

Issue date: October 2004

## Quick reference guide

# Dental recall

## Recall interval between routine dental examinations

### Guidance

- The recommended interval between oral health reviews should be determined specifically for each patient, and tailored to meet his or her needs, on the basis of an assessment of disease levels and risk of or from dental disease.
- This assessment should integrate the evidence presented in this guideline with the clinical judgement and expertise of the dental team, and should be discussed with the patient (see pages 2 and 3).
- During an oral health review, the dental team (led by the dentist) should ensure that comprehensive histories are taken, examinations are conducted and initial preventive advice is given. This will allow the dental team and the patient (and/or his or her parent, guardian or carer) to discuss, where appropriate:
  - the effects of oral hygiene, diet, fluoride use, tobacco and alcohol on oral health
  - the risk factors (see the checklist on page 2) that may influence the patient's oral health, and their implications for deciding the appropriate recall interval
  - the outcome of previous care episodes and the suitability of previously recommended intervals
  - the patient's ability or desire to visit the dentist at the recommended interval
  - the financial costs to the patient of having the oral health review and any subsequent treatments.
- The interval before the next oral health review should be chosen, either at the end of an oral health review if no further treatment is indicated, or on completion of a specific treatment journey.
- The recommended shortest and longest intervals between oral health reviews are as follows.
  - The shortest interval between oral health reviews for all patients should be 3 months.
  - The longest interval between oral health reviews for patients younger than 18 years should be 12 months.
  - The longest interval between oral health reviews for patients aged 18 years and older should be 24 months.
- For practical reasons, the patient should be assigned a recall interval of 3, 6, 9 or 12 months if he or she is younger than 18 years, or 3, 6, 9, 12, 15, 18, 21 or 24 months if he or she is aged 18 years or older.
- The dentist should discuss the recommended recall interval with the patient and record this interval, and the patient's agreement or disagreement with it, in the current record-keeping system.
- The recall interval should be reviewed again at the next oral health review, in order to learn from the patient's responses to the oral care provided and the health outcomes achieved. This feedback and the findings of the oral health review should be used to adjust the next recall interval chosen. Patients should be informed that their recommended recall interval may vary over time.

# Clinical Guideline 19

Developed by the National Collaborating Centre for Acute Care

## Checklist of modifying factors

Name:

Date of birth:

Oral health review date:

### Medical history

Conditions where dental disease could put the patient's general health at increased risk (such as cardiovascular disease, bleeding disorders, immunosuppression)

Yes No Yes No Yes No

Conditions that increase a patient's risk of developing dental disease (such as diabetes, xerostomia)

Conditions that may complicate dental treatment or the patient's ability to maintain their oral health (such as special needs, anxious/nervous/phobic conditions)

### Social history

High caries in mother and siblings

Tobacco use

Excessive alcohol use

Family history of chronic or aggressive (early onset/juvenile) periodontitis

### Dietary habits

High and/or frequent sugar intake

High and/or frequent dietary acid intake

### Exposure to fluoride

Use of fluoride toothpaste

Other sources of fluoride (for example, the patient lives in a water-fluoridated area)

### Clinical evidence and dental history

#### Recent and previous caries experience

New lesions since last check-up

Anterior caries or restorations

Premature extractions because of caries

Past root caries or large number of exposed roots

Heavily restored dentition

#### Recent and previous periodontal disease experience

Previous history of periodontal disease

Evidence of gingivitis

Presence of periodontal pockets (BPE code 3 or 4) and/or bleeding on probing

Presence of furcation involvements or advanced attachment loss (BPE code \*)

### Mucosal lesions

Mucosal lesion present

### Plaque

Poor level of oral hygiene

Plaque-retaining factors (such as orthodontic appliances)

### Saliva

Low saliva flow rate

### Erosion and tooth surface loss

Clinical evidence of tooth wear

Recommended recall interval for next oral health review:

months

months

months

Does patient agree with recommended interval?  
If 'No', record reason for disagreement in notes

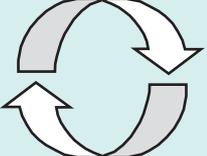
Yes No

Yes No

Yes No

BPE code \* is used when attachment loss is  $\geq 7$ mm and/or furcation involvements are present

## Overview of how the interval between oral health reviews is set

		Children and young people <i>If the patient is younger than 18 years</i>	Adults <i>If the patient is 18 years or older</i>
<b>Step 1</b>	<ul style="list-style-type: none"> <li>Consider the patient's age; this sets the range of recall intervals</li> </ul>	3 months ↔ 12 months	3 months ↔ 24 months
<b>Step 2</b>	<ul style="list-style-type: none"> <li>Consider modifying factors (see checklist on page 2) in light of the patient's medical, social and dental histories and findings of the clinical examination</li> </ul>	3 months ↔ 12 months	3 months ↔ 24 months
<b>Step 3</b>	<ul style="list-style-type: none"> <li>Integrate all diagnostic and prognostic information, considering advice from other members of the dental team where appropriate</li> <li>Use clinical judgement to recommend interval to the next oral health review</li> </ul>	3 months ↔ 12 months	3 months ↔ 24 months
<b>Step 4</b>	<ul style="list-style-type: none"> <li>Discuss recommended interval with the patient</li> <li>Record agreed interval or any reason for disagreement</li> </ul>		
<b>Step 5</b>	<ul style="list-style-type: none"> <li>At next oral health review, consider whether the interval was appropriate</li> <li>Adjust the interval depending on the patient's ability to maintain oral health between reviews</li> </ul>	 <p>reassessment</p>	 <p>reassessment</p>

## Implementation of this guidance

Local health communities should review their existing practice for dental recall against this guideline. The review should consider the resources required to implement the recommendations set out in the guideline, the people and processes involved, and the timeline over which full implementation is envisaged. It is in the interests of patients that the implementation timeline is as rapid as possible.

Relevant local clinical guidelines, care pathways and protocols should be reviewed in the light of this guidance and revised accordingly.

Suggested criteria for audit are included in Section 3 of the NICE guideline ([www.nice.org.uk/CG019NICEguideline](http://www.nice.org.uk/CG019NICEguideline)).

## Further information

### Distribution of the quick reference guide

The distribution list for this quick reference guide is available from [www.nice.org.uk/CG019distributionlist](http://www.nice.org.uk/CG019distributionlist)

### NICE guideline

The NICE guideline 'Dental recall: recall interval between routine dental examinations' is available from the NICE website ([www.nice.org.uk/CG019NICEguideline](http://www.nice.org.uk/CG019NICEguideline)). The NICE guideline contains the following sections:

- 1 Guidance;
- 2 Notes on the scope of the guidance;
- 3 Implementation in the NHS;
- 4 Research recommendations;
- 5 Full guideline;
- 6 Related NICE guidance;
- 7 Review date.

It also gives details of the grading scheme for the evidence and recommendations, the Guideline Development Groups, the Guideline Review Panels and information on how to decide the recall interval in practice.

### Full guideline

The full guideline includes the evidence on which the recommendations are based, in addition to the NICE guideline. It is published by the National Collaborating Centre for Acute Care. It is available from [www.rcseng.ac.uk/about\\_the\\_college/role\\_of\\_the\\_college\\_nccac\\_html](http://www.rcseng.ac.uk/about_the_college/role_of_the_college_nccac_html) and [www.nice.org.uk/CG019fullguideline](http://www.nice.org.uk/CG019fullguideline). It is also on the website of the National Electronic Library for Health ([www.nelh.nhs.uk](http://www.nelh.nhs.uk)).

### Information for the public

NICE has produced a poster and factsheet for the public, explaining this guidance. The information is available, in English and Welsh, from the NICE website ([www.nice.org.uk/CG019publicinfo](http://www.nice.org.uk/CG019publicinfo)). Printed versions are also available – see below for ordering information.

### Review date

The process of reviewing the evidence is expected to begin 4 years after the date of issue of this guideline. Reviewing may begin earlier than 4 years if significant evidence that affects the guideline recommendations is identified sooner. The updated guideline will be available within 2 years of the start of the review process.

### This guidance is written in the following context:

This guidance represents the view of the Institute, which was arrived at after careful consideration of the evidence available. Health professionals are expected to take it fully into account when exercising their clinical judgment. This guidance does not, however, override the individual responsibility of health professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

### Ordering information

Copies of this quick reference guide can be obtained from the NICE website at [www.nice.org.uk/CG019quickrefguide](http://www.nice.org.uk/CG019quickrefguide) or from the NHS Response Line by telephoning 0870 1555 455 and quoting reference number N0734.

Information for the public is also available from the NICE website ([www.nice.org.uk/CG019publicinfo](http://www.nice.org.uk/CG019publicinfo)) or from the NHS Response Line: for the poster, quote reference number N0735 for a version in English and N0736 for a version in Welsh; for the factsheet, quote reference number N0737 for a version in English and N0738 for a bilingual version in English and Welsh.

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