic surgery

These maxillofacial surgeons are all based at the Maxillofacial Unit at Aintree Hospital. If you suspect that your patient is likely to require inpatient management (eg advanced orofacial malignancy), please refer directly to Aintree Hospital, as this will avoid delays and unnecessary steps in the 'patient's journey'.

Consultants in Oral & Maxillofacial Surgery who accept referrals:

Miss A Begley, Consultant Oral & Maxillofacial Surgeon
Mr P Magennis, Consultant Oral & Maxillofacial Surgeon
Mr S N Rogers, Consultant Oral & Maxillofacial Surgeon

5. REFERRAL GUIDELINES FOR ORTHODONTICS

Conditions treated:

- Patients with severe dento-facial anomalies
- Patients with severe hypodontia
- Patients requiring complex orthodontic and orthognathic surgery
- Patients requiring complex orthodontic and restorative treatment

Conditions not accepted for treatment:

- Patients with a mild malocclusion, including lower incisor crowding in patients aged over 16
- Patients requiring orthodontic treatment of impacted teeth when there is no other significant orthodontic problem
- Patients requiring orthodontic treatment of missing teeth when there is no other significant orthodontic problem

Patients referred for orthodontic assessment would be expected to have a well maintained dentition with no active or untreated decay and with a high standard of oral hygiene.

Consultants in Orthodontics who accept referrals:

Dr J E Harrison, Consultant Orthodontist
Professor N Pender, Honorary Consultant in Orthodontics
Mr S J Rudge, Consultant Orthodontist

6. REFERRAL GUIDELINES FOR PAEDIATRIC DENTISTRY

These guidelines are for the referral of children under 16 years of age to Liverpool University Dental Hospital.

Referral of a child for a general anaesthetic for the extraction of teeth

The decision to use dental general anaesthesia is greatly complicated by the knowledge that there is a small but real risk of morbidity associated with dental general anaesthesia. The combination of this risk with the possibility that the dental procedure could, in some children, be carried out using other means of behaviour management, results in an increasing level of caution in resorting to the use of general anaesthesia in children. When discussing the use of dental general anaesthesia with a child and parent, two general considerations need to be taken into account:

- The dentist's perception of the anticipated complexity of the dental procedure.
- The degree of the child's anticipated distress resulting from the dental procedure. This may be based on the child's previous experience of clinical dentistry, or on the child's or parents' expectations of dental care.

Once these two factors have been assessed and a dental general anaesthesia is still deemed the most appropriate, a referral to the paediatric dental department may be indicated.

Referral of a child for treatment with local anaesthesia and inhalation sedation

In assessing the needs of an individual patient, due regard should be given to all aspects of behavioural management and anxiety control. Nitrous oxide/oxygen inhalation sedation (IHS) is the recommended method of sedation for the anxious child, and should strongly be considered by the clinician if the patient is mature enough to comprehend the procedure on IHS. This means that generally children below 6 are not suitable for IHS as they would probably not be able to comprehend and hence cooperate enough for IHS to be truly effective. A referral to the paediatric dental department may be indicated.

Referral of a child for treatment with local anaesthesia and intravenous sedation

For some children, IHS may not provide sufficient relaxation or the patient may be too anxious for this to be successful, then treatment with local anaesthesia and intravenous sedation may be considered. This is generally only offered to children 13 years and over and is usually for specific items of treatment such as minor oral surgery.

Referral of a child with dental anomalies

If a child presents with a dental anomaly which requires a consultant opinion and/or needs the care of a multidisciplinary team, then a referral to the paediatric dental department is indicated.

Referral of a child following dental trauma

If a child has sustained a dental trauma and has received immediate dental trauma management by a dental A&E department. Referral to the Paediatric Dental Department may be indicated for a child who has received initial/intermediate dental trauma management in primary dental care or A&E, but then requires specialist paedodontic advice/treatment.

The Paediatric Dental A&E Service at Liverpool University Dental Hospital

This is a limited service, which is currently offered during some morning sessions. It is not an appropriate service for 'fit and well' children suffering from dental pain, who should be managed in primary care.

Consultants in Paediatric Dentistry who accept referrals to Liverpool University Dental Hospital

Mr D R Llewelyn, Consultant in Paediatric Dentistry
Miss S M G Lee, Consultant in Paediatric Dentistry

Additional Information:

The following guidelines are for referral to the Royal Liverpool Children's Hospital (RLCH) at Alder Hey, and not Liverpool University Dental Hospital:

- **Referral of a child with an acute dental abscess, with associated systemic problems**

If a child with an acute dental abscess presents with symptoms of pyrexia, malaise or difficulty in maintaining an airway, an immediate referral to the Dental department at RLCH is indicated.

- **Referral of a child who is medically compromised**

If a child requires specific medical care and attention prior to any dental treatment, a referral to the dental department, RLCH may be indicated.

- **Referral of a child with learning difficulties**

If a child, whose special needs severely compromises routine dental care, then a referral to the dental department, RLCH may be indicated.

Patients accepted for treatment in the paediatric dental department should continue to see their GDP for routine dental examinations.

On completion of the proposed paediatric dental treatment, patients will be discharged back to their GDP for long term care and management.

7. REFERRAL GUIDELINES FOR ORAL MEDICINE

Conditions Managed:

- Oral mucosal disease including oral lichen planus and immunobullous disorders.
- Oral leukoplakia/erythroplakia or suspicious oral mucosal lesions (NB: if you strongly suspect oral cancer, please refer urgently to the Maxillofacial Unit, Aintree).
- Recurrent aphthous stomatitis and other ulcerative conditions affecting the mouth.
- Sore mouth, including Burning Mouth Syndrome (BMS).
- Orofacial manifestations of systemic disease(s).
- Xerostomia and salivary gland disorders.
- Candidal and viral infections if severe/recurrent.
- Trigeminal neuralgia (suspected) – dental causes must first be ruled out (see guidelines for referral to Restorative Dentistry).
- Orofacial pain, including atypical facial pain and oral manifestations or psychogenic disorders. Please note:
 - (1) Patients with undiagnosed orofacial pain which may, or not, be dental in origin – should be referred directly to Restorative Dentistry with appropriate radiographs (will be copied and returned).
 - (2) Patients with chronic facial pain are sometimes referred to the Oral Medicine clinic by GDMs, however many of these cases have already been seen and fully investigated by a number of other specialists in the past and the GMP has full details on file. It would therefore be helpful, if you could liaise with the patients GMP as referral to Oral Medicine may not be appropriate. Unless there are exceptional circumstances, we do not offer consultations to patients whose facial pain has already been managed in Pain Clinics elsewhere.
- Soft tissue lesions (eg polyps) – if possible refer to OS/OMFS.

Referrals are not accepted for:

- TMJ disorders.
- Periodontal disease, unless clinical presentation is part of generalised, oral mucosal disease (eg desquamative gingivitis secondary to oral lichen planus, or immunobullous disease).
- Dental conditions or anomalies.
- Pain of dental origin.
- Cysts in jaws, bony anomalies.

Referrals to the Oral Medicine Department should be sent to Dr Anne Field, Consultant/Honorary Professor in Oral Medicine or Dr Bijaya Rajlawat, Consultant in Oral Medicine

Urgent Advice – ‘Suspicious’ Oral Lesions

Patients presenting with a ‘suspicious’ oral lesion can be referred (mark ‘urgent’) on the Dental Referral Proforma. If you require immediate advice, please telephone 0151-706 5090 and ask to speak to a member of the Oral Medicine or Oral Surgery staff. (Back up telephone lines: 0151-706 5067 or 0151-706 5083.)

8. GUIDANCE FOR THE MANAGEMENT OF TMJ PAIN DYSFUNCTION SYNDROME (TMJPDS) IN PRIMARY DENTAL CARE

The majority of patients presenting with TMJ problems will be suffering from TMJPDS (temporomandibular joint pain dysfunction syndrome) or myofascial pain. These patients can, in most cases, be effectively managed in primary care without referral to the Dental Hospital.

The most common symptoms are:

- Pain – usually a dull ache in and around the ear. The pain may radiate, ie move forwards along the cheekbone and downwards into the neck.
- Joint noise – such as clicking, cracking, crunching, grating or popping.
- Limited mouth opening.
- Headache, especially in the temporal region.
- Some patients report mild/transient facial swelling which may be worse in the morning.

Most cases of TMJPDS are made worse by chewing and are aggravated at times of stress.

The initial management of TMJPDS in primary care includes the following measures:

1. Explanation of the condition with Patient Information Leaflet (PIL) to back-up (see Appendix 4).
2. Reassurance that TMJPDS is not serious and that it usually responds to simple measures. Symptoms may recur from time to time.
3. Application of heat to the side of the face, eg a warm hot water bottle (avoid boiling water) wrapped in a towel applied to the side of the face. This can be combined with simple massage to the tender muscle areas and relaxation techniques.
4. Advice concerning the use of painkillers. Non-steroidal anti-inflammatory drugs (NSAIDs), eg ibuprofen, are often helpful, unless contra-indicated because of the patient's medical history. These should be taken regularly for a two to three week period, not just PRN. NSAID gel can be applied topically to the area over the joint or the muscles of mastication.
5. The identification and avoidance of parafunctional habits, such as clenching or grinding (particularly at night), nailbiting, lip/cheek biting and posturing the jaw.
6. Rest for the TMJ, including soft diet, particularly if there are acute phases.
7. Acknowledgement that the condition can be related to anxiety and stressful events.
8. Provision of a soft occlusal splint, which can be worn at night – this is particularly useful for patients who grind their teeth at night.

NB: Irreversible procedures such as occlusal adjustment, should only be undertaken if there is a clear indication.

Patients with TMJPDS who should be referred for management in secondary care:

- Those with an atypical presentation (eg numbness of the face, marked/persistent facial swelling, severe trismus which is unrelated to surgical intervention or injury).
- Patients who fail to respond to conservative measures, including the provision of a soft splint.
- Referrals should be made to an Oral/Oral & Maxillofacial Surgeon or Consultant in Restorative Dentistry (see details in guidelines). Please indicate the measures you have already undertaken to manage the patient's TMJPDS.

NB: Patients should not be referred to Liverpool University Dental Hospital for the provision of an occlusal splint – these can be provided in primary dental care.

9. GUIDANCE FOR DENTAL PRACTITIONERS REQUESTING RADIOGRAPHIC REPORTS

Practitioners may request a specialist radiological opinion where there are uncertainties about the diagnosis, or for any suspicious or unusual lesions.

Please address these requests to Mr P P Nixon, Consultant in Maxillofacial Radiology and include the following information:

- Details of the clinical history including the duration and frequency of any symptoms
- Any relevant medical history
- Any previous films of the area which may be helpful

If you have a digital X-ray system, please send the images on a CD. (At present, there is no secure network to send images to the hospital electronically.) Printing digital images on to paper is discouraged as it often results in radiographs of poor diagnostic quality.

NB: Mr Nixon is not able to accept digital images of patients referred for consultations or treatment in other departments.

10. INFORMATION ABOUT THE ADULT DENTAL A&E DEPARTMENT AT LIVERPOOL UNIVERSITY DENTAL HOSPITAL

The procedure for accepting patients for treatment in the Dental A&E Department enables us to offer a service which is appropriate and compatible with our role as providers of undergraduate/postgraduate training and education. Please find enclosed a copy of the information for patients who seek treatment in our Dental A&E Department.

Experienced staff in Oral Surgery/Dental A&E are always willing to give advice and assistance to GPs concerning patients with complex medical histories or genuine surgical emergencies (eg failed extraction/fractured roots in patients with acute pain, acute orofacial infections, fractured tuberosity etc).

However, it is essential that you make contact with a senior member of the staff, preferably by telephone (0151-706 5060) or fax (0151-706 5807) - marked 'For Urgent Attention of Senior Clinician On Call – Dental A&E'. This is for advice and/or to make appropriate arrangements for your patient to be seen. Please do not give this type of 'emergency patient' a referral letter to attend the Dental A&E Department, without first contacting staff at the Dental Hospital.

Patients with dental emergencies

The following groups of patients are accepted for emergency dental treatment:

- Patients who have suffered trauma to their teeth/mouth as a result of an accident or injury
- Patient with a swelling of the face/jaws (eg due to a dental abscess).
- Patients who have bleeding from their mouth (eg following removal of a tooth).
- Patients with serious medical conditions or disabilities which prevent them being seen by dentists outside the hospital.

Patients with toothache or other dental problems

- The A&E Department at Liverpool University Dental Hospital cannot provide treatment for all patients with toothache, lost fillings, dentures or crowns.
- However, because we provide training for dental students and junior hospital dentists, we are able to offer limited treatment for a small number of patients.
- The number of patients we see depends on the availability of staff and students on the day.
- We regret that we may not be able to treat all patients who are complaining of toothache, however all patients will be assessed against our criteria.

Patients currently undergoing treatment with a dentist are advised to contact their dentist, who is obliged to provide them with access to emergency dental care.

TO ALL PATIENTS ATTENDING THE DENTAL A&E DEPARTMENT:

Whilst you are waiting, please complete as much as possible of the medical history form provided. You will then be called by a triage nurse, who is trained to assess your dental needs.

Please note:

- Triage commences at 8.15 am.
- The Dental A&E Department is for patients who require emergency dental care.
- If you are accepted for treatment you may be asked to come back in the afternoon.
- If you are not accepted for treatment you may be given a leaflet with alternative telephone numbers.
- If you are currently undergoing treatment with a dentist, please contact them to arrange for emergency dental care.
- Not all patients who take a ticket will be accepted for treatment.

Many thanks for your co-operation with this process.

MF/EAF

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