

Surgical prioritisation for Children and Young People requiring Paediatric Dental treatment under General Anaesthetic

RCS England priority	RCS England definition	Conditions meeting priority criteria
1a	Emergency procedures to be performed within 24 hours.	<ul style="list-style-type: none"> · Dental sepsis which is not responsive to conservative treatment where there is a threat to life, airway, swallow, sight or brain. · Presence of a significant oral/facial swelling with associated systemic infection. · Haemorrhage which is not responsive to conservative treatment (packing, suturing and tranexamic acid) and self-care measures. · Patients who have a compromised swallow and are at risk of aspirating a tooth which cannot be removed under local anaesthesia.
1b	Procedures to be performed within 72 hours.	<ul style="list-style-type: none"> · Traumatic dental injuries resulting in a complex injury to the permanent dentition where immediate treatment cannot be completed under local anaesthesia: this may include avulsion of a permanent tooth; severe luxation (tooth displaced, mobile, and/or interfering with occlusion, severe intrusion), crown root fracture (coronal portion displaced, mobile and/or interfering with occlusion), complicated crown fracture (pulp exposed). · Traumatic injury to the primary dentition where the child is symptomatic (pain not managed with analgesics, infection not managed with antibiotics or interference with eating), and treatment under local anaesthetic is not possible. · Severe dental pain (irreversible pulpitis) that has not responded to over the counter analgesics and is significantly impacting on eating and sleeping. · Children & Young People (CYP) with additional needs such as those with learning disability or autism, where dental pain is resulting in self-harm or other disruptive or detrimental behaviours. · CYP with medical complexities such as metabolic conditions, in whom dental pain and/or infection is impacting on their ability to maintain their nutritional requirements, or stability of their medical condition is being compromised by oral disease.

2	Procedures to be performed within 1 month.	<ul style="list-style-type: none"> · Medical condition where health is at special risk if CYP develops dental infection and has current dental infection and/or pain e.g. CYP with immunocompromising disorders, diabetes, cardiac conditions, epilepsy or inherited metabolic disorders. · CYP being actively planned for surgical, radio or chemotherapeutic or medical intervention due to oncology/cardiac/HSCT/ bone conditions requiring bisphosphonates/other medically high urgency. · Children under 3 years old requiring extraction of decayed teeth with associated acute infection. · Suspected malignancy requiring urgent excisional or incisional biopsy. · Specific time dependant trauma intervention where delay is likely to seriously worsen prognosis. · History of 3 or more episodes of acute infection. · Frequent episodes of severe pain which are unresponsive to conservative treatment. · Children who have sustained trauma to the primary dentition where significant damage to the permanent successor is suspected and treatment under local anaesthetic is not feasible. · CYP from families with significant social or safeguarding needs where a delay in treatment may mean the child is not brought to a treatment appointment e.g. those in care who may move between families or those from travelling communities.
3	Procedures to be performed within 3 months.	<ul style="list-style-type: none"> · Medical condition where health at special risk if develops dental infection but no current infection/pain. · Child aged 3yrs or older with recurrent pain and/or infection. · Conditions where a long delay may be detrimental to outcome e.g. significantly infraoccluded teeth, removal of supernumerary teeth to allow eruption of permanent successors, timely extraction of first permanent molar teeth. · CYP with additional needs such as those with learning delay and/or autism, where dental pain may be less well tolerated.
4	Procedures to be performed with waits longer than 3 months.	<ul style="list-style-type: none"> · All other children awaiting paediatric dental care under general anaesthetic.

The development and production of this guideline was led by Claire Stevens, on behalf of Simon Kenny (National Clinical Director - Children and Young People) and Sara Hurley (Chief Dental Officer of England). It represents a consensus view of the Consultants in Paediatric Dentistry.