

Fluoride Varnish Application

Presented by Stephanie Carter DipDT, DipDH, RDN

Aims: Week 5

By the end of this webinar you should:

- 1) Be able to explain the information required in a referral
- 2) Be able to explain how you gain informed consent from a patient (including the different types of consent)
- 3) Be able to explain the process of fluoride application as a step-by-step guide to include any pre and post application advice
- 4) Be confident in writing clinical notes of the appointment



Standards for the Dental Team

- Put patients interests first
- Communicate effectively with patients
- Obtain valid consent
- Maintain and protect patients information
- Have a clear & effective complaints procedure
- Work with colleagues in a way that is in the patients' best interests
- Maintain, develop and work within your professional knowledge and skills
- Raise concerns if patients are at risk
- Make sure your personal behaviour maintains patients' confidence in you and the dental profession.



Referral / Prescription

Work with colleagues in a way that is in the patients' best interests

Guidance 6.4: Accepting a referral

- Only accept referral if you are trained and competent to carry out the treatment
- You must believe what you are being asked is appropriate for patient
- If unclear in any your must discuss referral with the referrer



Referral / Prescription

Referral / prescription:

- Who? Patient Name, date of birth, postcode
- Why? Reason for treatment i.e. sensitivity prevention
- Treatment requirements? Full dentition or specific teeth



Referral / Prescription

Please see Mrs. Smith.
Apply fluoride varnish as appropriate.

Good or Poor?



Referral / Prescription

Please see Mrs. Susan Smith, date of birth 20/02/70.
Mrs. Smith is suffering from dentine hypersensitivity UL45 and requires Duraphat varnish application twice over a week and then will be reviewed by the referrer in 3/12.

Good or Poor?



Referral / Prescription: Direct Access

What is Direct Access?

- In 2013 the General Dental Council removed its barrier to Direct Access for some dental care professionals.
- This meant that patients now have the option to see a DCP for some treatments without having to first see a dentist and without having a prescription or referral from a dentist to the DCP.



Referral / Prescription: Direct Access

How does this affect Dental Nurses providing Fluoride Application?

- Can see patients direct if taking part in a structure programme providing dental public health
- If wishing to practice in this way MUST ensure trained, competent and indemnified to cover this
- GDC, Guidance on Direct Access. Patient should be instructed to inform their dentist if fluoride varnish applied.



Referral / Prescription: Direct Access

Primary Care Commissioning: The use of fluoride varnish by dental nurses to control caries. July 2009

Remember that fluoride varnishes are still classed as a
Prescription Only Medicine (POM)



Consent

Standards for the Dental Team Principle 3: Obtain valid consent

- 3.1: You must obtain valid consent before starting treatment, explaining all of the relevant options and the possible costs.
- 3.2: You must make sure that patients (or their representatives) understand the decisions they are being asked to make.
- 3.3: You must make sure that the patient's consent remains valid at each stage of the investigation or treatment.



Consent

Why do we NEED to gain Valid Consent?

- Patient – Clinician confidence
- Patient confidence in treatment
 - Protection for clinician



Consent

Informed Consent:

Permission granted in full knowledge and understanding of the possible consequences both positive and negative.

Valid Consent:

The patient must have given consent voluntarily, they must have the capacity to make their own decisions and they must have been given all the information required to make INFORMED consent.



Consent

Consent:

- What?
- Why?
- Outcomes / risks
- Alternatives, including no treatment



Consent

Types of Consent:

- Implied: 'patient sat in chair and opened mouth'
- Verbal: 'patient said YES'
- Written: 'patient signed and dated consent form, copy given to patient'

GDC Standard 3.1.6:

"You must obtain written consent where treatment involves conscious sedation or general anaesthetic."




Consent

Think about:

- Age of patient, does the patient need a parent / legal guardian to give consent?

Age of consent is 16 years


Gillick Competent?



Consent

Think about:

- Are they capable of understanding all discussions?
- Do you need to have someone to interpret information?
- Do you need written information to 'back up' verbal information?
- Have you given the patient / parent / guardian and opportunity to ask questions?




Consent

Dental Protection:
<http://www.dentalprotection.org/docs/librariesprovider4/dental-advice-booklets/dental-advice-booklet-consent-uk-excl-scot.pdf?sfvrsn=10>

Dental Defence Union:
<http://www.theddu.com/guidance-and-advice/guides/consent>

MDDUS:
<http://www.mddus.com/resources/resource-type/publications/summons/2015/autumn-2015/a-tailored-process-of-consent>



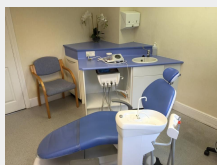
Fluoride Varnish Application: Procedure

Set- up:

Surgery clean and tidy

Equipment required:

- Mixing pad or Dappens Dish
- Fluoride Varnish
- Microbrush
- Cotton Wool Rolls
- Mouth Mirror
- Personal Protective Equipment (PPE) for yourself and patient



Fluoride Varnish Application: Procedure

- Greet patient
- Explain why you are seeing patient and what you will be doing
- Ask if the patient (or the patient parent / guardian) has any questions
- Check you are happy you have obtained INFORMED VALID CONSENT
- Check Medical History
- Provide patient and yourself with PPE
- Carry out pre application checks of the mouth and facial area



Fluoride Varnish Application: Procedure

Pre Application Advice:

- Short term side effects (varnish taste / discolouration of teeth / 'sticky' feeling)
- Advise not to brush teeth / eat / drink for 60 minutes after application
- If adverse reaction noted advise patient to brush varnish off teeth with regular toothpaste and toothbrush and seek medical care if concerns continue.
- Reassure patient unlikely to have such an event!



Fluoride Varnish Application: Procedure

Application Procedure:

- Dispense varnish. If using Duraphat: 0.25 ml of varnish for milk teeth
0.40ml for mixed dentition
0.75 ml for permanent teeth
- Check varnish has not separated into a clear layer above and a dull layer below. If it has then replace the varnish with a new tube.
- Ensure the cap is secured back on the tube
- Gently retract the left cheek with your finger and dry the lower left canine and molars with a cotton wool roll



Fluoride Varnish Application: Procedure

Application Procedure:

- Place the cotton wool roll in the lower left buccal sulcus
- Apply a small amount of fluoride varnish to the contact points between the canines and molars.
- Apply a small amount of varnish to the pits and fissures of the molars
- Gently remove the cotton wool roll
- Repeat the process for the lower right, upper left and upper right quadrants



Fluoride Varnish Application: Procedure

Application Procedure:

- For caries active children, also apply a small amount of varnish on the approximal surfaces of the canines and incisors
- Once completed take the PPE from the patient
- Do not allow the patient to rinse after the application
- Provide post application instructions (verbal and written) to patient
- Complete your clinical notes and ensure everything cleared away appropriately.



Fluoride Varnish Application: Procedure

Post Application Advice:

- Advise the patient not to eat / drink or brush teeth for 30-60 minutes following the procedure.
- Fluoride supplements should not be taken for two days after fluoride application. After that, continue as directed
- Re-advise on short term taste, sticky feeling and discolouration of teeth
- Re-advise on what to do if notices any signs of adverse reaction
- Provide written advice



Fluoride Varnish Application: Clinical Notes

Why?

detail of patient treatment and care

Accurate

Means of professional communication i.e. Between dental team members

Good Records follow the 4 C's

Contemporaneous (made at time of appointment)

Clear (can be understood by anyone who may need to read and interpret them)

Concise (just long enough to convey essential information)

Complete (all aspects of appointment should be recorded)



Fluoride Varnish Application: Clinical Notes

Structure for clinical notes

co: did the patient comment on any problems at start of appointment

mh: medical history

OHR: current oral hygiene regime

EOE: extra oral assessment

IOE: intra oral assessment

Tx: treatment carried out, include information on consent gained



Summary

- Referrals / prescriptions need to give full information as to Who / Why / Treatment required
- Consent needs to be Valid and Informed
- Remember consent can be withdrawn at any time, you should explain the consequences of stopping treatment and record the information in the patient clinical notes
- Explain the procedure to the patient, check medical history before carrying out an extra-oral and intra-oral assessment to check suitability of fluoride varnish application
- Ensure you provide verbal and written post application advice
- If patients notice any form of adverse reaction they should immediately brush their teeth using their regular toothbrush and toothpaste, rinse their mouths and seek medical assistance if they have further concerns
- Your clinical notes are the 'Story' of the appointment, ensure they follow the 4 C's



Dental Nurse Network