

**Audit – Treatment for Child Patients**

**Who is the audit for?**

This audit is suitable for practices or practitioners wishing to review dental records of children of primary school age that have received treatment for caries in the primary dentition or a swelling/sinus related to a primary tooth. It does not matter if the patient has been treated by different dentists/therapists within the practice. The audit focuses on the care received by the patient at the practice.

**What does it measure?**

The audit measures:

* whether treatment provided was in line with current SDCEP guidelines relating to the care of primary teeth
* if antibiotics were prescribed, whether the decision to prescribe was in line with the current guidelines
* whether the child was treated holistically

**Who can complete the audit?**

The audit can be completed by any member of the dental team that has read and understood the relevant SDCEP document ‘Prevention and Management of Dental Caries Children’ and the FGDP antibiotic prescribing guidelines (links provided below).

* SDCEP guidelines: <https://www.sdcep.org.uk/published-guidance/caries-in-children/>
* Antibiotic prescribing guidelines: <https://cgdent.uk/wp-content/uploads/2021/08/Antimicrobial-Prescribing-in-Dentistry-2020-online-version.pdf>

**How many records should be audited and how long might it take?**

A minimum of 15 co-operative primary school aged patients should be selected as follows:

* Five children that had attended with a swelling/sinus related to a primary tooth
* Five children that had attended with occlusal caries in a restorable primary tooth
* Five children that had attended with proximal caries in a restorable primary tooth

A child should not be selected if the tooth in question was near to exfoliation. Further patient records can be selected, if desired. The estimated time taken to complete the audit is three hours however this will depend on your familiarity with the guidelines.

**What are the possible outcomes of the audit?**

* Improved treatment for children of primary school age with caries or a swelling/sinus
* Improved holistic care for children of primary school age
* Improved awareness/refresh of guidelines relevant to treatment of children and antibiotic prescribing

**How to use this audit**

1. First audit cycle

a) Familiarise yourself with the SDCEP document ‘Prevention and Management of Dental Caries and FGDP antibiotic prescribing guidelines.

b) Review the excel data collection spreadsheet. One patient is entered per row. The boxes are colour coded with a Red/Amber/Green system, where green is deemed to be in line with the guidelines and red is not. Amber may be appropriate depending on the circumstances but may require further consideration An example of this may be related to the appropriateness of a patient referral.

Establish gold standards in relation to each of the three categories, swelling/sinus, occlusal caries and proximal caries. For example, the gold standard set might be as follows:

* Swelling/sinus – 85% of ticks are in green boxes
* Occlusal caries - 85% of ticks are in green boxes
* Proximal caries - 85% of ticks are in green boxes

c) First, review the five patients selected because they had a swelling/sinus. Only tab one labelled “Swelling or sinus” on the spreadsheet applies to these five patients.

For the first patient, for each of the categories listed, place a tick or Y in the appropriate box. For example, if the Medical History had been checked, place a Y in the green “checked” box and leave the red “not checked” box blank. Move onto the next category. Please note some categories have more than two options. Place a Y in only one of the options for that category. Do not leave a category without a response. Complete for all five patients selected.

d) Next, review the five patients selected because they had occlusal caries. Only tab 2 labelled “Occlusal” on the excel spreadsheet applies to these five patients. Complete the boxes as before, for each of the five patients.

e) Next, review the five patients selected because they had proximal caries. Only tab 3 labelled “Proximal” on the excel spreadsheet applies to these five patients. Complete the boxes as before, for each of the five patients.

f) For the first spreadsheet tab, count the total number of green ticks/Ys, and divide by the total number of ticks/Ys. Multiply this figure by 100 to give the % of green ticks/Ys and compare this to the gold standard set. Repeat this for each of the spreadsheet tabs.

g) Identify and **list areas for improvement**. This may include some or all of the following:

i) Improving treatment of swelling/sinus

ii) Improving treatment of caries, in line with the current SDCEP guidelines

iii) Improving understanding of when it is appropriate to prescribe antibiotics

iv) Improving radiographic diagnosis, in line with the current guidelines

v) Improving aspects of record keeping

vi) Improving appropriate recall intervals, in line with the current guidelines

vii) Improving frequency of fluoride varnish application and/or fissure sealant application, in line with the current guidelines

viii) Improving frequency of preventive advice

ix) Improving understanding of caries risk classification and/or recording of caries risk

h) Present and discuss the results of the first cycle with the whole team at the practice. Implement any required changes.

2. Second audit cycle

a) Six months after completion of the first cycle, repeat the audit. However, records should only be reviewed following the implementation of any changes.

b) Compare the achievement of the gold standard between cycle one and cycle two, and also any changes in the listed areas for improvement.

c) Report the results of the second cycle with the whole team, discussing achievements and if necessary, reinforcement of any changes that have been implemented.

d) If required, consider a third cycle.