

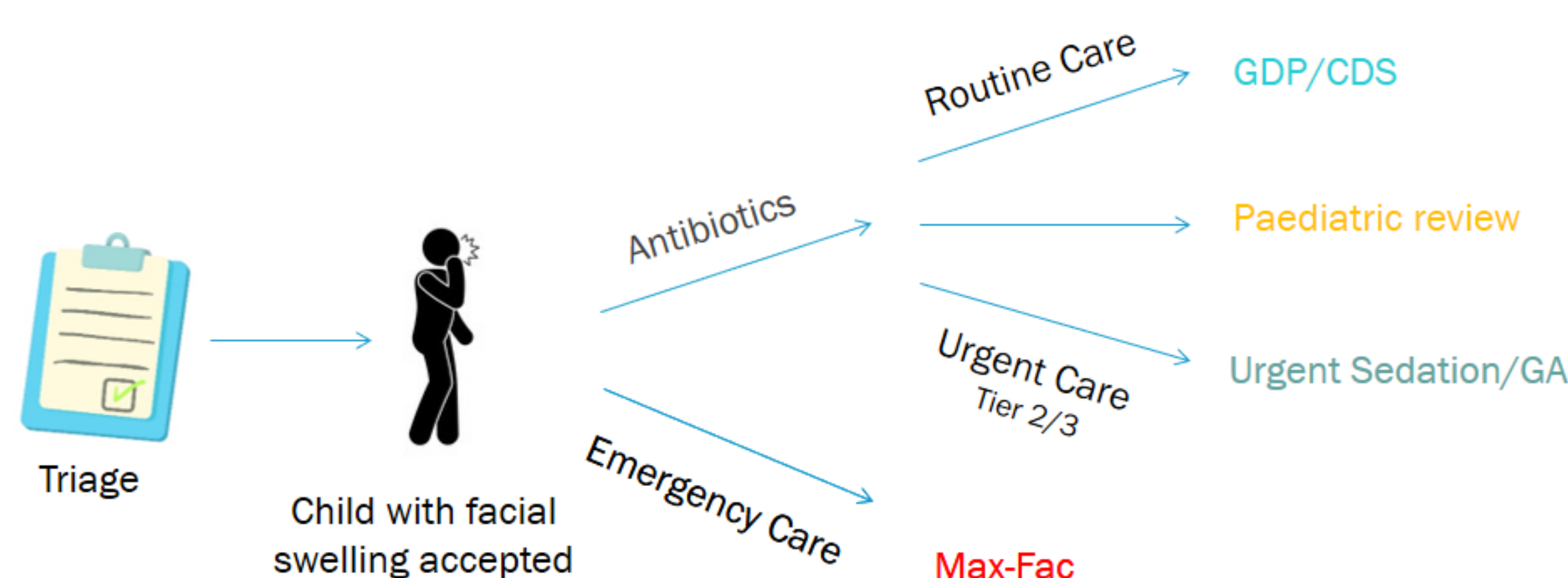
Clinical Pathway for Facial Swellings: An Audit

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Background

The paediatric dental department at King's College Dental Hospital frequently assesses children with facial swellings. These children are managed in a variety of different ways (Figure 1), which is influenced by the severity of swelling, medical history and co-operation. Comprehensive dental records ensures clinicians can provide optimal care for children with facial swelling.

Figure 1. Care pathway for children attending the emergency clinic with facial swellings



Aim

To establish whether there is a clear care pathway for children presenting with facial swelling

Objectives

Determine if patients with facial swellings are appropriately triaged
Establish whether an adequate history and examination is recorded
Investigate whether sufficient information is recorded to facilitate management

Standard

All essential patient information is recorded in dental records.

Method

Retrospective data collection of all emergency patients attending the paediatric dental emergency clinic with extra oral swelling between September 2018 to 2019 (First cycle) and January 2020 to March 2020 (Second cycle). A piloted data collection sheet was completed by the lead author to establish standards of record keeping for patient details, history, examination, investigations and treatment plan.

Results

Patients presenting with facial swelling totalled 38 (First cycle) and 11 (Second cycle).

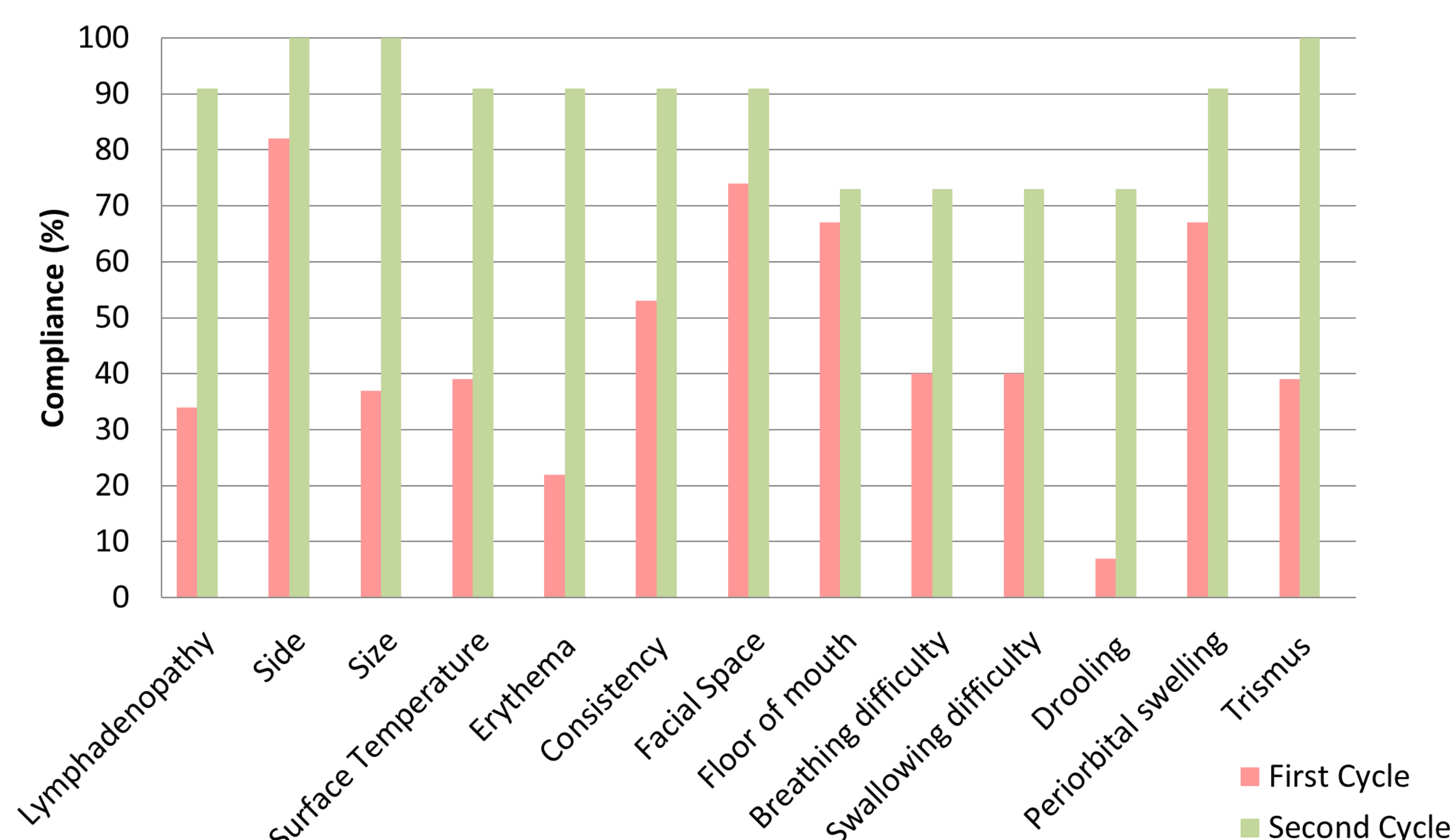
First cycle:

There was poor compliance across most aspects of record keeping, particularly for: swelling findings (Figure 2), nil-by-mouth status and details of antibiotic treatment (Table 1).

Second cycle:

Significant improvement in compliance was recorded for all aspects of record keeping (Table 1).

Figure 2. Swelling clinical findings



Action plan

- Findings were disseminated by email and presented at the departmental audit meeting in December 2019.
- A swelling proforma was designed, piloted and implemented to aid clinicians in accurately recording history and findings (Figure 3).

Figure 3. Swelling proforma

Discussion

Results from the first cycle demonstrated that record keeping was inadequate with respect to the swelling, clinical history and antibiotic prescriptions. This information is key in determining the appropriate pathway of care for children.

Almost no patients had their nil-by-mouth status recorded which was of significance when children required an emergency general anaesthetic for dental extractions.

The second cycle showed substantial improvement, however sample size was small and affected by the current Covid 19 crisis as most cases were managed remotely. Dissemination of results and feedback on the current proforma is to be undertaken and the audit spiral will be continued.

Conclusion

A significant improvement across all aspects of record keeping was demonstrated following the introduction of the Swelling proforma. This will aid development of a care pathway for management of children with facial swelling.

Acknowledgements

All dentists, nurses, reception and admin staff at the Paediatric Dental Department, King's College Dental Hospital

Table 1: Compliance in record keeping for children attending with facial swelling

Information recorded	First cycle (n=38)	Second cycle (n=11)
History of swelling	24% (n=9)	100% (n=11)
Nil-by-mouth status	3% (n=1)	64% (n=7)
Date started antibiotics	24% (n=9)	64% (n=7)
Previous courses of antibiotics	13% (n=5)	82% (n=9)
Diagnosis	45% (n=17)	100% (n=11)