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Short communication

New admission scoring criteria for patients with odontogenic infections: a pilot study

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Abstract

Odontogenic infections are often referred to the oral and maxillofacial surgical department, which can cause a dilemma for junior clinicians who have to decide whether such patients require admission. We have devised a score to be used on admission to our unit to help junior on-call staff, and designed a prospective pilot study to assess it.

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Introduction

The number of admissions for odontogenic infection has increased in recent years at great cost to the NHS, and this is mainly because of reduced access to primary services since the implementation of the new remuneration system for NHS dentists.¹ Some uncertainty exists for junior trainees whether to admit patients, or whether it is safe to discharge them, because of the wide variation of odontogenic infections from minor periapical infections to large fascial abscesses that can cause life-threatening complications.²

We reviewed related papers, but found no other admission scoring systems for odontogenic infections. Although an admission severity score has been described, the authors suggested the need for a common calibrating method,³ so we

have devised a scoring system to aid junior clinicians with their decision-making process.

Methods

We included all consecutive adult patients referred to our unit at Central Manchester Foundation Trust Hospitals with this diagnosis between April and August 2015. Patients were assessed and scored based on the criteria by Dental Core Trainees. The maximum score possible was 20. A systemic inflammatory response syndrome (SIRS) score of greater than or equal to 2 or an overall score of greater than or equal to 4 suggested that the patient needed to be admitted.

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Admission Scoring Criteria for Odontogenic Infections

Patient Name:
Hosp No:
DOB:
<i>(Affix Label)</i>

Date seen in A&E:

Patient Admitted: Yes / No

Date of Admission:

Date of Discharge:

Surgery: Yes / No LA / GA

Procedure (with date):

Criteria		Score (Please Circle)	Max. Score	Pt. Score
Systemic Inflammatory Response Syndrome (SIRS)	Temperature > 38.3°C	1	4	
	Heart rate > 90 bpm	1		
	RR > 20/min	1		
	WBC < 4 or > 12 x 10 ⁹ /l	1		
Trismus	Moderate < 2cm	3	4	
	Severe < 1cm	4		
Dysphagia	Mild – able to swallow most foods	2	5	
	Moderate – unable to swallow fluids	4		
	Severe - drooling saliva	5		
Collection in 1 Fascial Space	Low Severity (canine, vestibular)	1	5	
	Moderate Severity (buccal)	2		
	High Severity (all other spaces)	4		
Collection in 2 or more Fascial Spaces		5		
Signs of dehydration (↓BP/↑Urea/↓Skin turgor)		1	2	
Comorbidities: Diabetes Mellitus / Immuno-Compromised States / Known or Suspected Chronic Alcohol Misuser		1		
Total Score			20	

A Score of ≥2 from SIRS Criteria requires admission for at least IV Abx and IV Fluids

An Overall Score of ≥4 requires admission for IV Abx + Fluids and Senior R/v

****(Airway compromise requires immediate airway management and I&D)****

Doctor Signature:

Date:

Scoring Criteria Devised by S. Sainuddin (StR OMFS)

Results

We studied 51 patients, mean age 34 (range 16–63) years, and 26 were women.

A total of 35 (69%) were admitted with a mean (range) score of 6 (0–15). Thirteen patients scored 2 or more on the SIRS criteria requiring admission and two of these scored on this domain alone. 23 admissions required drainage under general anaesthetic, two of them being taken to theatre directly because of compromise of their airway. A further two, who required the same treatment, took their own

discharge against medical advice. Two patients were treated under local anaesthetic, and the remaining eight were given antibiotics intravenously, and advised to visit their dentist for extractions once the infection had settled. The mean (range) duration of stay was 2 (1–14) days.

Of the remaining 16 patients (31%) who did not require admission, six had drainage under local anaesthetic in the emergency department, and 10 were sent home with antibiotics to be taken orally. All those discharged were advised to return or contact us should their symptoms worsen, but none of them did.

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