Teledentistry Instructions

Out teledentistry consults may take place via telephone or video conference. We use 3CX WebMeeting as our videoconferencing platform, to comply with Australian privacy and security standards.

**Before the consultation takes place, please send us:**

* A completed Patient Registration Form and Medical Questionnaire.
  + We will request medical and dental records from your health practitioners to assist with treatment planning. Please ensure their details are provided or the treatment plan may be delayed.
* Information about the presenting dental problem (see below)
* Information about communication, behavioural or disability issues which will affect the way the teledentistry appointment will be conducted (e.g. nonverbal, short attention span, inability to follow instructions)
* Any written Oral Health Care Instructions, or Oral and Dental Care plans, along with the contact details of who provided this to you.

There will be telephone contact prior to videoconferencing appointments, which may reveal further information required.

The appointment will be scheduled for a particular time.

You will need to provide a mobile phone number or email which a link can be sent to. The link will enable you to download the 3CX WebMeeting App and to join the videoconference meeting. Please allow some time before the meeting to check if the video and audio are working.

**For videoconference appointments**

Please ensure the patient is seated comfortably, with head support as necessary.

If a carer is required to assist, it needs to be someone the patient is comfortable with, who knows the patient, and what is going on.

Please have the following equipment available:

* A good torch
* Personal protective equipment – gloves, mask, eye protection, gown
* Hand hygiene products – hand sanitiser
* Any tools needed to assist the patient to open their mouth (e.g. a mouth prop, or a toothbrush to retract the cheek).
* The patient’s oral health care products, including toothbrush, toothpaste, items for cleaning between the teeth, and any other dental products being used (e.g. mouthwashes, gels and anything used to apply them) need to be visible.

There will be some discussion during the consultation, and where possible, we will try to see in the mouth, accepting that there will be limitations to what can be seen and achieved doing this.

# Emergency triage consults

**Please prepare answers to the following questions**

1. *Patient Identification* - patients name, address and date of birth

2. *COVID-19 Questions*

 Has the patient:

* Returned from overseas travel in the past 14 days?
* Felt unwell, including but not limited to symptoms of COVID-19 such as fever, cough, sore throat or shortness of breath?
* Had any contact with a confirmed or suspected case of COVID-19 in the past 14 days?

**Questions depending on the dental problem**

***Toothache***

* Does the patient have facial swelling and pain, difficulty opening the mouth, neck swelling, difficulty swallowing, difficulty breathing or a compromised airway? **(If this occurs, please contact a hospital as this is a medical emergency).**
* Is this new or has it happened before?
* Has the patient recently undergone a dental procedure?
* Have they been prescribed antibiotics for this problem before?
* Do they have an elevated temperature?
* Where is the site of the pain in the mouth?
* How long has the patient had the pain?
* How long does the pain last? E.g. a few seconds, a few minutes, all the time
* What is the nature of the pain? E.g. Stabbing, throbbing, sharp, dull
* Does the pain radiate from the tooth? E.g. Along the jaw, or to the eye, ear or neck
* What makes the pain worse? E.g. Eating, biting down, hot, cold, sweet, other
* What makes the pain better? E.g. Painkillers, heat/cold, gentle massage
* Any other signs and symptoms? E.g. Difficulty eating or drinking, behavioural changes

***Broken or loose teeth***

* **Is the tooth causing pain or discomfort?**
* **How loose is the tooth?**
* **If the tooth has broken, is there any pain or hot/cold sensitivity?**
* **If the tooth is broken or chipped, is it irritating the tongue, lips or cheeks?**

***Broken dentures/crowns/bridges***

Broken dentures, and crowns or bridges that have fallen out need to be available to be seen.    
They need to be stored somewhere safe, until an appointment in the clinic can be arranged.

*Trauma*

* When did the trauma happen?
* Which area of the face/body was there trauma to?
* What treatment was given after the trauma? Has the patient been assessed by a medical practitioner?
* Is the tooth sore to touch? Is there any sensitivity to hot or cold? Is there pain even when the tooth is not being disturbed?
* Is the tooth broken or loose?
* Is the gum around the tooth bleeding?
* Is there bleeding from the lips tongue, cheeks or other tissues (don’t forget to lift and check under the lips)?
* Are there any signs of bone or jaw fracture?

# New patient consults

**Please be prepared to answer questions about the following, to supplement information on records:**

Dental problems and your goals of care

Medical history

* Details which are not on the medical summaries we have received
* Any communication, disability or behavioural issues that could affect dental care
  + Strategies that could be used to help improve cooperation at dental visits, likes, dislikes, rewards, learning styles, daily routines

Dental history

* Last checkup, past treatment, any difficulties

Social history – things which may affect treatment planning, for example:

* Where does the patient live, who do they live with, do they have assistance from carers
* What arrangements are needed to get to the dental clinic
* Who is the best person to communicate with when making appointments, decisions about treatment, implementing oral hygiene plans and behaviour support strategies
* Any barriers to dental care

Diet – how often sugary/acidic foods and drinks are eaten, diet texture/fluid modifications, swallowing difficulties, speech pathology assessments, any strategies which have previously been used for changing diet

Home Care

* What is the patient’s daily oral hygiene routine? Please have the patient’s current oral hygiene products available to be seen (as described above).
* Is anything being used to relieve symptoms of dry mouth (e.g. gels, sprays, chewing gum, lozenges, drinks).