



# Better Oral Health in Residential Care

## Professional Portfolio

### Dental Referral Protocol



Government of South Australia  
SA Health



Better Oral Health  
in Residential Care

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## The Better Oral Health in Residential Care Project was led by SA Dental Service in collaboration with:

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- Centre for Oral Health Strategy, NSW
- Kara Centre for the Aged, Baptist Community Services, NSW
- Kyabram and District Health Service –Sheridan, Victoria
- Umooona Aged Care Aboriginal Corporation, Coober Pedy, South Australia
- Tanunda Lutheran Home, South Australia
- Resthaven –Craigmore, South Australia
- Helping Hand –Parafield Gardens, South Australia

## Disclaimer

While every effort was made to ensure the information was accurate and up to date at the time of production, some information may become superseded as future research and new oral hygiene products are developed. In addition, the information in this resource is not intended as a substitute for a health professional's advice in relation to any oral health issues of concern.

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# Dental Referral Protocol

The Dental Referral Protocol provides information on how to support a dentist visiting the residential aged care facility.

This section of the Portfolio identifies the breakdown of responsibilities amongst the residential aged care facility, the dental professional and the resident and their family.

Suggested guides for Consent and Medical History forms are included.

# Guidelines for a Dental Visit

Staff in each residential aged care facility will need to identify the dental services available in their locality as they will vary in each state and territory. The local public dental service provider and the Australian Dental Association may be able to advise on the local dental services. While it is recognised frail and dependent residents may be best treated at the residential aged care facility, some residents may need to be treated at a dental clinic or hospital. However, all visiting dentists and residential aged care facilities may benefit from the guidelines outlined below and the following Consent and Medical History forms required for the dental referral.

## Residential Aged Care Facility

### Preparations

- Clean environment observing standard precautions
- Power is essential
- Separate treatment room is desirable
- Portable clinical light in treatment area
- Sink with running water is preferred
- Treatment chair is preferred with reclining option and neck support
- Trolleys and/or shelves are helpful
- Internet access for dentist is desirable
- Lockable cupboard for a regular visiting dentist
- Access to a photocopier.
- Completed resident consent forms for dental examination and/or treatment.

### Process

- Investigate options for a visiting dentist through your State's public dental provider or the Australian Dental Association.
- Make initial contact with dentist.
- Arrange to meet the dentist at the facility to inspect the treatment area and discuss service arrangements.
- Prepare the residents' Consent and Medical History forms, including current medications list, for the dentist in readiness for the dental examination.
- Have medical records notes available for the dentist (separate dental section recommended).
- Prepare the residents for the dentist.
- Provide staff or a volunteer to assist the dental team in ensuring residents are ready and waiting for dentist appointment.

## Dentist

### Preparations

- All dental consumables and equipment
- All safety equipment, masks, gowns etc
- Personalised dentist stamp for using in resident's notes (for example, Dr Smith, phone ..... ) may be useful.

### Process

- Liaise with residential aged care staff prior to examining the residents.
- Ensure Consent forms for Dental Examination completed.
- Examine the residents and consider liaising with the GP if necessary.
- Discuss the residents' oral health care plans with staff.
- If treatment required, complete Consent for Dental Treatment, inclusive of a cost estimate.
- Make notes in own dental records and resident's notes.

## Residents

### Preparations

- Residents are prepared and ready for the dentist.

### Process

- Residents' consents are given for the dental examination and any subsequent dental treatment.
- Residents' and their families are responsible for the dental treatment payment or co-payments.

# Consent for Dental Examination

Residential Aged Care Facility \_\_\_\_\_ Dentist Name \_\_\_\_\_

Resident \_\_\_\_\_ Date of Birth \_\_\_\_\_

Following the dental examination, the dentist will prepare a report on the resident's oral health and list any recommended treatment requiring further consent.

## Consent

### Self consent

I give consent for the dental examination

Name \_\_\_\_\_

print full name of resident

Signed \_\_\_\_\_ Date \_\_\_\_\_

## OR for Substitute Consent by Appointed Guardian, Medical Agent, or Relative

I, \_\_\_\_\_ ( \_\_\_\_\_ )

print full name of person giving substitute consent

relationship to resident

of \_\_\_\_\_

address

contact phone number

consent to a Dental Examination for \_\_\_\_\_

name of resident

Signed \_\_\_\_\_ Date \_\_\_\_\_

## Account for Dental Examination

Estimated cost \$ \_\_\_\_\_

Name \_\_\_\_\_ Daytime phone \_\_\_\_\_

Address \_\_\_\_\_

Please return the completed Consent Form to the aged care facility staff at your earliest convenience.

Do not hesitate to contact staff on phone number \_\_\_\_\_ with any enquiries

# Consent for Dental Treatment

Residential Aged Care Facility \_\_\_\_\_

Resident \_\_\_\_\_

Date of Birth \_\_\_\_\_

Dr. \_\_\_\_\_ has conducted a dental examination and recommends the following treatment:

name of dentist \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_

Contact phone \_\_\_\_\_

signature of dentist

## Consent

### Self consent

I give consent for the dental treatment

Name \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

print full name of resident

## OR for Substitute Consent by Appointed Guardian, Medical Agent, or Relative

I, \_\_\_\_\_ ( \_\_\_\_\_ )

print full name of person giving substitute consent

relationship to resident

of \_\_\_\_\_

address

consent to the Dental Treatment listed above \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

## Account for Dental Treatment

Estimated cost \$ \_\_\_\_\_

Name \_\_\_\_\_

Daytime phone \_\_\_\_\_

please print name of the person responsible for the account

Address \_\_\_\_\_

Please return the completed Consent Form to the aged care facility staff at your earliest convenience.

Do not hesitate to contact staff on phone number \_\_\_\_\_

with any enquiries

# Medical History

Form to be completed by GP or RN at Residential Aged Care Facility

(alternatively, print existing Medical Summary or Diagnosis List for dentist and a copy of a Current Medication List)

Residential Aged Care Facility \_\_\_\_\_

Resident \_\_\_\_\_

Date of Birth \_\_\_\_\_

Condition	Yes	No	Condition	Yes	No
Rheumatic fever			Hip fracture		
Heart murmur			Epilepsy		
Heart valves			Hepatitis		
Other heart condition			Diabetes		
High cholesterol			Liver disease		
Hypertension			Kidney disease		
Hypotension			Hypothyroidism		
Stroke or mini strokes			Visual impairment		
Deep vein thrombosis			Deafness		
Excessive bleeding			Swallowing or speech problems		
Asthma			Malignancies		
Chronic bronchitis/emphysema			Parkinson's disease		
Tuberculosis			Alzheimer's or dementia		
Arthritis			Chronic mental illness		
Joint replacements			Diagnosed depression		
Osteoporosis			Any other illnesses/known infectious disease (add below).		

Any further details \_\_\_\_\_

Any known allergies  Yes  No Please list allergies \_\_\_\_\_

## Current Medications


Signed \_\_\_\_\_

Designation \_\_\_\_\_

Date \_\_\_\_\_

