

## Paediatric Dentistry Referral Guidelines

The Paediatric Dental Department can only accept referrals for children **under the age of 13 years**.

These guidelines are intended to assist General Dental Practitioners (GDPs), Community Dental Service (CDS) Dentists and Primary Care Specialists make an informed decision when contemplating referring HSC patients to the Paediatric Dentistry Department at the School of Dentistry.

The Paediatric Dentistry Department is located in the Royal Belfast Hospital for Sick Children (RBHSC) at the Belfast Health and Social Care Trust (BHSCT). The Paediatric Dental Department aims to provide specialist paediatric dental care for patients as well as providing training for specialty trainees and undergraduate dental students.

All patient demographic details must be included in all referrals sent to ensure prompt administration processes. All referrals must include complete patient contact details; sufficient clinical details outlining the dental related problem, with radiographs / photographs if appropriate. Medical and drug histories are essential. The responsibility for making an appropriate referral rests with the referring health professional.

There are three referral categories for Paediatric Dentistry:

**'Red Flag'** referrals are only for cases of suspected cancer (patient to be seen within 2 weeks);

**'Urgent'** cases are non-cancer cases which need to be seen urgently;

**'Routine'** applies to all other cases.

Where applicable, high quality radiographs should be provided for all paediatric dental referrals. Normally these radiographs should be less than 12 months old and will be returned to the referring practitioners.

The referral criteria enclosed should ensure that the Paediatric Dental Department is able to provide appropriate specialist care to those patients with complex treatment needs. All patients accepted for treatment should remain registered with their GDP or CDS.

During treatment in the Paediatric Dental Department, it is expected that the referring practitioner (GDP / CDS) will continue to see their patient for routine and emergency dental examinations and treatment and will provide all other aspects of the patient's oral hygiene / care. Following completion of specialist paediatric assessment / treatment patients will be discharged to their GDP / CDS for ongoing dental care and maintenance.

General Medical Practitioner who wish to refer a patient for a Paediatric Dental opinion / treatment, patients should, where possible, be directed to their GDP for triage and onward referral by a GDP.

## 1.0

**The following conditions are accepted for referral to the Paediatric Dental Consultant clinics for diagnosis, management, advice and treatment.**

- Complex medical problems which may affect the provision of dental care;
- Complex dentoalveolar trauma;
- Congenital or acquired dental anomalies such as altered tooth structure shape, size, form, number of teeth or disorders of eruption and shedding of teeth;
- Cleft lip and palate / craniofacial anomalies;
- Hard or soft tissue pathology;
- Periodontal problems;
- Complex multidisciplinary care;
- Non-carious tooth surface loss which does not appear to respond to standard preventive advice or where it is of uncertain aetiology;
- Requiring the surgical exposure and / or surgical removal of un-erupted teeth.

## 1.1

### **General Anaesthetic Services referrals to the Paediatric Dental Department**

Referrals are accepted as outlined in the joint guidelines of Association of Paediatric Anaesthetists of Great Britain & Ireland (APAGBI).

Guidelines can be downloaded at:

<http://www.apagbi.org.uk/publications/guidelines-other-organisations-0>

Alternative behavioural management techniques and risks of General Anaesthetic (GA) should be discussed with parents / guardians prior to referral to the Paediatric Dental Department by the referrer.

Referrals must outline the patients:

- Complex medical problem;
- Details of previous medical history.
- Complex dental problem;
- Previous dental history;
- Teeth requiring extraction;
- Clear written justification for reason for GA.

When requesting treatment under GA the following additional information is required

- Radiographs taken within the last year (if available).  
Children over 5 years should have bitewing radiographs forwarded with their referral.
- Please indicate if a link worker required;
- Please indicate if an interpreter required and which language;
- Please provide any other relevant details.

All restorable caries should be restored prior to this referral

## 1.2

### **Emergency / Acute Referrals to the Paediatric Dental Department**

The emergency paediatric dental department is **only** available for patients with **spreading infection, bleeding or complex trauma requiring urgent care.**

- **During normal working hours** (9.00am to 5.00pm Monday to Friday) an emergency patient must be referred by their GDP by phoning the Paediatric Dental Department prior to the patient arriving on 028 90328794

If unable to contact the department referring GDP should contact switchboard on 028 90240503

or by calling the 'on call' paediatric dental mobile phone 07824 549063

- **Outside of normal working hours** patients should be advised to attend their local Emergency Department where there is Oral and Maxillofacial on-call cover.

Emergency dental care is provided for emergency out of hours services at;

Oral Surgery/Oral and Maxillofacial Department  
Ulster Hospital  
Upper Newtownards Road  
Dundonald  
Belfast  
BT16 1RH  
Landline: 028 9055 0418

Fax No: 028 9041 1310

Oral Surgery/Oral and Maxillofacial Department  
Altnagelvin Area Hospital site  
Glenshane Road  
Londonderry  
BT47 6SB  
Landline: 028 7134 5171 ext: 213159

Fax No: 028 7161 1418

Patients with toothache should attend their GDP or local Relief of Pain Dental Clinic.

## 2.0

### **Unregistered patients / Self referrals**

Any unregistered patient should be advised to register with a local GDP. If patients are experiencing difficulty in registering with a GDP as a Health and Social Care patient, then they should be advised to contact the Integrated Care Team at their local Health & Social Care Board office;

- Eastern Office: (028) 9536 3926
- Northern Office: (028) 9536 2849
- Western Office: (028) 9536 1010
- Southern Office: (028) 9536 2104
- South Eastern Office: (028) 9536 3926

## 3.0

### **The Paediatric Dental Clinic do not accept referrals for:**

- The provision of routine dental care in primary and permanent teeth
- Routine non-surgical orthodontic extractions
- Patients who are having difficulty in accessing primary dental care services
- Patients who are requesting treatment on financial grounds or where local specialist waiting times are long.
- The Paediatric Dental Department at the Belfast Trust does not accept self referrals from patients / parents or guardians.

**The Community Dental Service (CDS)** Scope of Service Specification sets out the paediatric patient groups that are cared for by CDS. This can be viewed at;

<https://www.health-ni.gov.uk> (Appendix 1).

## 4.0

### Making a referral

It is essential for the Consultant Paediatric Dentist receiving referrals to be made aware of the specific details about the patient and their clinical diagnosis in order to prioritise an appointment.

- **Patient details** including current contact telephone number so that the patient can be contacted to attend a clinic at short notice;
- **Relevant medical history;**
- **Relevant social history;**
- **Clinical description of the dental problem** in order to categorise the urgency and appropriateness of the referral;
- **Radiographs and photographs** should be supplied with the referral if available. If original radiographs are provided these are returned to the referring practitioner;
- Referrals which do not meet the referral criteria will be returned to the referring practitioner outlining the reasons for their return.
- All referrals to the Paediatric Dental Department should be from a GDP who hold responsibility for the patient's continuing care and who is required to participate in shared care with the Paediatric Dental Department team as deemed appropriate by the Consultant or Specialist in the Paediatric Dental Department..

### Referral Details

Referral letters for Paediatric Dental Services should be addressed;

Dental Day Care Unit,  
Royal Belfast Hospital for Sick Children:  
Falls Road  
Belfast  
BT12 6BA  
Landline: 028 90 632048  
Fax No: 02890 634989

Email address: [paedsdentalreferrals@belfasttrust.hscni.net](mailto:paedsdentalreferrals@belfasttrust.hscni.net)

**NB. Any information sent by electronic means should be provided with an adequate level of encryption or password protection in line with Data Protection Guidelines.**

