

 <b>BAOMS</b> THE FACE OF SURGERY	 <b>NFORC</b> The National Facial and Oral Research Centre	 <b>Saving Faces</b> The Facial Surgery Research Foundation
<h2 style="margin: 0;">QOMS Covid-19 Dental infection audit</h2>		

REDCap record ID

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**Patient's details**

**Age at presentation (years)**   **Gender** Female  Male  Other

**Source of referral**

Hub Emergency Department <input type="checkbox"/>	Teir2/IMOS <input type="checkbox"/>
Inpatient in Hub hospital <input type="checkbox"/>	Transfer/referral from spoke OMFS <input type="checkbox"/>
Primary care - dentist <input type="checkbox"/>	Urgent Dental Care Centre <input type="checkbox"/>
Primary care - doctor <input type="checkbox"/>	Via 111 / Direct contact from patient <input type="checkbox"/>
Spoke Emergency Department <input type="checkbox"/>	

**Number of days from presentation to treatment**

(treatment date minus presentation date, where presentation date is day = 0; if treated on the same day, write "Treated on the same day")

**If admitted, indicate the number of days spent in hospital**

(discharge date minus admission date, where admission date is day = 0; if not admitted, write "N/A")

**Presentation**

**Is the patient currently being seen at a Hub or Peripheral hospital?** Hub  Spoke

**Main clinical presentation**

Dental pain, no swelling <input type="checkbox"/>	Local cellulitis <input type="checkbox"/>
Necrotising fasciitis <input type="checkbox"/>	Paradental swelling <input type="checkbox"/>
Pus from socket <input type="checkbox"/>	Space infection with collection <input type="checkbox"/>

**Aetiology**

Caries / periapical periodontitis <input type="checkbox"/>	Pericoronitis from 3rd molar <input type="checkbox"/>
Infected cyst <input type="checkbox"/>	Post-extraction infection <input type="checkbox"/>

**Dental location**




Lower 3rd molar <input type="checkbox"/>	Upper anterior / canine <input type="checkbox"/>
Lower anterior / premolar <input type="checkbox"/>	Upper premolar / molar <input type="checkbox"/>
Lower molar <input type="checkbox"/>	

**Patient's pre-treatment covid-19 status**

Covid negative test  Covid positive test  Post-covid infection  Unknown

**ASA status**

ASA I  ASA II  ASA III  ASA IV  ASA V

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**Intervention(s)**

- |   |   |
|---|---|
| Admission antibiotics - IV <input type="checkbox"/> | Extraoral incision and drainage <input type="checkbox"/>          |
| Antibiotics - oral <input type="checkbox"/>         | Intra oral incision and drainage <input type="checkbox"/>         |
| Extraction(s) <input type="checkbox"/>              | Local treatment (dressing/washout) <input type="checkbox"/>       |
| No treatment <input type="checkbox"/>               | Transfer to hub for definitive treatment <input type="checkbox"/> |

**Anaesthetic**

- |   |  |  |
|---|--|--|
| None <input type="checkbox"/>             | LA in Outpatients <input type="checkbox"/> | LA in theatre <input type="checkbox"/> |
| LA with sedation <input type="checkbox"/> | GA - inpatient <input type="checkbox"/>    |  |
| GA - Daycase <input type="checkbox"/>     |  |  |

**14. Patient's outcome**

- |  |   |
|--|---|
| Discharged <input type="checkbox"/>                      | To see Dentist for further treatment <input type="checkbox"/> |
| Telephone review by OMFS <input type="checkbox"/>        | Clinic review by OMFS <input type="checkbox"/>                |
| Admitted to ITU/High Dependency <input type="checkbox"/> | Death <input type="checkbox"/>                                |

**What would have been the intervention(s) and anaesthetic pre-covid-19?**

**Intervention(s)** (tick all that apply)

- |   |   |
|---|---|
| No treatment <input type="checkbox"/>               | Extraoral incision and drainage <input type="checkbox"/>          |
| Admission antibiotics - IV <input type="checkbox"/> | Intra oral incision and drainage <input type="checkbox"/>         |
| Antibiotics - only <input type="checkbox"/>         | Local treatment (dressing/washout) <input type="checkbox"/>       |
| Extraction(s) <input type="checkbox"/>              | Transfer to hub for definitive treatment <input type="checkbox"/> |
|   | Refer back to own dentist <input type="checkbox"/>                |

**Anaesthetic**

- |   |  |  |
|---|--|--|
| None <input type="checkbox"/>             | LA in Outpatients <input type="checkbox"/> | LA in theatre <input type="checkbox"/> |
| LA with sedation <input type="checkbox"/> | GA - inpatient <input type="checkbox"/>    |  |
| GA - Daycase <input type="checkbox"/>     |  |  |

**Reason(s) why treatment and anaesthetic differ**

- |   |   |
|---|---|
| No access to emergency theatre <input type="checkbox"/>             | Applying COVID policy to treat only emergencies with minimum inpatient/theatre use <input type="checkbox"/> |
| Patient known COVID Positive <input type="checkbox"/>               |   |
| Limiting activity to preserve stock of PPE <input type="checkbox"/> | Patient suspected COVID <input type="checkbox"/>  |
|   | Avoiding AGP <input type="checkbox"/>   |



