Pre-extraction checklist for Primary Care

PATIENT NAME

CLINICIAN

D.O.B.

NURSE/CHECK LIST CO ORDINATOR

PRACTICE PATIENT REFERENCE

Check 1: Patient information - Are the patient details correct?

NO

YES

Check 2: Referral information
- Have practice notes/referral letter been checked?
- Are recent radiographs available?

Refer back to referring clinician
(No letter/radiographs available)

NO

YES

Proceed with intra oral examinations

Check 3: Are radiographs/referral consistent with intra oral examination?

NO

YES

Check 4: Surgical site is marked on chart below YES ☐ **(strike through site (/) on the chart below)**
AND confirmed by checking in the mouth? **YES** ☐

Permanent Dentition

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Primary Dentition

E	D	C	B	A	A	B	C	D	E
E	D	C	B	A	A	B	C	D	E

Check 5: Record teeth using the abbreviations UR, UL, LR, LL followed by the tooth number or letter e.g. UR4, LLD. The use of lower case letters to identify deciduous teeth is to be avoided.

UR	UL
LR	LL

Stop before continuing checklist **PTO**

1000 LIVES i
O FYWYDAU

GIG
CYMRU
NHS
WALES

Stop BOX - Check list coordinator/Nurse confirms the following

Correct Patient?	YES	☐
Surgical Procedure has been noted?	YES	☐
Correct site has been noted?	YES	☐

After procedure please ensure all extraction sites are marked with 'X'

In the event of a Wrong Tooth Extraction, stop any further extractions until further opinion is sought from referring orthodontist as treatment plan may change. Ensure appropriate reporting processes are used.

- NHS contractors must report to Health Board Dental Contract officer.
- Practices which are wholly private please advise Health Care Inspectorate Wales.
- Medical/Dental indemnity to be advised.

Tell the patient (or the patient's advocate, carer or family) when something has gone wrong.

Apologise to the patient (or the patient's advocate, carer or family).

Offer appropriate remedy or support to put matters right (if possible)

Explain fully to the patient (or the patient's advocate, carer or family) the short and long term effects of what has happened.

Note any comments/action taken:

Clinician:	PRINT NAME / DESIGNATION	SIGNATURE	DATE
Check list coordinator/ nurse	PRINT NAME / DESIGNATION	SIGNATURE	DATE