

QOMS - ODA Infection



Date of collection

D	D	M	M	Y	Y
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Collected by:

Instructions: This registry is only for patients who have presented with a facial infection from a dental cause. Do NOT enter patients who have a viral/skin infection (from infected skin cysts).

Sources to find patients: GA Theatre lists: both on the routine and emergency list Minor operations department or in Treatment room book. Look for the terms I&D (incision and drainage); i/o = intra oral = in the mouth; e/o = extra oral = the outside in the skin of the neck.

Use the dental notation below for guidance

Patient identifiable information

NHS, CHI or hospital number

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Date of birth

D	D	M	M	Y	Y
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Sex

Female Male

Date of assessment

D	D	M	M	Y	Y
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Date of treatment

D	D	M	M	Y	Y
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Postcode (UK only)

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REDCap ID

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For office use only

Clinical data

Smoking status

Non-smoker Ex-smoker On vape Smoker

Date of assessment

D	D	M	M	Y	Y
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Date of treatment

D	D	M	M	Y	Y
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Pathology. Tick all that apply

- Caries from single tooth
- Caries from multiple teeth
- Caries to third molar only
- Post-extraction Infection
- Dry socket
- Infection from non-vital tooth
- Pericoronitis from third molar
- Periodontal disease
- Infected cyst
- Previous coronectomy
- Retained root left in situ
- Oral cutaneous fistula
- Oral antral fistula
- Other not listed above *

Symptoms. Tick all that apply

- Low grade pyrexia
- Dental pain
- Trismus / Limited mouth opening
- Facial / neck swelling
- Sepsis
- Discharge on face
- Sinusitis
- Raised floor of mouth / tongue
- Other not listed above *

* Use the comment box at the end of paper form to provide details

Infection. Tick all that apply

- Local cellulitis
- Pericoronitis
- Pus from socket
- Buccal space abscess
- Infra orbital/canine fossa abscess
- Infratemporal fossa abscess
- Pharyngeal abscess
- Sublingual abscess (Ludwigs)
- Submandibular space abscess
- Submasseteric abscess
- Osteomyelitis
- Deviated / compromised airway
- Other not listed above *

Previous treatment

Has the patient received previous treatment on their teeth in the last 4 months?

Y N

Where did the patient have their previous treatment?

General Dental Practice Tier 2/IMOS service Community Dental Services Secondary Care (hospital)

Which treatment did the patient receive? (Tick all that apply)

Filling Extraction Apicectomy Placement of implant
 Root Canal treatment Enucleation of cyst Coronectomy

Source of infection

Lower third molar Lower molars Upper premolars/molars
 Lower anterior/premolar Upper anteriors/canines

Current surgical treatment

Relevant medical history that affects surgical procedure (Tick all that apply)

None known / not listed below Immunocompromised, inc. on immuno suppressant medication Dementia / Lack of competence
 Bleeding disorder Movement Disorder (e.g. Parkinson's) On Bisphosphonates / Monoclonal antibody drugs
 On anticoagulant therapy Physical disability Psychiatric disorder
 Diabetes Previous Radiotherapy Psychological disorder (e.g. anxiety)

Anaesthetic type

None
 Local Anaesthetic
 Local Anaesthetic with IV sedation
 General Anaesthetic with standard intubation
 General Anaesthetic with awake fibre optic intubation
 Tracheostomy

Which treatment was provided?

Reassurance
 Extractions
 Packing of socket
 Wash out & debridement of socket
 Alvogel
 IV antibiotics
 Oral antibiotics
 Removal of root tip or fragment
 Haemostatic measures
 Intra oral I&D
 Extra oral I&D
 Tracheostomy

Was an intra-oral drain placed?

Y N

Was an extra-oral drain placed?

Y N

Outcome

Discharged
 Admitted to a hospital ward
 Admitted to ITU/High Dependency

Date of discharge

D D M M Y Y

Comment