

Active tooth decay into dentine or beyond

If Red, total number of teeth with active tooth decay

ACORN



Assessment of Clinical Oral Risks & Needs For Routine Patients

Complete section 1 & 2 virtually – over the phone or using video call software

1. Inherent Patient Risks from Medical, S	ocial and Dental history					
Relevant medical history which impacts on oral health and/or dental care plant please specify		Green				
Relevant social history which impacts on oral health and/or dental care plans Please specify	ning	Green				
Relevant dental history which impacts on oral health and/or dental care plan Please specify	nning	Green				
2. Key Modifiable Behaviours and F Tooth Decay Specific Risks	Protective Factors					
0-7 years only: supervised tooth brushing with fluoride toothpaste before be	edtime and one					
more time during the day? OR >7years: Brushes (self or carer) at bed time and one more time during the day fluoride toothpaste?	□ Ves Green □ No A	ımber				
Consumes drinks other than water or milk outside of mealtimes more than o (e.g. sports drinks, tea/coffee with sugar, fizzy drinks, etc.)	•	Green				
And/or Eats sugary snacks, sweets, etc. outside of mealtimes more than once daily?						
Periodontal Health Specific Risks (12+ only)						
Smokes and/or use of tobacco products	☐ Yes Amber ☐ No G	reen				
Brushes (self or carer) at bed time and one more time during the day?	☐ Yes Green ☐ No A	mber				
Uses (self or carer) inter-dental aids as advised by the dental team? e.g. interbrushes	rdental Yes / No					
Other risks/protective factors						
Household/family factors	Yes/No					
Siblings and/or family members in the same household have active tooth dec	cay?					
Alcohol use above recommended limit Hint: more than 14 units per week spread over 3 or more days and no more to (female) and 8(male) units in a single occasion.	than Yes /No	Yes /No				
Other risks (including dietary) or protective factors (e.g. \(\ \) strength F toothip Please specify	Yes/No					
Complete section 3 in su						
3. Clinical Findings						
Soft Tissues Findings, dentures and Level of Plaque (for all patients)						
Please specify findings (e.g. USC 2 × 2 cm suspected mouth cancer on lateral border of tongue on the right hand						
side, satisfactory full upper partial lower acrylic dentures, etc.)						
Level of Plaque: Low (upto 1/3 rd of teeth/denture) OR Moderate (1/3	3 ^{ra} – 2/3 rd) OR High (>2/3 rd)					
Tooth Decay (for dentate only; tick the highest R>A>G)						
Total number of teeth in mouth	N∘					
No active tooth decay seen (arrested tooth decay= no active tooth decay)	Green					
Active tooth decay within enamel only	Amber □					

DT

Red

dt

Other Dental Need (for all patients) e.g. Tooth surface loss, dental trauma, repair and Tick one only

maintenance (e.g. cusp fracture), removal of overhangs, denture replacement required, etc.

☐ Amber – no treatment is required now but regular review is needed for monitoring

Diagnosis/diagnoses (please specify):

☐ **Green** - no other need identified;

Periodontal Health (Dentate and aged 12+ only)

BPE

BPE Score		

Periodontal health (Tick the highest R>A>G)

GREEN	BoP < 10% of sites AND pocket depths ≤ 4mm AND no BoP at 4mm sites;	
AMBER	BoP ≥10% of sites AND pocket depths ≤ 4mm AND no BoP at 4mm sites; */ **	
RED	Pocket depths ≥ 5mm OR ≥ 4mm with BoP.*/**	

^{*}in cases which aren't AMBER or RED as described above, categorise as GREEN

☐ **Red** – Dental treatment is required (e.g. repair of cusp fracture).

FP17w Recording:

These are the main data points which are directly captured in the above assessment which you MUST record in the FP17w

Reporting Caries and Perio on FP17Ws: AMBER = Amber from clinical findings Section 3 **OR** one of the key modifiable risk factors Section 2, but if there is active disease, Report Red on FP17w)

Medical History	Social History	Dental History	Tooth decay	Total No of teeth in the mouth	Dentinal decay	Periodontal health	Other dental need
Yellow or	Yellow or	Yellow	Green,	Inputted as	Decayed teeth	Green,	Green,
Green	Green	or	Amber or	a number	Inputted as a	Amber or	Amber or
		Green	Red		number	Red	Red

^{**}proceed to record a detailed periodontal examination; how to manage refer to the Annual Periodontal Care Pathway

Helpful tips for completing the ACORN

DO IT WELL, DO IT ONCE A YEAR

Anything relevant but not captured through ACORN toolkit should be written on patient notes. **Reporting** on FP17Ws is only required once a year.

Complete section 1 & 2 virtually – over the phone or using video call software

Section 1- Inherent Patient Risks from Medical, Social and Dental history

The objective of this section of the ACORN is for dental teams to record key findings that may impact upon their oral health and/or dental care planning. Risks are either categorised as 'Yes, Yellow' or 'No, Green'. Should 'Yes, Yellow' be recorded, dental team should specify why and note the relevant findings in the ACORN form.

Medical history: Dental teams should record any important risk factors that may be relevant for dental care planning (e.g. poorly controlled diabetes, poly-pharmacy). 'Yes, Yellow' or 'No, Green' should be recorded on the FP17W.

Social History: A patient's social circumstances, history and care needs are recognised as risk factors to oral health (e.g. Looked After Children, Children in Need, a patient who is dependent on others to brush their teeth or to attend dental practices). 'Yes, Yellow' or 'No, Green' should be recorded on the FP17W.

Dental History: Dental teams should record anything in dental history needs to be considered in patient's dental care planning (e.g. history or presence of dental phobia or anxiety, early failure of treatments due to high tooth decay rate, multiple incomplete courses of treatments in the past). 'Yes, Yellow' or 'No, Green' should be recorded on the FP17W.

Section 2- Key Modifiable Behaviours and Protective Factors

This section of the ACORN is where key modifiable behaviours are identified and recorded. This section of the form could be completed remotely e.g. using the 'Attend Anywhere' system, to capture if there are key risk behaviours that a patient can modify. This will guide personalised evidence informed advice, brief intervention and preventive interventions required at practice.

Dental teams should record any relevant finding that could be used by the dental team to modify behaviours that contribute to poor oral health. This will enable the dental team to tailor their treatment plan accordingly. Two key resources for dental teams are The Expectations

http://www.primarycareone.wales.nhs.uk/covid19-information-for-dental-services (summarising Delivering Better Oral Health) and Making Prevention Work in Practice

https://www.walesdeanery.org/dental-courses/mpwip.

Only key modifiable risks behaviours considered in terms of reporting on FP17Ws

If no key modifiable risk factors = Green

If one or both key modifiable risk factors (see toolkit) present = Amber

During the clinical examination if active disease is diagnosed (tooth decay and periodontal) – **RED** on FP17W

Complete section 3 in surgery

Section 3 Clinical Findings and Reporting on FP17W

This section of the toolkit captures key relevant information from detailed clinical examination.

Soft Tissue Findings, Dentures and Levels of Plaque: Dental teams should record any relevant clinical findings e.g. **Urgent Suspected Cancer**, 2*2cm ulcer on lateral border of the tongue (URGENT REFERRAL USING LOCAL PATHWAY)

Levels of plaque should be recorded as follows:

LOW: No visible plaque present or plaque present on up to one third of the remaining teeth/dentures;*

MODERATE: Plaque present on at least one-third of teeth/dentures (but less than two-thirds of teeth/dentures;* and

HIGH: Plaque present on at least two-thirds of teeth/dentures.*

* this does not need to be entered on the FP17W just in your clinical records or the ACORN tool

Tooth Decay (for dentate patients): Dental teams should record the total number of teeth in the mouth and then following the clinical examination summarise findings as follows in ACORN/clinical records and report on FP17W:

GREEN: No active tooth decay (*arrested* tooth decay=no active disease) AND is GREEN on tooth brushing and/or sugar consumption (from section 2); OR

AMBER: No active tooth decay into dentine BUT is AMBER for risks (risks present from tooth brushing habit and/or sugar consumption from previous section); OR

RED: Active tooth decay into the dentine or beyond.*

*Also record and report the number of teeth with active dentinal tooth decay (dt for deciduous and DT for permanent teeth) on the **FP17W**

Other Dental Need: This section is intended to indicate need that isn't captured in the Tooth Decay and Periodontal Health sections but require treatment or where oral health conditions should be kept under review. The dental team should record this as follows and on the **FP17W:**

GREEN: no other treatment need or need for monitoring identified;

AMBER: No active treatment is required but regular review is needed for monitoring (e.g. regular review of impacted canine, lichen planus, erosion etc);* and

RED: Dental treatment is required (e.g. repair of cusp fracture).*

*record the highest level of need for the patient and note the clinical diagnosis in the toolkit and/or in clinical records

Periodontal health:

You are only required to report on FP17Ws for patients aged 12 years and over. The dental teams should record their findings as follows.

GREEN: BoP < 10% of sites AND pocket depths ≤ 4mm AND no BoP at 4mm sites;

AMBER: BoP ≥10% of sites AND pocket depths ≤ 4mm AND no BoP at 4mm sites OR presence of Key modifiable Risk Factors (ineffective toothbrushing and Smoking) *

RED: Pocket depths ≥ 5mm OR ≥ 4mm if the patient also has BoP.*

*Proceed to record a detailed periodontal examination, BSP classification and guidance should help you;

Scenarios that do not fit under AMBER or RED as described above, report the periodontal condition of your patient as GREEN (unless there are key ring factors e.g. smoking, not brushing twice a day effectively-then AMBER)

How to support patient in preventing periodontitis, maintaining the control of periodontitis or manage active periodontitis in the General Dental Service in Wales? Please refer to the Annual Periodontal Care Pathway which will be published in Autumn 2020.

ANNUAL ASSESSMENT OF PRACTICE POPULATION (Reporting on FP17Ws is only required once a year): Simple Tips

Data points	Why	What /Such as	How	Anything else?
Medical History	Is there anything in the MH that	Such as diabetes re	It's a yes or no	Complete Yellow for YES Or
	makes the patient more	periodontal disease risk		
	susceptible to dental disease or	Or	No need to include every medical	Green for NO on FP17W
Non –modifiable by	MH needs to be considered in	Parkinson's disease re	condition from Med Hx form. Record	
dental team or	dental care planning e.g. risk as	unable to maintain OH	only those that could impact on OH &	Gives an indication of general health
patient	a consequence of treatment?	Or	dental care planning e.g. medical	of your practice population that is
		In shielded group	conditions where dental treatment	relevant for dentistry/OH
		Latex Allergy etc	may increases risk to patients	
Social History	Is there anything in their life	Homeless	Again it's a yes or no	Complete Yellow for YES Or
	that is difficult, chaotic or	Looked after child or on at		
Non-modifiable by	challenging for them?	risk register		Green for NO on FP17W
dental team or		Hx of substance misuse		
patient		etc		Gives an indication of level of social
				vulnerability in your practice
				population
Dental History	Is there anything that is relevant	Anxiety	A yes or no again	Complete Yellow for YES Or
	that would alter treatment	Needle phobia		Green for NO on FP17W
Non-modifiable by	planning or approach?	Older Siblings	Is there anything significant that	
dental team or		with active decay	would alter your approach to care?	Gives an indication of level of difficulty
patient		Only attends when problems	e.g. Dental phobia requiring referral	or challenging dental history in your
				practice population
Number of teeth	How many standing teeth are	How many deciduous (dt) or	Number	Just a number fill to in the box on
	there in the mouth?	adult teeth (DT) in mouth?		FP17W
Tooth Decay	Are there any modifiable risks	Key modifiable risks: Sugar in	Establish risk behaviours if any	Recording on FP17Ws
	you can work with patients to	diet, tooth brushing habit	Its AMBER	If no active decay and no modifiable
Key Modifiable risks	reduce the risks of tooth decay?			risks its GREEN
and clinical need		Clinical need = Active disease	Then if any teeth have active dentinal	If Risks present but no active tooth
	Any tooth with active tooth	= active tooth decay into	decay found at exam	decay = AMBER
	decay?	dentine or beyond	Goes to RED	If any dentinal decay = RED

Data points	Why	What /Such as	How	Anything else?
Number of teeth with active dentinal decay?	How many teeth have dentinal decay? Gives an indication of severity of disease	How many deciduous (dt) or adult teeth (DT) in mouth with active decay?	Count and complete FP17W Primary dentition = enter dt Mixed dentition = enter dt and DT Permanent dentition = enter DT No active dentinal decay dt/DT = 0	On FP17w, fill in number of deciduous dt & ADULT DT with active decay into dentine
Rey Modifiable risks and clinical need	Are there any modifiable risks you can work with patients to reduce the risks of periodontal disease? Active periodontitis (not gingivitis) present?	Record level of plaque Key modifiable risks: Do they brush their teeth effectively? Are they a smoker? Record findings from periodontal examination starting with BPE.	Brief exam and record a plaque score High/Medium/ Low Complete a BPE, pocket depths and note pockets that are 4mm or more, record which of these pockets have BOP. Does patient have gingivitis only but no periodontitis? Is periodontitis active? FOCUS on prevention eg. Stopping smoking and supporting patients to establish good cleaning habits including use of interdental brushes as required. Removal of plaque retentive factors may support patient to clean better. Review engagement.	Recording on FP17Ws GREEN: BoP < 10% of sites AND pocket depths ≤ 4mm AND no BoP at 4mm sites AMBER: BoP ≥10% of sites AND pocket depths ≤ 4mm AND no BoP at 4mm sites OR presence of key modifiable Risk Factors (ineffective toothbrushing and Smoking) RED: Pocket depths ≥ 5mm OR ≥ 4mm And BoP of pockets If not Red or Amber as above, report GREEN
Other Dental Treatment need	Dental conditions other than tooth decay and periodontitis also require monitoring or treatment	Examine soft tissue and hard tissue to understand other dental need e.g. lichen planus, erosion, cusp fracture, broken denture etc Urgent Suspected Cancer= record on soft tissue box on ACORN and refer using local pathway	No other dental need = Green Regular review required by practice= Amber Practice needs to provide treatment = RED	Recording on FP17Ws Tick either Red, Amber or Green Provides indication of other treatment need which should be reflected on treatment items on FP17w e.g. denture repair, cusp fracture repair, filling for erosive cavity etc