Learning Line - Lessons Learnt October 2017

The medical directorate at NHS England (South East) receives and responds to a wide range of clinical issues covering the scope of general dental practice. Clinical advisers review patient complaints regarding clinical issues. The advisers also undertake records reviews and meet dentists to discuss issues that have arisen.

I have below detailed some of these issues that have recently arisen and the lessons that have been learnt from them.

Choice of Antibiotics
A patient made a complaint, as she believed her dentist had failed to respond appropriately to her facial pain and swelling. For this patient there were clear reasons to prescribe an antibiotic. However, the dentist prescribed erythromycin, as the patient was allergic to penicillin. The patient had no relief of the symptoms.

On reviewing the complaint, this part had to be upheld, as erythromycin is not a first line antibiotic for a patient who cannot take amoxicillin. The guidance suggests metronidazole.

Dose of Antibiotics
In a similar case, a patient who was allergic to penicillin and needed antibiotics for a dental infection saw another dentist who prescribed metronidazole 200mg three times a day. This proved to be ineffective. The dentist was clearly unaware of the advice issued in September 2016 to increase the dose to 400mg.

Dentists can find useful guidance in the BNF and the Scottish Dental Clinical Effectiveness Guidelines online and also via their app. The online link is:
http://www.sdcep.org.uk/published-guidance/drug-prescribing/
for more information
Public Health England https://www.gov.uk/government/publications/managing-common-infections-guidance-for-primary-care and
Kent LDC website http://www.kldc.org.uk/information/antimicrobial-prescribing-resistance/
Letter to BDJ
http://www.nature.com/bdj/journal/v221/n7/full/sj.bdj.2016.713.html?foxtrotcallback=true

Treat or Prescribe
A dentist working for an out of hours service saw a patient with acute irreversible pulpitis. She correctly extirpated the pulp and dressed. Two weeks later the patient returned in pain and another dentist diagnosed a periapical abscess. He prescribed amoxicillin 500mg three times a day. Whilst the drug and dose appear correct, no reason was given in the records as to why he had prescribed and why he had not reopened the tooth.
This complaint had to be upheld, mainly as no reason for prescribing rather than opening the root canal to drain and re-dress was given.

Consent

Consent is an issue that frequently appears in complaints, often arising when the original complaint relates to treatment.

For example, a dentist removed a lower third molar for a patient who presented with pain from that tooth. Unfortunately, whilst the patient was warned about possible altered sensation as a result of ID injections, this warning did not extend to altered sensation as a result of the extraction and this sequel occurred. The patient had signed a FP17 DC, but this related to the items of treatment and costs only. There was also no comment in the clinical records that the patient had been warned about this possible outcome. As a result this complaint had to be upheld.

In another recent complaint case, regarding orthodontic treatment, the patient aged twelve, had an upper arch expansion appliance fixed to bands on the upper sixes. The expansion phase was completed and the plan was to continue with upper and lower fixed appliances. However, in the absence of a parent, the patient declined further fixed appliance treatment and so the orthodontist removed the bands. The orthodontic course of treatment was submitted to the Dental Services Division of the BSA as complete. Subsequently, the patient's mother made a complaint.

This was upheld as in addition to the lack of parental consent for this action, there was also no time for the patient and parent to consider the consequence of this prior to the treatment being discontinued.

Record Keeping

Frequently in complaint cases, there is extensive use of computerised templates, which have been pre-populated with responses. On examination it is frequently easily apparent, that these have not been edited for this specific patient and thus the records are of limited or no value. Dentists are reminded that whilst templates act as useful aide-memoires, the design of these needs to ensure that the dentist and/or the dental nurse must input the data specific to the patient being treated. As such, templates, which are already populated with clinical details, should be avoided.

Record keeping and the use of templates in a restorative case

When complaints occur, your records can be used to establish what has been said or discussed with a patient. In one case a patient was referred for an opinion to a restorative consultant for the treatment options for a congenitally missing upper lateral incisor. The consultant wrote back to the practitioner and recommended either a denture or a resin-retained bridge, as

possible options, as there was insufficient space for an implant. The practitioner discussed the options with the patient and recorded these. The record entry used a template and it clearly didn't reflect the process relevant to the patient. The practitioner wrote 'different types of bridges discussed' without referring to the consultant's advice on the type of bridge recommended.

The patient attended for treatment and the adjacent teeth were prepared for a conventional bridge. When the patient realised this was different from what had been discussed, they raised a complaint and the consent process was reviewed using the dentist's records. The records were unable to back up his process and with insufficient information detailed on the discussions the only action was to uphold the complaint. The practitioner should have clarified within the records that the differences between a conventional and a resin-retained bridge was confirmed with the patient and the advantages and disadvantages of these were explained. The practitioner should also have recorded that he was proceeding against the advice of the restorative consultant and why.

In order for your record keeping to demonstrate valid consent, it must represent the process, detailing all the possible treatment options with their risks and benefits.

This is the first of these bulletins and we will aim to produce further information in this fashion in the future. I am grateful for contributions from my dental clinical adviser colleagues Clair Hamill and Simon Quelch.

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