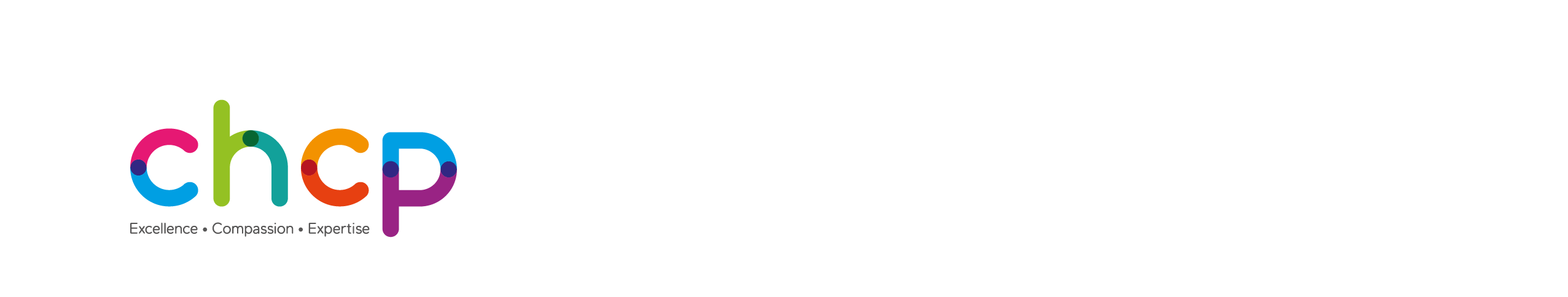
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**PATIENT ACCEPTANCE CRITERIA**

**SPECIALIST PAEDIATRIC DENTAL SERVICE**

The Paediatric Dental Service is for those patients aged 0-16 years. Young people aged 15-19 should be referred to the adult special care service using their acceptance criteria. The GA assessment service is 2-18yrs , and is for referrals by GDP only. We accept patients who live within the boundaries of Hull and East Riding only.

There are three separate referral forms for children:

1. General Paediatric Referral (1-16yrs)
2. General Anaesthetic Assessment (2-18 yrs)
3. Trauma – please complete the paediatric referral form and this supplemental form.

**Patients with multiple carious cavities in the primary dentition should be referred on the GA assessment form, as extractions under general anaesthetic are very likely. This means they will have a full Specialist Paediatric Dentistry Assessment and the most appropriate method of treatment will be organised in a timely manner. This may include restoration of some teeth prior to the general anaesthetic.**

The main types of referrals that will be accepted:

1. Children with special needs that significantly affect provision of dental care (for example, learning difficulties, autistic spectrum disorders).
2. Children with severe dental anxiety or other behavioural management difficulty where treatment has already been attempted and preventive care provided. *Children will normally be accepted for a single course of treatment but may be offered continuing care if difficulties are ongoing.*
3. Medically Compromised – Patients who for medical reasons cannot receive care in General Dental Practice.
4. Developmental or inherited dental conditions (for example MIH, AI, DI, Hypodontia, supernumeraries, odontomes etc).
5. Difficult dental conditions (for example severe tooth surface loss, treatment planning in teenagers with extensive caries).
6. Trauma – Please fill in Routine Paediatric Referral form and the supplemental trauma form.

Primary tooth trauma can mainly be managed in primary care unless needing GA extraction. Permanent teeth with uncomplicated enamel-dentine fractures or closed apex RCT in older teenagers also do not require referral. Please see BSPD guidelines for more information on management of these types of traumas and follow up:

https://www.bspd.co.uk/Professionals/Resources/BSPD-Guidelines

1. Safeguarding concerns regarding dental neglect or non-accidental injury – you may want to also send an email or call us the alert us of the incoming referral.

Most referrals will be accepted for a single course of treatment and then discharged unless it is felt that a child would be better managed long term in the Specialist Paediatric Dental Service or a shared care arrangement. It would be expected for most patients that they continue to see their general dental practitioner for routine reviews and prevention following national guidance, whilst waiting for and during management by the Specialist Paediatric Dental Service.

If the referral is made outside this criteria the referring dentist must justify the reasons why the treatment cannot be undertaken by them in primary dental care.

A referral will only be returned to the referring practitioner after a clinician has reviewed it. The referring practitioner will be contacted stating the reason for rejection. It is then up to the practitioner to provide more details before re-referring a patient.