Many guides for urgent & emergency care are based on the assumption that dental care services are widely & readily available with specialist sedation & GA centers part of that solution. However, we are now in an unprecedented situation where due to the as yet unknown, but suspected increased virulence & morbidity of the coronavirus, dental teams must manage urgent & emergency patients in a way that does not overwhelm our now scant healthcare resources.

In adherence with Welsh Government directives please find below common Q and As.

Q. Should we still see patients in pain?
A. Try and triage & offer advice to as many patients as possible over the phone to reduce the footfall in your practice

Q. How should I treat a patient in pain that needs an operative procedure?
A. No practitioner in general practice should be providing any treatment that involves Aerosol Generating Procedures (AGP). Where possible, Advice, Analgesics, Antimicrobials (AAA) is the mantra to follow. Generally no extractions should be considered until the 3As have been tried & failed. Ultimately, use your professional judgement.

Q. Should I prescribe antibiotics for toothache?
A. Yes, that could be one of the options for the patient. What would be considered poor practice and against all the antimicrobial stewardship advice we have followed in the past is trumped by the need to keep people in their homes and not overwhelm the few urgent care centers that are open.

Q. Should we see confirmed or suspected coronavirus patients in general practice?
A. Absolutely not. Stick to AAA and if that eventually fails then refer the patient to the dedicated CoVid treatment centers.

Q. Which patients or conditions can I refer to the Dedicated CoVid centers?
A. Only those where the AAA measures have failed or are not appropriate, e.g. where swelling interferes with breathing or impacting on the orbital socket.

Q. Why can’t the dedicated centers do more?
A. Resources -in particular PPE with FFP3 masks - are in short supply and hospitals saving lives are more of a priority that dentists saving teeth.

Q. I’m not comfortable diagnosing issues without seeing a patient
A. Nothing can replace face-to-face contact but consider teleconferencing apps to improve communications. This can be particularly useful for suspicious soft tissue lesions which should still be managed according to the 2 week protocol. (Setting up a new Zoom account is really easy to do. See https://zoom.us/freesignup/)
Other televisual conferencing systems are available.

Q. Can patients go to A&E?
A. We should do everything we can to prevent patients from going to A&E. That means explaining to patients that the 3As will take time to work, and that A&E won’t be able to do anything for them unless they have a life-threatening emergency.