

Welfare checks for children and young people awaiting dental care under general anaesthesia

Waiting times for paediatric dental treatment under general anaesthetic have increased as a result of the COVID-19 pandemic. As we recover services, it is imperative that children and young people (CYP) should be able to access care based on clinical priority, rather than referral to treatment time.

Whilst our patients wait for treatment, it is imperative that welfare checks are in place so that those most urgently requiring care are identified and prioritised. In line with NHS operational planning guidance, there is a requirement to collect data on the patients under our care so that recovery is fair and equitable.

With this in mind, this welfare check guidance has been designed with a triage pro forma, intended for adaption and implementation within Managed Clinical Networks (MCNs). The guidance should be read in line with Surgical prioritisation for Children and Young People requiring Paediatric Dental treatment under General Anaesthetic, which forms part of the FSSA prioritisation guidance.

Welfare checks can be carried out by members of the oral healthcare team with the support of an experienced clinician. Data should be shared within MCNs. It is anticipated that Providers will begin checks on their longest waiting patients and work backwards until every patient waiting longer than 6 months has received a welfare check. Every welfare check should end with safety netting information so that parents/guardians are aware of when they need to seek urgent or emergency dental care, and how they should contact the service for further advice.



Patient information

Name of CYP					
Hospital number					
Date of Birth					
Date of welfare call					
Name and relationship of person spoken to					
Date listed for surgery					
Date of last known dental assessment					
Surgical prioritisation at time of initial assessment	P1b	P2	P3	P4	Not recorded

Patient signs and symptoms

Is the CYP demonstrating any of these signs or experiencing any of the following symptoms? If so, please provide further information regarding frequency and duration in the 'further information' free text section.

Pain	YES / NO
Swelling (please note whether intra/extra oral)	YES / NO
Pyrexia	YES / NO
Altered sleeping patterns	YES / NO
Altered eating patterns	YES / NO
Self-harming behaviour	YES / NO
Disruptive or detrimental behaviour	YES / NO
Disruption to school attendance	YES / NO
Further information	



Management of symptoms

Is the pain manageable by over-the-counter medications?	YES / NO / NA
Has your child required antibiotics for their teeth?	YES / NO
If your child has required antibiotics, how many courses have they received?	

Prioritisation factors

Are there significant social or safeguarding needs where a delay in treatment may mean the CYP is not brought to a treatment appointment?	YES / NO
Does this CYP have additional needs such as those with learning delay and/or autism, where dental pain may be less well tolerated?	YES / NO
Does this CYP have a medical complexity which may affect their surgical prioritisation?	YES / NO
Does this CYP have a dental presentation where a long delay may be detrimental to outcome?	YES / NO

Outcomes

Outcome of surgical prioritisation	P1b P2 P3 P4
Parent/guardian/carer provided with contact details?	YES / NO
Parent given safety netting information?	YES / NO
Summary of advice given to parent/guardian and actio	n taken
Name of person conducting call	



Equality and diversity data

Which of the following options that most accurately describes your child's ethnic group or background?

Code Description

- A White British
- B White Irish
- C White Any other White background
- D Mixed White and Black Caribbean
- E Mixed White and Black African
- F Mixed White and Asian
- G Mixed Any other mixed background
- H Asian or Asian British Indian
- J Asian or Asian British Pakistani
- K Asian or Asian British Bangladeshi
- L Asian or Asian British Any other Asian background
- M Black or Black British -Caribbean
- N Black or Black British African
- P Black or Black British Any other Black background
- R Other Ethnic Groups Chinese
- S Other Ethnic Groups Any other ethnic group
- Z Not stated / Prefer not to say

Is your child entitled to free school meals?	YES / NO
Do you consider your child to have a disability?	YES / NO