LAP ref:

SOMERSET SOUTH & WEST LOCAL ASSESSMENT PANEL

Dental Clinical Audit
7. Antimicrobial & Anticoagulant Therapy

Name and title:

Surgery Address:

Postcode:

Telephone number:

Email address:

PCT area/s:

GDC no:

Audit start date:

Completion date:

Panel member contact: ***Stuart Chadwick email: - stuart.chadwick@blueyonder.co.uk***

Dental Clinical Audit report (tick) check list **All sections need to be completed and included when returning your report:**	
1. Completed front cover with all your details. **Ensure your name is as listed on the GDC register and check your Surgery address is correct including your Practice name.**	☐
2. Antimicrobial , Anticoagulant and Bisphosphates Protocols:	☐
3. Completed **data capture sheets** (page 6)	☐
4. Results for the audit cycle (page 7)	☐
5.1 PCT Mandatory page: **Aims & Objectives**	☐
5.2 PCT Mandatory page: **Action Plan** Action Plan to include changes made after producing protocols and before audit cycle	☐
5.3 PCT Mandatory page: **Feedback**	☐
6. Declaration: **Signed and dated**	☐
7. Report typed or written in Black ink (not pencil) and legible	☐

Please note –when returning your report do not include any patient demographic details.

Example

7. Clinical Audit of Antimicrobial & Anticoagulant Therapy

Aims

- **To highlight the use of antimicrobial and treatment for patients on anticoagulant treatments and Bisphosphates**
- **To ensure future records contain all relevant information**

Objectives

- **To ensure the practitioners have an antimicrobial, anticoagulant and bisphosphate protocol**
- **To help reduce the use of antimicrobials**
- **To show when treatment can be carried out on patients on anticoagulants and bisphosphates**

The results of your audit will be recorded by the Local Assessment Panel who will feedback the overall findings for the area to yourself and the PCT in an anonymous form. This will enable the PCT to identify any areas that need support and enable you to compare your results with those of your local colleagues. Please return the completed mandatory PCT page together, with your protocol and results pages to the LAP within three months.

Source material

Dental Protection Society. **www.dentalprotection.org.uk** *:- News and Information – Position Statements – Antibiotic prophylaxis. They also now have FAQ section on Antibiotic Prophylaxis*

BDA - **www.bda.org** :- *have to be a member and log in – Advice – scroll down to Law and Regulations then below to Prescribing, Dispensing and Dental Sales. At present under "welcome to the BDA website for dentists" Then go to "Prophylaxis Against Infective Endocarditis Guidelines published by NICE"*
If a member log in and in search put bisphosphonates will bring up article

BNF 62 *can be seen on line at* www.bnf.org - these links will take you straight to the correct pages.
http://bnf.org/bnf/bnf/current/3705.htm - http://bnf.org/bnf/bnf/current/102044.htm
If not registered will need to register, go to **www.bnf.org** **–** *Prescribing in Dental Practice, Infective Endocarditis*
Useful pages BNF 6, 13, 26-30, 318, 321, 324, and 959.
British Society for Antimicrobial Chemotherapy (BSAC) **www.bsac.org.uk** *:- Latest News – Endocarditis Guidelines Published (21st April 2006) - The report of the Working Party of the British Society for Antimicobial Chemotherapy – click on web site ie http://jac.oxfordjournals etc– free full text*

Faculty of General Dental Practice UK t **www.fgdp.org.uk** *:- Publications - Adult Antimicobial prescribing in Primary Dental Care for General Dental Practitioners. £15 for member's £20 non-members. Useful to show uses of antibiotics in dental infections*

National Institute for Health & Clinical Excellence "NICE"
www.nice.org.uk/guidance
NICE guidelines by date, March 2008:- Prophylaxis against Infective Endocarditis

American Association of Oral & Maxillo Facial Surgeons: - *Position paper on Bisphosphate-Related Osteonecrosis of the Jaw. Web page www.aaoms.org then click on paper on the screen*

Surgical Management of the Primary Care Dental Patient on Warfarin. Web page
http://www.dundee.ac.uk/tuith/Static/info/warfarin.pdf

National Patient Safety Agency www.npsa.nhs.uk for Poster: - "Managing patients who are taking warfarin and undergoing dental treatment" type in search prescribing Warfarin then comes down to article

www.npsa.nhs.uk/health/alerts "Managing anticoagulants in patients requiring dental surgery "Type in search engine the title and find from there.

Example

7. Clinical Audit of Antimicrobial & Anticoagulant Therapy

Method

This audit is useful for the whole Dental team and could be used at a Practice meeting.

1. Design and produce a protocol for treatment of dental infections and include which antimicrobials used, the dose, duration and reason for its use, to take account of the NICE guidelines (see page 4).

2. Design a protocol for treatment for patients on Anticoagulant Therapy, to include when to refer.

3. Design a protocol for treatment for patients on Bisphosphates Therapy, to include when to refer.

4. Then compare your existing use of Antimicrobials and Anticoagulant Therapy with your Protocols and decide on changes that are necessary.

5. Over the next 2 to 3 months check up to 21 patients where Antimicrobials are considered or prescribed and up to 6 patients on Anticoagulant Therapy to see if they match your protocol.

Timetable of activity:

- Months one and two: to organise the protocol then compare to current use and decide on changes you feel may be needed.

- Month three: implement any changes that were identified and audit the patients where antibiotics are considered, whether they are prescribed or not.

- **Send back your Protocols with your results**

Example

7. Clinical Audit of Antimicrobial & Anticoagulant Therapy

PROTOCOL

When preparing your Protocol consider how you would use of the following including the range of dose and duration

Penicillins, Metronidazole, Erythromycin, Clindamycin, Tetracyclines, Miconazole, Fluconazole, Nystatin.

Then Consider the use of above for the following conditions, what dose would you use and for how long?

Acute infections, chronic infections, OAF's, Antiviral Therapy, Periodontal Disease, Endodontics, Antifungal,

To also include the treatment you would give and when you would refer for patients who are on:-

Bisphosphonates, Anticoagulants,

Example

7. Clinical Audit of Antimicrobial & Anticoagulant Therapy

ANTIMICROBIAL DATA CAPTURE SHEET

Patient	Clinical Evidence Written on notes (A)					Reason for Choice of antibiotic		Prescription to include (B)			Compliance With protocol
	Swelling	Pain	TTP	Temperature	Lymphadenitis	MH/ Allergy	Recent Dose	Dosage	Frequency	Duration	Must have A & B
1	☐	☐	☐	☐	☐	☐	☐				☐
2	☐	☐	☐	☐	☐	☐	☐				☐
3	☐	☐	☐	☐	☐	☐	☐				☐
4	☐	☐	☐	☐	☐	☐	☐				☐
5	☐	☐	☐	☐	☐	☐	☐				☐
6	☐	☐	☐	☐	☐	☐	☐				☐
7	☐	☐	☐	☐	☐	☐	☐				☐
8	☐	☐	☐	☐	☐	☐	☐				☐
9	☐	☐	☐	☐	☐	☐	☐				☐
10	☐	☐	☐	☐	☐	☐	☐				☐
11	☐	☐	☐	☐	☐	☐	☐				☐
12	☐	☐	☐	☐	☐	☐	☐				☐
13	☐	☐	☐	☐	☐	☐	☐				☐
14	☐	☐	☐	☐	☐	☐	☐				☐
15	☐	☐	☐	☐	☐	☐	☐				☐
16	☐	☐	☐	☐	☐	☐	☐				☐
17	☐	☐	☐	☐	☐	☐	☐				☐
18	☐	☐	☐	☐	☐	☐	☐				☐
19	☐	☐	☐	☐	☐	☐	☐				☐
20	☐	☐	☐	☐	☐	☐	☐				☐
21	☐	☐	☐	☐	☐	☐	☐				☐
Total											

TTP is Tender to pressure or percussion. Recent dose is antimicrobials used within last month

ANTICOAGULANT DATA CAPTURE SHEET

	INR	Treatment	Problems	Referred
1				☐
2				☐
3				☐
4				☐
5				☐
6				☐
Total				

Example

7. Clinical Audit of Antimicrobial & Anticoagulant Therapy

Results Pages

Total for Audit	Number of patients=X	Percentage %=X*100/Y Y=Number of patients in audit
Total number of patients seen during the study period relating to the protocol		
Total number of patients meeting the antimicrobial protocol		
Total number of patients not meeting the antimicrobial protocol		
Total number of antimicrobial notes correctly written up		
Total number of antimicrobial notes incorrectly written up		
Total number of patients meeting anticoagulant Protocol		
Total number of patients not meeting anticoagulant Protocol		

Example

PCT MANDATORY PAGE

Lap Ref:

South & West Local Assessment Panel

7. Clinical Audit of Antimicrobial & Anticoagulant Therapy

Please complete this mandatory page as part of you Clinical Audit Activity, which will be sent anonymously to your PCT.

7. Clinical Audit of Antimicrobial & Anticoagulant Therapy Feedback:		
Were the following AIMS & OBJECTIVES ACHIEVED	**Yes**	**No**
AIMS		
• **To highlight the use of antimicrobial and treatment for patients on anticoagulant treatments and bisphosphates**	☐	☐
• **To ensure future records contain all relevant information**	☐	☐
OBJECTIVES		
• **To ensure the practitioners have an antimicrobial, anticoagulant and bisphosphate protocols**	☐	☐
• **To help reduce the use of antimicrobials**	☐	☐
• **To show when treatment can be carried out on patients on anticoagulants and bisphosphates**	☐	☐

Action Plan as a result of your Clinical Audit to include changes made after producing your protocols and before Audit cycle:

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:

For Panel use only:

Approved ☐	***Not Approved*** ☐

Example

7. Clinical Audit of Antimicrobial & Anticoagulant Therapy

The results of your audit will be recorded by the Local Assessment Panel who will feedback the overall findings for the area to yourself and the PCT in an anonymous form. This will enable the PCT 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).

Dental Clinical Audit report check list **All sections need to be completed and included when returning your report:**
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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 PCT 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 ☐

Signed:

Print full name:

Date:

Please send your completed Dental Clinical Audit to Jackie Derrick, Dental Clinical Audit Manager South & West Local Assessment Panel, NHS Somerset, Wynford House, Lufton Way, Yeovil BA22 8HR

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

Example