

CONTINUING ORAL CARE - REVIEW AND RECALL

INTRODUCTION

Although the commonest oral disease of childhood is dental caries the dental role should encompass the whole of oral care for children. The aims of such care are firstly to ensure that all children are free from pain, sepsis and the destruction of dental tissues; secondly, to monitor the developing dentition; thirdly, to support children and their families in forming good oral health habits, practices and behaviours which can be carried forward into adulthood.

This care should be provided for both those children who are able-bodied and those who have impairment, be they physical, mental, medical, social or emotional.

The cornerstone of preventive care is professional supervision. Continuing care, review and recall are an essential part of that supervision and these guidelines should be read in conjunction with other such, relating to particular items.

Review is defined as an attendance at a further appointment within a course of treatment.

Recall is defined as the planned, unprecipitated return of a patient who, when last seen was in good oral health.

MANAGEMENT

1. Review and recall frequency

Recommendations:

1.1 In initiating the continuing care process, there should be no lower age limit to the first visit for a child which should, if possible, be within the first year of life.

1.2 There is considerable debate, with little factual basis, regarding the cost benefit of a specified recall period. There is such variation in the circumstances pertaining to an individual child that social, rather than medical, conventions probably have a greater importance in setting such a standard. In this context, there should be a recall at least once a year; 6 months is a convenient interval which provides for continuity of care. A proportion of child patients, for whom underlying conditions make additional demands, or local disease is progressing rapidly, will need to be seen at intervals far shorter than this at the clinician's discretion.

2. Variations in recall frequency

Recommendations:

2.1 Milestones in dental development (e.g. the expected eruption of particular primary and permanent teeth, the detection of displaced permanent canine teeth) should trigger recall in children under regular care. There is merit in the concept of specific "age milestones" at 3, 6, 9 and 12 years.

2.2 Particular attention should be paid to the eruptive sequence of teeth, especially with regard to symmetry, or whether an individual tooth is more than 6 months delayed.

2.3 Where a child shows obvious signs of active oral disease or its predisposing factors - a high level of individual or family previous decay experience, poor oral hygiene, enamel demineralisation, high sugar intake - review at not greater than four-monthly intervals is required until the factors are controlled.

2.4 Specific oral conditions (e.g. periodontal disease, other soft tissue disease, eruptive disorders, developmental dental conditions, dental injuries) will require attendance at variable intervals. Readers are referred to the guidelines for those specific conditions.

2.5 Compromised children should be seen on review or recall at intervals directly related to the severity of their underlying impairment and the oral findings.

3. The nature of the review and recall processes

Recommendations:

3.1 Wherever possible, recall and review should be to the same clinician.

3.2 Recall or review should give adequate time to establish child confidence and compliance, to update findings and to reinforce preventive instruction where required.

3.3 Records should be maintained in a standardised manner and stored in a recoverable form to make comparison easy and realistic.

EXPLANATORY NOTES

2. *Children inevitably change in stature, in psyche and in what they eat and drink throughout the fifteen years from infancy to adolescence. Specific social, medical, oral or dental conditions will modify the period of attendance for either review or recall. Provision must be made for variation in the frequency of appointments in response to these pressures. Radiography is of importance in the assessment of disease progress and the reader is referred to the guideline on that subject.*

3. *Review and recall should give the patient or the carer both the time and the opportunity to present any changes in their situation since the last visit and to discuss the progress of their condition. It should permit the clinician time to carry out a clinical examination (sic), to determine patient compliance with any previous prescription, to make adequate record of progress and to reinforce preventive advice (vide the guideline Prevention of dental caries for Children).*