**SOUTH WEST CLINICAL AUDIT AND PEER REVIEW ASSESSMENT PANEL**

**Dental Clinical Audit**

**9. Management of Emergencies**

**in Dental Practice**

*(only one dentist per practice to complete this audit per year)*

# CAP Ref:

**Audit start date:**      

**Completion date:**      

**Panel member contact: *Bernard Jones email -* Bernardjones@nhs.net**

|  |  |
| --- | --- |
| Dental Clinical Audit report (tick) check list:All sections need to be completed and included when returning your report: | |
| **1.** **Protocol** |  |
| **2.** Completed **data capture sheet** (Drugs to be available) page: 3 |  |
| **3.** Completed **data capture sheet** (Equipment recommended) page: 4 |  |
| **4.** Completed **data capture sheet** (Urgent Dental Treatment) page: 6 |  |
| **5.**  NHS England Area Team Mandatory page **Aims & Objective** page: 7 |  |
| **5.1** NHS England Area Team Mandatory page  **Action Plan as a result of your audit** page: 7 |  |
| **5.2** NHS England Area Team Mandatory page  **Feedback –** (**How useful dentist found the audit)** page: 7 |  |
| **6.** Declaration: **Tick confirmation box and Date** page: 8 |  |

***Please note –when returning your audit do not include any Dentist, Practice or***

***Patient demographic details.***

***2014 Structured Dental Clinical Audit***

***9. Management of Emergencies in Dental Practice***

**Prepared by:**

**South West Clinical Audit & Peer Review Assessment Panel, South West Commissioning Support (SWCS), Mallard Court, Express Park, Bridgwater, Bristol Road, Somerset,**

**TA6 4RN.**

**CLINICAL AUDIT FOR DENTAL PRACTITIONERS**

**South West Clinical Audit and Peer Review Assessment Panel**

**9. Audit of the Management of Emergencies in Dental Practice.**

This audit is in two parts. The first part covers the management of medical emergencies and the second part deals with what patients perceive to be treatment of their urgent dental needs.

**Part 1:**

**Medical Emergencies:**

Mismanaging medical emergencies in dental practice could well lead to serious consequences for the patient, their families and the dental professionals involved. It is therefore imperative that a system is in place that ensures the safety of the patient and gives confidence to the dental team. This audit is designed to help your practice check that everything is in place and all the staff know what to do in the unlikely event of an emergency.

**To audit the procedures in your practice several aspects must be examined, so the aims are:**

**(a) To evaluate the systems in place that provide for the safety of patients and staff in the event of a medical emergency.**

**(b) To identify shortcomings that may lead to failure in treating a patient during a medical emergency.**

**The objective is to give all the dental team confidence in identifying medical emergencies when they arise and to enable** **them to correctly deal with them in the best interests of the patient.**

**Method:**

Initially the drugs and equipment assigned for medical emergencies should be reviewed and then the systems in place need to be assessed to see if they are appropriate and work well. Use this audit as a tool to help with your management of these procedures.

**This audit is not suitable for more than one dentist to complete in the same practice in the same year.**

**Drugs**

List all the drugs that are deemed necessary and the other information in the table below.

Note that the Resuscitation Council (UK) recommends that where possible drugs in solution should be in a pre-filled syringe and that all drugs should be stored together in a purposely designed ‘Emergency Drug’ container.

They also recommend that the use of intravenous drugs for medical emergencies in general practice is to be discouraged since intramuscular, inhalational, sublingual, buccal and nasal routes are much quicker to administer in an emergency.

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**9. Audit of Management of Emergencies in Dental Practice**

**Drugs to be available**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Drug** | **Dose** | **Method of Administration** | **Date of Expiry** | **Where kept** |
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**How frequently are these drugs checked?**

**Do you have a practice protocol for checking these drugs?**

**Who is responsible in your practice for the monitoring and safekeeping of these drugs?**

**Names and position in the practice:**

**When was the team education about the use and storage of these drugs?**

**Date of last meeting:**

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**Equipment recommended by the Resuscitation Council:**

**Please complete this table:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Your checklist** | **Tick if you have this** | **Condition and date tested** |
| 1. | Portable oxygen cylinder  D Size with pressure reduction valve and flow meter |  |  |
| 2. | Oxygen face masks and tube |  |  |
| 3. | Basic set oropharyngeal airways (sizes 1,2,3, and 4) |  |  |
| 4. | Pocket mask with O2 port |  |  |
| 5. | Self inflating bag and mask apparatus with O2 reservoir |  |  |
| 6. | Face masks for above |  |  |
| 7. | Portable suction device |  |  |
| 8. | Single use syringes and needles |  |  |
| 9. | ‘Spacer’ device for inhaled bronchodilators |  |  |
| 10. | Automated external Defibrillator |  |  |

Name and position of the person responsible in your practice for the safekeeping and monitoring of this equipment:

Date of last practice meeting covering this issue?

**Useful references:**

1. DPNF
2. Resuscitation Council (UK)

Standards for Clinical Practice and Training for Dental Practitioners and Dental Care

Professionals in General Practice. (£4 per copy)

www.resus.org.uk

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**Systems:**

* **Your practice protocol should be attached. This should include each team member’s responsibility (e.g. who calls the ambulance?)**

Details of CPR training:

* how frequent is your training programme?
* has everyone been trained to recognise the reasons for collapse and how to deal with it?
* do you rehearse the full procedure?

Now check this initial review against the information available in the literature, such as BDA advice sheets and the Dental Formulary.

**Make a note of any actions taken to improve the equipment, drugs and system of procedures in your practice.**

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**Part 2:**

**Urgent Dental Treatment:**

**The aim of this part of the audit is to see if any improvements can be made to the way that patients with urgent dental needs are managed in your practice.**

**The objective will be to efficiently deal with those patients whose condition merits urgent attention.**

**Method:**

Over a period of a week make a chart of those patients who were given appointments to deal with what they perceived to be a dental emergency and analyse the data collected.

**The table is to be used to provide data for this information and give percentages where it is relevant.**

|  |  |  |
| --- | --- | --- |
| 1. | Was emergency/urgent appointment justified? |  |
| 2. | Was the outcome satisfactory to the Patient? |  |
| 3. | Was the time of the appointment convenient to the patient? |  |
| 4. | Did you have enough time to deal with the problem? |  |
| 5. | Was the treatment compromised by lack of time |  |
| 6. | Was any other patient kept waiting as a result of this episode? |  |
| 7. | Did the reception staff assess the time required accurately? |  |
| 8. | Did you squeeze the patient into an already busy schedule? |  |
| 9. | Do you have a dedicated period of time in each working day to deal with urgent cases? |  |

After a week assess whether your system provides you with enough time for you to give your patients the best emergency care and if not whether improvements could be brought in.

Following a practice meeting complete an action plan which will be forwarded anonymously to the NHSCB Area Team.

# NHS ENGLAND AREA TEAM MANDATORY PAGE *CAP Ref:*

**South West Clinical Audit and Peer Review Assessment Panel**

**9. Management of Emergencies in Dental Practice Audit**

**Please complete this NHS England Area Team mandatory page as part of you Clinical Audit Activity, which will be sent anonymously to your NHS England Area Team.**

|  |  |  |
| --- | --- | --- |
| **Management of Medical Emergencies feedback:** | | |
| **Were the following AIMS ACHIEVED:** | **Yes** | **No** |
| * **To evaluate the systems in place that provide for the safety of patients and staff in the event of a medical emergency.** |  |  |
| * **To identify shortcomings that may lead to failure in treating a patient during a medical emergency**. |  |  |
| **Were the following OBJECTIVES ACHIEVED:** | **Yes** | **No** |
| * **To give all the dental team confidence in identifying medical emergencies when they arise and to enable them to correctly deal with them in the best interests of the patient.** |  |  |

|  |  |  |
| --- | --- | --- |
| **Urgent Dental Treatment feedback:** | | |
| **Were the following AIMS ACHIEVED:** | **Yes** | **No** |
| * **To see if any improvements can be made to the way that those patients with urgent dental needs are managed in your practice.** |  |  |
| **Were the following OBJECTIVES ACHIEVED:** | **Yes** | **No** |
| * **To efficiently deal with those patients whose condition merits urgent attention.** |  |  |

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| --- |
| **Action Plan as a result of your Clinical Audit:** |

|  |
| --- |
| **How useful did you find this** **Dental Clinical Audit?**  **Please tick one of the following: *No use***  ***Useful***  ***Very Useful*** |

|  |
| --- |
| **Any comments on this Structured Dental Clinical Audit especially if you ticked no use:** |

***For Panel use only:***

|  |  |
| --- | --- |
| ***Approved*** | ***Not Approved*** |

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The results of your audit will be recorded by the Panel who will feedback the overall findings for the area to yourself and the NHS England Area Team in an anonymous form. This will enable the NHS England Area Team to identify any areas that need support and enable you to compare your results with those of your local colleagues.

**Please return all the information in your report as detailed below within three months of the start date (If you would like longer than 3 months to complete your audit please contact Jackie).**

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| --- |
| Dental Clinical Audit report check list:All sections need to be completed and included when returning your report: |
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| **5.1** NHS England Area Team Mandatory page: **Action Plan as a result of your**  **audit.** |
| **5.2** NHS England Area Team Mandatory page: **Feedback -**  **How useful dentist found the audit** |
| **6.** Declaration: **Tick confirmation box and Date** |

***Please note:*** *a copy of your completed Dental Clinical Audit should be retained by the practice as part of your practice clinical governance portfolio. Your NHS England Area Team may wish to examine your audit during any Clinical Governance practice inspections that may take place.*

**I confirm that I have completed the enclosed Dental Clinical Audit activity**

**Date:**

*Please e-mail your completed Dental Clinical Audit to Jackie Derrick at:* [*Dentalclinicalaudit@somerset.nhs.uk*](mailto:Dentalclinicalaudit@somerset.nhs.uk)

\*Permission to reproduce any of the South West Clinical Audit & Peer Review Assessment Panel Structured Dental Clinical Audits will need to be obtained from the Panel.