



Recommendations for Oral Medicine during COVID-19 pandemic

2020

1. Scope of document

This document provides advice and guidance for the triage, assessment and provision of oral medicine care for people during the COVID-19 pandemic and is intended for use by the NHS staff working in England.

2. General Principles

- » Non-urgent dental care should be deferred to minimise risk to patients, staff and the public.
- » Aerosol generating procedures (AGP) present a higher risk of transmission of the virus and should only be undertaken to provide urgent care where no other option is available.
- » Any patient requesting urgent care should first be triaged by telephone by a dentist or doctor to assess their clinical urgency, establish their COVID-19 risk, offer any interim self-care advice and make an appointment for face to face assessment if required.
- » Where possible, it is advisable to have two clinicians involved in the decision making process in recognition of the fact that we will need to deviate from routine treatment planning protocols.

3. Definition of urgent oral medicine care

The following manifestations may require urgent oral medicine intervention:

- » Solitary ulceration or swelling of the oral mucosa or swelling of the jawbones that has persisted for at least 2 weeks and is unlikely to reflect local trauma and/or dental infection
- » Where possible, it is advisable to have two clinicians involved in the decision making process in recognition of the fact that we will need to deviate from routine treatment planning protocols
- » Area of paraesthesia/anaesthesia of the trigeminal region that has no obvious local cause (eg trauma or infection), acute swelling, or progression of pre-existent chronic swelling of a major salivary gland
- » Acute lymphadenopathy, or progression of pre-existent lymphadenopathy of the head and neck
- » Severe orofacial pain not responding to over the counter analgesics
- » Need for dosage changes or likely untoward reaction to systemic corticosteroids or immunosuppressives prescribed by an Oral Medicine specialist: **These should be managed by telephone consultation with the prescribing service/consultant**

4. Providing treatment to patients

No patient should attend without first being triaged by telephone/video. This should be carried out by an experienced clinician and could be run remotely from the dental setting if needed.

Following telephone/video triage if a patient is deemed in need of urgent Oral Medicine care they should be given an appointment to attend the clinic.

The triage process is summarised by the following flowcharts:

Solitary ulceration or swelling of the oral mucosa or swelling of the jawbones that has persisted for at least 2 weeks and is unlikely to reflect local trauma and/or dental infection				
Is there a likely local physical cause?				
Yes		No		
Remove cause as best possible (eg dressing of tooth) without the need to employ an aerosol generating method Advise use of adhesive oral paste (eg Orobace) to be used on a prn basis Advise use of a topical analgesic agent (eg benzydamine HCl (Difflam) placed on areas of discomfort in a prn basis. Patient call back if no improvement after 5 days		Assess the quality and site of the pain: Advise use of adhesive oral paste (eg Orobace) to be used on a prn basis Advise use of a topical analgesic agent (eg benzydamine HCl (Difflam) placed on areas of discomfort in a prn basis. Patient call back if no improvement after 5 days		
Symptoms/signs not changed	If symptoms reduce/resolve no further intervention at this stage but contact GDP/GMP after Covid-19 national emergency status relaxed	If the symptoms or signs persist	If the symptoms or reported signs worsen	If symptoms resolve no further intervention at this stage but to contact GDP and GMP after Covid-19 national emergency status relaxed
Triage to Oral Medicine service		Triage to Oral Medicine service	Triage to Oral Medicine service	
Severe oral mucosal and/or gingival ulceration/blistering that has persisted and/or become widespread over 2 weeks				
Is the ulceration/blistering causing difficulty with swallowing, eating or speaking?				
Yes		No		
Triage to Oral Medicine service		Advise use of hydrocortisone pellets (sucked) 4 times daily Or Fluticasone or beclometasone nasal spray to areas of ulceration 3 times daily And/or Adhesive oral paste (eg Orobace) to be used on a prn basis Advise use of a topical analgesic agent (eg benzydamine HCl (Difflam) placed on areas of discomfort in a prn basis. Patient call back if no improvement after 5 days		
		If the symptoms or signs persist	If the symptoms or reported signs worsen	If symptoms subside, no further intervention at this stage but to contact GDP and GMP after Covid-19 national emergency status relaxed
		Triage to Oral Medicine service	Triage to Oral Medicine service	

Area of paraesthesia/anaesthesia of the trigeminal region that has no obvious local cause (eg trauma or infection)

Is there a likely local cause?	
<p style="text-align: center;">Yes</p> <p style="text-align: center;">eg recent dental extraction, trauma, recent endodontic therapy in the region of altered sensation</p> <p style="text-align: center;">Triage to Oral Surgery</p>	<p style="text-align: center;">No</p> <p style="text-align: center;">Triage to Oral Medicine service</p>

Acute swelling, or progression of pre-existent chronic swelling of a major salivary gland

Is the swelling painful?	
<p style="text-align: center;">Yes</p> <p style="text-align: center;">1. Analgesics</p> <p style="text-align: center;">2. Systemic antibiotics: Amoxicillin, Flucloxacillin or erythromycin</p> <p style="text-align: center;">Review at 5 days</p> <p style="text-align: center;">If symptoms resolved: no further intervention at this stage but to contact GDP after Covid-19 national emergency status relaxed</p> <p style="text-align: center;">If symptoms continue or worsen: Triage to Oral Medicine, Oral Surgery or Oral and Maxillofacial Service</p>	<p style="text-align: center;">No</p> <p style="text-align: center;">1. Triage to Oral Medicine, Oral Surgery or Oral and Maxillofacial Surgery services</p>

Acute lymphadenopathy, or progression of pre-existent lymphadenopathy of the head and neck

Is there a likely dental infectious cause physical cause?				
<p style="text-align: center;">Yes</p> <p style="text-align: center;">Identify and provide acute care of the cause (eg drainage, extraction)</p> <p style="text-align: center;">Patient call back if no improvement after 5 days</p>		<p style="text-align: center;">No</p> <p style="text-align: center;">Assess the quality and site of the pain:</p> <p style="text-align: center;">Advise use of adhesive oral paste (eg Orobace) to be used on a prn basis</p> <p style="text-align: center;">Advise use of a topical analgesic agent (eg benzydamine HCl (Difflam) placed on areas of discomfort in a prn basis.</p> <p style="text-align: center;">Patient call back if no improvement after 5 days</p>		
<p style="text-align: center;">Symptoms/signs not changed</p> <p style="text-align: center;">Triage to Oral Medicine, Oral Surgery or Oral and Maxillofacial service</p>	<p style="text-align: center;">If symptoms reduce/resolve no further intervention at this stage but contact GDP/GMP after Covid-19 national emergency status relaxed</p>	<p style="text-align: center;">If the symptoms or signs persist</p> <p style="text-align: center;">Triage to Oral Medicine, Oral Surgery or Oral and Maxillofacial service</p>	<p style="text-align: center;">If the symptoms or reported signs worsen</p> <p style="text-align: center;">Triage to Oral Medicine, Oral Surgery or Oral and Maxillofacial service</p>	<p style="text-align: center;">If symptoms resolve no further intervention at this stage but to contact GDP and GMP after Covid-19 national emergency status relaxed</p>

Severe orofacial pain not responding to over the counter analgesics

Can it be controlled with over the counter painkillers?

Yes		No		
advice paracetamol (and possibly codeine based – reports of ibuprofen exacerbating Covid-19 infection)		Assess the quality and site of the pain: 1. In the trigeminal region and ‘electric shock’ like 2. In the temporal or masseteric area in a patient >60 years of age		
Patient call back if no improvement in 48 hours, getting worse or swelling appears	If symptoms subside, no further intervention at this stage but contact GDP/GMP after Covid-19 national emergency status relaxed	If the symptoms are either: 1. In the trigeminal region and ‘electric shock’ like 2. In the temporal or masseteric area in a patient >60 years of age	If no relevant symptoms Assess at 48 hrs If no improvement or worsening	If symptoms subside, no further intervention at this stage but to contact GDP and GMP after Covid-19 national emergency status relaxed
Triage to Oral Surgery service		Triage to Oral Medicine service	Triage to Oral Medicine	