

# 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	





## Equality and diversity data

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

- | <b>Code</b> | <b>Description</b>                                  |
|-------------|---|
| 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                      |

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