

# General Dental Services – Monthly News Sheet

May 2018

## Probity News

The full probity process for dentists is explained on a leaflet available at the following link on the BSO website:

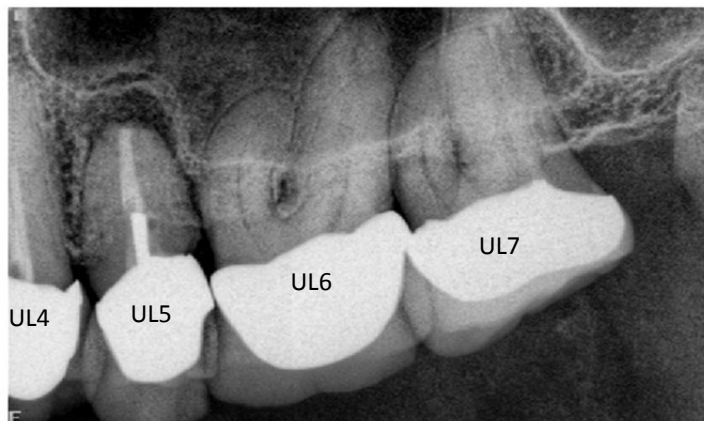
<http://www.hscbusiness.hscni.net/services/2669.htm>

Dentists can also view a template letter requesting patient records for Sample One of the Probity Process at the same link.

Dentists should ensure that the complete record requested is submitted. Where this is not the case the dentist could either include an explanatory note or contact the probity office to explain the circumstances around missing information. A phone-call is acceptable.

Occasionally, parts of patient records are redacted or sectioned off, so restricting the ability of dental officers to assure the treatment provided. We would request that practitioners avoid this practice as it has the potential to delay and complicate the probity process and may lead to the claim not being assured. This could result in another sample being called.

It is helpful to label individual teeth on paper copies of radiographs.



## Report on the Regional Analysis of SAIs and AIs relating to Choking on Food – Thematic Review TR/2018/003

The Regional Serious Adverse Incident (SAI) group identified the need for a review of Adult SAIs and Adverse Incidents (AIs) relating to choking on food, to inform future regional safety work. The aim was to identify recurring themes, consider regional learning, highlight areas of good practice and to determine if regional actions are required to reduce/prevent reoccurrence of these incidents. The thematic review endeavours to provide a better understanding of why incidents occur through the analysis of trends and patterns and identifies the underlying causes and contributing factors relating to the incidents. The final report can be found at: <http://www.publichealthagency.org/sites/default/files/Thematic%20review%20-%20Report%20on%20the%20Regional%20Choking%20Review%20Analysis.pdf> and correspondence from the Public Health Agency is available: <http://www.hscbusiness.hscni.net/services/2705.htm>.

## HEALTH PROMOTION RESOURCES

Health Promotion resources are available for your practice! If you wish to get these resources for your own information or to put on display in your dental practices, please use the contacts below.

**Southern area:** [PWB.Resources@southerntrust.hscni.net](mailto:PWB.Resources@southerntrust.hscni.net)

**Northern area:** [Andrea.Graham@northerntrust.hscni.net](mailto:Andrea.Graham@northerntrust.hscni.net)

**South Eastern & Belfast areas:** [Gerard.Ranaghan@belfasttrust.hscni.net](mailto:Gerard.Ranaghan@belfasttrust.hscni.net) or  
[Hazel.Fisher@belfasttrust.hscni.net](mailto:Hazel.Fisher@belfasttrust.hscni.net)

**Western area:** [Sarah.Davidson@westerntrust.hscni.net](mailto:Sarah.Davidson@westerntrust.hscni.net)

(available resources can be ordered via WHSCT website at <http://www.westerntrust.hscni.net/livewell/2670.htm>)

## Adrenaline in Emergency Drug Kits for the treatment of Anaphylaxis

The appropriate treatment of anaphylaxis is detailed in:

Resuscitation Council (UK) Guidelines:

<https://www.resus.org.uk/anaphylaxis/emergency-treatment-of-anaphylactic-reactions/>

The British National Formulary: <https://bnfc.nice.org.uk/drug/adrenalineepinephrine.html>

Drug Prescribing for Dentistry SDCEP Page 10: <http://www.sdcep.org.uk/published-guidance/drug-prescribing/>

### Ampoules

It is a requirement that all dental practices should stock adrenaline in the practice emergency drug kit for the treatment of anaphylaxis. Stock should be in the form and strength outlined in the dental section of the BNF<sup>1</sup> i.e. adrenaline 1:1000 x 1ml ampoules. Both the Resuscitation Council<sup>2</sup> and the BNF<sup>1</sup> recommend that adrenaline ampoules are stocked. The doses required for various age groups are noted in Table 1. Sufficient stock should be kept to allow for a second dose where there is no response by the patient to the initial dose. Dentists should ensure that they are confident in using adrenaline ampoules as part of their training in medical emergencies.

Age	Dose Required
Adult	500 micrograms
Child over 12 years	500 micrograms
Child 6 to 12 years	300 micrograms
child aged 6 months to 6 years	150 micrograms

**Table1 – BNF<sup>1</sup> recommended doses of IM Adrenaline for the treatment of anaphylaxis**

### Pre –Filled Syringe (PFS)

This administration device for adrenaline is a recent addition to critical care medicine and may be considered for inclusion in dental practice emergency drug kits after appropriate advice and training in medical emergencies. The advantages of pre-filled syringes are:

- The exact dose is pre-measured
- Administration time is quicker
- Reduces the risk of operator injury when opening glass ampoules

Syringes should be ordered and stocked only after consulting Table 1 above for the doses recommended in the BNF. Refer to the SDCEP guidance for further advice on the use of pre-filled syringes.

### Auto-injector (AI)

Adrenaline auto-injectors are available but they are intended for **SELF-ADMINISTRATION** by patients experiencing an anaphylactic reaction (or administration by their carers).

If dentists decide to keep adrenaline auto-injectors instead of the recommended adrenaline ampoules or pre-filled syringes, they should ensure that they stock the correct strengths to cover doses noted in Table 1.

It is important to note that a variety of auto-injectors are available some of which deliver doses of adrenaline not recommended in the BNF. Information on the various products is noted in Table 2 below.

	Adult /Child over 12 years	Child 6-12 years	Child under 6 years
BNF <sup>1</sup> Recommended dose	500 micrograms	300 micrograms	150 micrograms
Jext®/EpiPen®	1 x300 micrograms	1 x300 micrograms	1 x150 micrograms
Emerade®	1 x500 micrograms	1 x300 micrograms	1 x150 micrograms
Dose delivered			

**Table 2**

Practices may wish to seek further advice from their indemnifiers in relation to the use of adrenaline in medical emergencies.

British National Formulary 74 September 2017 to March 2018 p30, p216

Resuscitation Council (UK) – resuscitation guidelines 2015