**Dental Hospitals National Audit**

**Outpatient prophylactic (prevent infection) antibacterial prescribing**

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| Please fill this data collection sheet when you prescribe antibacterial prophylaxis to prevent surgical site infection or remote infection for any patient. We recommend doing this prospective audit over one month period every year. The prescribing pattern should be assessed locally against one of the national guidelines and action plan should be designed to address identified deviation from the gold standard. We recommend using the below standards:1. Recommended: Antimicrobial Prescribing in Dentistry- Good Practice Guidelines ([FGDP(UK) and FDS publish antimicrobial prescribing guidelines for all dentists — Royal College of Surgeons (rcseng.ac.uk)](https://www.rcseng.ac.uk/dental-faculties/fds/faculty/news/archive/antimicrobial-prescribing-guidelines/)
2. Scottish Dental Clinical Effectiveness Programme prescribing guidance ([Drug prescribing | Scottish Dental Clinical Effectiveness Pr (sdcep.org.uk)](https://www.sdcep.org.uk/published-guidance/drug-prescribing/))
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1. **Code of the Dental Hospital:**
2. **Please tick your speciality or clinic (tick one only).**

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| **Speciality/Clinic** | **Tick one only** | **Speciality/Clinic** | **Tick one only** |
| Dental Emergency Clinic |  | Paediatric Dentistry |  |
| Dental and Maxillofacial Radiology |  | Periodontics |  |
| Endodontics |  | Prosthodontics |  |
| Oral Medicine |  | Restorative Dentistry |  |
| Oral Microbiology |  | Special Care Dentistry |  |
| Orthodontics |  | Primary Care Clinic  |  |
| Oral Surgery |  | Cleft Clinic  |  |
| Maxillofacial Surgery |  | Other (specify) |  |

1. **Please tick patient age (tick one only).**

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| **Age (years)**  |
| 0-4  |  | 5-8  |  | 9-12  |  | 13-16  |  | >16 |  |

1. **Does the patient report history of penicillin allergy? (circle yes or no) Yes/No**
2. **Wound class (tick one only).**

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| **Wound class** | **Tick one only** |
| Clean: no inflammation in the site of the operation; no contact with oral mucosa. |  |
| Clean contaminated: operation involving contact with oral mucosa. |  |
| Contaminated: there is acute inflammation or visible contamination. |  |
| Dirty: presence of pus. |  |

1. **Which of the below surgical procedures (if any) influenced your decision to prescribe prophylactic antibacterial agent/s for this patient? (tick the relevant)**

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| --- | --- | --- | --- |
| **Procedure** | **Tick** | **Procedure** | **Tick** |
| Subgingival filling  |  | Dental implant (delayed) |  |
| Dental extraction  |  | Dental implant with the use of a bone graft or substitute |  |
| Surgical extraction with bone removal |  | Sinus surgery |  |
| Peri-radicular surgery |  | Open reduction and internal fixation procedure |  |
| Oroantral repair |  | Periodontal surgery with the use a membrane |  |
| Reimplantation of avulsed teeth |  | Periodontal surgery with the use of a bone graft or substitute |  |
| Dental trauma involving enamel, and dentine |  | Periodontal surgery with the use of Emdogain |  |
| Dental trauma involving enamel, dentine, and pulp |  | Other periodontal surgery |  |
| Dental implant (immediate)  |  | Others  |  |

1. **If you have selected "other”, please specify any other surgical procedure/s that influenced your antibacterial prophylaxis decision for this patient:**

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Please Turn Over (PTO)

1. **Which of the below (if any) influenced your decision for the use of prophylactic antibacterial agent/s for this patient? (tick all that apply)**

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| --- | --- | --- | --- |
| **Condition** | **Tick**  | **Condition** | **Tick**  |
| Prosthetic heart valve |  | Patient with neutropenia |  |
| Congenital heart defects (cyanotic) |  | Patient has had transplant (organ, stem cell or bone marrow) |  |
| Congenital heart defects (acyanotic) |  | Hereditary haemorrhagic telangiectasia (HHT) |  |
| History of infective endocarditis |  | Hereditary haemorrhagic telangiectasia (HHT) and pulmonary arteriovenous malformation  |  |
| Hypertrophic cardiomyopathy |  | Patient currently on radiotherapy |  |
| Joint replacement |  | Patient currently on treatment with oral bisphosphonates with no other comorbidities or medications |  |
| Patients who illegally use intravenous drug (IVDU) |  | Patient currently on treatment with oral bisphosphonates and on a concurrent treatment with steroid |  |
| Immunodeficiency |  | Patient currently on treatment with IV bisphosphonates |  |
| Immunosuppression  |  | Patient at risk of MRONJ |  |
| Poorly controlled diabetes |  | Advised by other medical specialty |  |
| End stage renal failure |  | Other |  |
| Frail elderly |  |  |  |

1. **If you have selected "other”, please specify any other condition/s that influenced your antibacterial prophylaxis decision for this patient:**
2. **What antibacterial regimen did you use? (tick all apply)**

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| --- | --- | --- | --- | --- |
| **Antibiotic name** | **Mode of delivery** | **Dose (mg unless [g] gram)** | **Pre or Post-operative**  | **Duration**  |
|  | IV | Oral | 100 | 200 | 400 | 500 | 625 | 2g | 3g | Pre-operative | Post-operative (1 day) | Post-operative (> 1 day) | One dose | One day | 3 days | 5 days | >5 days |
| Amoxicillin |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Metronidazole |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Co-amoxiclav |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Clindamycin |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

1. **If you used different regimen, please specify:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Antibiotic name** | **Mode of delivery** | **Dose** | **Pre or Post-operative** | **Duration**  |
|  |  |  |  |  |

**Thank you for completing the prophylactic antibacterial prescribing data collection sheet.**

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| **Acknowledgement** This audit tool was developed as part of a collaborative work between all members of the Association of Dental Hospitals (ADH), the Association of Clinical Oral Microbiologists (ACOM), and the English Surveillance Programme for Antimicrobial Utilisation and Resistance (ESPAUR) Dental Subgroup. Thanks to many who have contributed to the development of this audit tool including Michael Lewis, Michael Pemberton, Melanie Wilson and Noha Seoudi. |