

## Assessment of Clinical Oral Risks & Needs For Routine Patients

Name		DOB		Date of Completion	
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Complete section 1 & 2 remotely– over the phone or using video call software

### 1. Inherent Patient Risks from Medical, Social and Dental history

Relevant <b>medical</b> history which impacts on oral health and/or dental care planning. Please specify .....	<input type="checkbox"/> <b>Yes Yellow</b> <input type="checkbox"/> <b>No Green</b>
Relevant <b>social</b> history which impacts on oral health and/or dental care planning Please specify .....	<input type="checkbox"/> <b>Yes Yellow</b> <input type="checkbox"/> <b>No Green</b>
Relevant <b>dental</b> history which impacts on oral health and/or dental care planning Please specify .....	<input type="checkbox"/> <b>Yes Yellow</b> <input type="checkbox"/> <b>No Green</b>

### 1. Key Modifiable Behaviours and Protective Factors

#### Tooth Decay Specific Risks

0-7 years only: supervised tooth brushing with fluoride toothpaste before bedtime and one more time during the day? <b>OR</b> >7years: Brushes (self or carer) at bed time and one more time during the day with fluoride toothpaste?	<input type="checkbox"/> <b>Yes Green</b> <input type="checkbox"/> <b>No Amber</b>
Consumes drinks other than water or milk outside of mealtimes more than once daily? (e.g. sports drinks, tea/coffee with sugar, fizzy drinks, etc.) <b>And/or</b> Eats sugary snacks, sweets, etc. outside of mealtimes more than once daily?	<input type="checkbox"/> <b>Yes Amber</b> <input type="checkbox"/> <b>No Green</b>

#### Periodontal Health Specific Risks (12+ only)

Smokes and/or use of tobacco products	<input type="checkbox"/> <b>Yes Amber</b> <input type="checkbox"/> <b>No Green</b>
Brushes (self or carer) at bed time and one more time during the day?	<input type="checkbox"/> <b>Yes Green</b> <input type="checkbox"/> <b>No Amber</b>
Uses (self or carer) inter-dental aids as advised by the dental team? e.g. interdental brushes	Yes / No

#### Other risks/protective factors

<b>Household/family factors</b> Siblings and/or family members in the same household have active tooth decay?	Yes/No
<b>Alcohol use above recommended limit</b> <b>Hint:</b> more than 14 units per week spread over 3 or more days and no more than 6 (female) and 8(male) units in a single occasion.	Yes /No
<b>Other risks (including dietary) or protective factors (e.g. ↑ strength F toothpaste use)</b> Please specify .....	Yes/No

### Complete section 3 in surgery

### 3. Clinical Findings

#### Soft Tissues Findings, dentures and Level of Plaque (for all patients)

Please specify findings (e.g. USC 2 × 2 cm suspected mouth cancer on lateral border of tongue on the right hand side, satisfactory full upper partial lower acrylic dentures, etc.)
<b>Level of Plaque: Low (upto 1/3<sup>rd</sup> of teeth/denture) OR Moderate (1/3<sup>rd</sup> – 2/3<sup>rd</sup>) OR High (&gt;2/3<sup>rd</sup>)</b>

#### Tooth Decay (for dentate only; tick the highest R>A>G)

Total number of teeth in mouth	N°	
No active tooth decay seen ( <i>arrested</i> tooth decay= no active tooth decay)	<b>Green</b> <input type="checkbox"/>	
Active tooth decay within enamel only	<b>Amber</b> <input type="checkbox"/>	
Active tooth decay into dentine or beyond	<b>Red</b> <input type="checkbox"/>	
If <b>Red</b> , total number of teeth with active tooth decay	dt	DT

### Other Dental Need (for all patients)

e.g. Tooth surface loss, dental trauma, repair and maintenance (e.g. cusp fracture), removal of overhangs, denture replacement required, etc.  Diagnosis/diagnoses (please specify):	<b>Tick one only</b> <input type="checkbox"/> <b>Red</b> – Dental treatment is required (e.g. repair of cusp fracture). <input type="checkbox"/> <b>Amber</b> – no treatment is required now but regular review is needed for monitoring <input type="checkbox"/> <b>Green</b> - no other need identified;
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### Periodontal Health (Dentate and aged 12+ only)

#### BPE

BPE Score			
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#### Periodontal health (Tick the highest R>A>G)

<b>GREEN</b>	BoP < 10% of sites AND pocket depths ≤ 4mm AND no BoP at 4mm sites;	<input type="checkbox"/>
<b>AMBER</b>	BoP ≥10% of sites AND pocket depths ≤ 4mm AND no BoP at 4mm sites; */ **	<input type="checkbox"/>
<b>RED</b>	Pocket depths ≥ 5mm OR ≥ 4mm with BoP.*/**	<input type="checkbox"/>

\*in cases which aren't AMBER or RED as described above, categorise as GREEN

\*\*proceed to record a detailed periodontal examination; how to manage refer to the Annual Periodontal Care Pathway

#### FP17W Recording:

These are the main data points which are directly captured in the above assessment which you **MUST** record in the FP17W

Reporting Caries and Perio on FP17W: AMBER = Amber from clinical findings Section 3 **OR** one of the key modifiable risk factors Section 2, but if there is active disease, Report Red on FP17W)

Medical History	Social History	Dental History	Tooth decay	Total No of teeth in the mouth	Dentinal decay DT/dt	Periodontal health	Other dental need
Yellow or Green	Yellow or Green	Yellow or Green	Green, Amber or Red	Inputted as a number	Decayed teeth Inputted as a number	Green, Amber or Red	Green, Amber or Red

## Helpful tips for completing the ACORN

### DO IT WELL, DO IT ONCE A YEAR

Anything relevant but not captured through ACORN toolkit should be written on patient notes. **Reporting on FP17W is only required once a year.**

*Complete section 1 & 2 virtually – over the phone or using video call software*

#### **Section 1- Inherent Patient Risks from Medical, Social and Dental history**

The objective of this section of the ACORN is for dental teams to record key findings that may impact upon their oral health and/or dental care planning. Risks are either categorised as **'Yes, Yellow'** or **'No, Green'**. Should **'Yes, Yellow'** be recorded, dental team should specify why and note the relevant findings in the ACORN form.

**Medical history:** Dental teams should record any important risk factors that may be relevant for dental care planning (e.g. poorly controlled diabetes, poly-pharmacy). **'Yes, Yellow'** or **'No, Green'** should be recorded on the FP17W.

**Social History:** A patient's social circumstances, history and care needs are recognised as risk factors to oral health (e.g. Looked After Children, Children in Need, a patient who is dependent on others to brush their teeth or to attend dental practices). **'Yes, Yellow'** or **'No, Green'** should be recorded on the FP17W.

**Dental History:** Dental teams should record anything in dental history needs to be considered in patient's dental care planning (e.g. history or presence of dental phobia or anxiety, early failure of treatments due to high tooth decay rate, multiple incomplete courses of treatments in the past). **'Yes, Yellow'** or **'No, Green'** should be recorded on the FP17W.

#### **Section 2- Key Modifiable Behaviours and Protective Factors**

This section of the ACORN is where key modifiable behaviours are identified and recorded. This section of the form could be completed remotely e.g. using the 'Attend Anywhere' system, to capture if there are key risk behaviours that a patient can modify. This will guide personalised evidence informed advice, brief intervention and preventive interventions required at practice.

Dental teams should record any relevant finding that could be used by the dental team to modify behaviours that contribute to poor oral health. This will enable the dental team to tailor their treatment plan accordingly. Two key resources for dental teams are The Expectations

<http://www.primarycareone.wales.nhs.uk/covid19-information-for-dental-services> (summarising Delivering Better Oral Health) and Making Prevention Work in Practice

<https://www.walesdeanery.org/dental-courses/mpwip>.

Only key modifiable risks behaviours considered in terms of reporting on FP17W

If no key modifiable risk factors = **Green**

If one or both key modifiable risk factors (see toolkit) present = **Amber**

During the clinical examination if active disease is diagnosed (tooth decay and periodontal) – **RED** on FP17W

### Section 3 Clinical Findings and Reporting on FP17W

This section of the toolkit captures key relevant information from detailed clinical examination.

**Soft Tissue Findings, Dentures and Levels of Plaque:** Dental teams should record any relevant clinical findings e.g. **Urgent Suspected Cancer**, 2\*2cm ulcer on lateral border of the tongue (URGENT REFERRAL USING LOCAL PATHWAY)

Levels of plaque should be recorded as follows:

**LOW:** No visible plaque present or plaque present on up to one third of the remaining teeth/dentures;\*

**MODERATE:** Plaque present on at least one-third of teeth/dentures (but less than two-thirds of teeth/dentures;\* and

**HIGH:** Plaque present on at least two-thirds of teeth/dentures.\*

*\* this does not need to be entered on the FP17W just in your clinical records or the ACORN tool*

**Tooth Decay (for dentate patients):** Dental teams should record the total number of teeth in the mouth and then following the clinical examination summarise findings as follows in ACORN/clinical records and report on FP17W:

**GREEN:** No active tooth decay (*arrested* tooth decay=no active disease) AND is GREEN on tooth brushing and/or sugar consumption (from section 2); OR

**AMBER:** No active tooth decay into dentine BUT is AMBER for risks (risks present from tooth brushing habit and/or sugar consumption from previous section); OR

**RED:** Active tooth decay into the dentine or beyond.\*

*\*Also record and report the number of teeth with active dentinal tooth decay (dt for deciduous and DT for permanent teeth) on the **FP17W***

**Other Dental Need:** This section is intended to indicate need that isn't captured in the Tooth Decay and Periodontal Health sections but require treatment or where oral health conditions should be kept under review. The dental team should record this as follows and on the **FP17W**:

**GREEN:** no other treatment need or need for monitoring identified;

**AMBER:** No active treatment is required but regular review is needed for monitoring (e.g. regular review of impacted canine, lichen planus, erosion etc) ;\* and

**RED:** Dental treatment is required (e.g. repair of cusp fracture).\*

*\*record the highest level of need for the patient and note the clinical diagnosis in the toolkit and/or in clinical records*

***Periodontal health:***

*You are only required to report on FP17W for patients aged 12 years and over.*

The dental teams should record their findings as follows.

**GREEN:** BoP < 10% of sites AND pocket depths ≤ 4mm AND no BoP at 4mm sites;

**AMBER:** BoP ≥10% of sites AND pocket depths ≤ 4mm AND no BoP at 4mm sites OR presence of Key modifiable Risk Factors (ineffective toothbrushing and Smoking) \*

**RED:** Pocket depths ≥ 5mm OR ≥ 4mm if the patient also has BoP.\*

\*Proceed to record a detailed periodontal examination, BSP classification and guidance should help you;

Scenarios that do not fit under AMBER or RED as described above, report the periodontal condition of your patient as **GREEN** (unless there are key risk factors e.g. smoking, not brushing twice a day effectively- then **AMBER**)

How to support patient in preventing periodontitis, maintaining the control of periodontitis or manage active periodontitis in the General Dental Service in Wales? Please refer to the Annual Periodontal Care Pathway which will be published in Autumn 2020.

## ANNUAL ASSESSMENT OF PRACTICE POPULATION (Reporting on FP17W is only required once a year): Simple Tips

Data points	Why	What /Such as	How	Anything else?
<b>Medical History</b>  Non –modifiable by dental team or patient	Is there anything in the MH that makes the patient more susceptible to dental disease or MH needs to be considered in dental care planning e.g. risk as a consequence of treatment?	Such as diabetes re periodontal disease risk Or Parkinson’s disease re unable to maintain OH Or In shielded group Latex Allergy etc	It’s a yes or no  No need to include every medical condition from Med Hx form. Record only those that could impact on OH & dental care planning e.g. medical conditions where dental treatment may increases risk to patients	Complete Yellow for YES <b>Or</b>  Green for NO on FP17W  Gives an indication of general health of your practice population that is relevant for dentistry/OH
<b>Social History</b>  Non-modifiable by dental team or patient	Is there anything in their life that is difficult, chaotic or challenging for them?	Homeless Looked after child or on at risk register Hx of substance misuse etc	Again it’s a yes or no	Complete Yellow for YES <b>Or</b>  Green for NO on FP17W  Gives an indication of level of social vulnerability in your practice population
<b>Dental History</b>  Non-modifiable by dental team or patient	Is there anything that is relevant that would alter treatment planning or approach?	Anxiety Needle phobia Older Siblings with active decay Only attends when problems	A yes or no again  Is there anything significant that would alter your approach to care? e.g. Dental phobia requiring referral	Complete Yellow for YES <b>Or</b> Green for NO on FP17W  Gives an indication of level of difficulty or challenging dental history in your practice population
<b>Number of teeth</b>	How many standing teeth are there in the mouth?	How many deciduous (dt) or adult teeth (DT) in mouth?	Number	Just a number fill to in the box on FP17W
<b>Tooth Decay</b>  <b>Key Modifiable risks and clinical need</b>	Are there any modifiable risks you can work with patients to reduce the risks of tooth decay?  Any tooth with active tooth decay?	Key modifiable risks: Sugar in diet, tooth brushing habit  Clinical need = Active disease = active tooth decay into dentine or beyond	Establish risk behaviours if any Its AMBER  Then if any teeth have active dentinal decay found at exam Goes to RED	<u>Recording on FP17W</u> If no active decay and no modifiable risks its <b>GREEN</b> If Risks present but no active tooth decay = <b>AMBER</b> If any dentinal decay = <b>RED</b>

Data points	Why	What /Such as	How	Anything else?
Number of teeth with active dentinal decay?	How many teeth have dentinal decay? Gives an indication of severity of disease	How many deciduous (dt) or adult teeth (DT) in mouth with active decay?	Count and complete FP17W Primary dentition = enter dt Mixed dentition = enter dt and DT Permanent dentition = enter DT No active dentinal decay dt/DT = 0	On FP17W, fill in number of deciduous dt & ADULT DT with active decay into dentine
<b>Periodontal Disease</b>  Key Modifiable risks and clinical need	Are there any modifiable risks you can work with patients to reduce the risks of periodontal disease?  Active periodontitis (not gingivitis) present?	Record level of plaque  Key modifiable risks: Do they brush their teeth effectively? Are they a smoker?  Record findings from periodontal examination starting with BPE.	Brief exam and record a plaque score High/Medium/ Low  Complete a BPE, pocket depths and note pockets that are 4mm or more, record which of these pockets have BOP.  Does patient have gingivitis only but no periodontitis? Is periodontitis active?  FOCUS on prevention eg. Stopping smoking and supporting patients to establish good cleaning habits including use of interdental brushes as required. Removal of plaque retentive factors may support patient to clean better. <b>Review engagement.</b>	<u>Recording on FP17W</u> <b>GREEN:</b> BoP < 10% of sites AND pocket depths ≤ 4mm AND no BoP at 4mm sites <b>AMBER:</b> BoP ≥10% of sites AND pocket depths ≤ 4mm AND no BoP at 4mm sites OR presence of key modifiable Risk Factors (ineffective toothbrushing and Smoking) <b>RED:</b> Pocket depths ≥ 5mm OR ≥ 4mm And BoP of pockets  If not Red or Amber as above, report GREEN
<b>Other Dental Treatment need</b>	Dental conditions other than tooth decay and periodontitis also require monitoring or treatment	Examine soft tissue and hard tissue to understand other dental need e.g. lichen planus, erosion, cusp fracture, broken denture etc  <b>Urgent Suspected Cancer= record on soft tissue box on ACORN and refer using local pathway</b>	No other dental need = Green  Regular review required by practice= Amber  Practice needs to provide treatment = RED	<u>Recording on FP17W</u>  Tick either Red, Amber or Green  Provides indication of other treatment need which should be reflected on treatment items on FP17W e.g. denture repair, cusp fracture repair, filling for erosive cavity etc