Peninsula Dental Social Enterprise (PDSE)

Periodontal protocols
Management of BPE scores

Version 2.0

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Policy will be updated as required in response to a change in national policy or evidence-based guideline.
# Periodontal Protocol – Management of BPE Scores

<table>
<thead>
<tr>
<th>Code</th>
<th>Clinical features</th>
<th>Represents</th>
<th>Management</th>
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</thead>
</table>
| **Code 0** | No pockets exceeding 3.5mm  
No plaque retentive factors or calculus  
No bleeding after gentle probing | Health | None |
| **Code 1** | No pockets exceeding 3.5mm  
No plaque retentive factors or calculus  
Bleeding after gentle probing | Gingivitis | Oral Hygiene Instruction |
| **Code 2** | No pockets exceeding 3.5mm  
Plaque retentive factors present (such as supra and/or sub calculus or overhangs) | Gingivitis with secondary local factors | Removal of local factors  
Oral Hygiene Instruction |
| **Code 3** | Periodontal probing of 3.5 – 5.5mm (black band of WHO probe partially visible) on one or more sites | Early chronic periodontitis | Periodontal probing depths recorded for the affected sextants (if 2 or more sextants affected full periodontal assessment*)  
Appropriate level of periodontal treatment |
| **Code 4** | Periodontal probing of greater than 5.5mm (black band of WHO probe disappears into pocket) on one or more site | Moderate to severe chronic periodontitis | Full periodontal assessment *  
Appropriate levels of periodontal treatment - referral to a specialist may be indicated. |
| **Code *** | Furcation involvement | Moderate to severe chronic periodontitis or a site requiring complex periodontal treatment | Full periodontal assessment *  
Appropriate levels of periodontal treatment - referral to a specialist may be indicated. |
- Both the number and the * should be recorded if a furcation is detected
- A BPE as above is mandatory for all new patients over 18 years. For patients who score 0,1 or 2, then BPE records should be taken annually (or at every examination visit).
- A BPE should be taken on children and adolescents aged from 7-18 years, the probing should be limited to the central incisors and first permanent molars. From 7-11 years only codes 0,1 and 2 are used ly
  - * Full Periodontal Assessment includes: Plaque and bleeding scores, a six point pocket chart(6ppc), gingival recession, furcation involvement, mobility and suppuration.

- Code 3: initial therapy including self-care advice(oral hygiene instruction and risk factor control) which may include a gross supragingival scaling if this will facilitate patients ability to perform oral hygiene measures(eg carry out interproximal plaque removal). Then, post initial therapy, record a 6 point pocket chart(never a repeat BPE).
- To assess the response to treatment in BPE codes 3 and 4 a 6PPC should be recorded pre and post treatment

- Bleeding on probing should always be recorded when a 6PPC is carried out
- BPE should not be used around implants(6 point pocket charting should be used)

Radiographs
- As a general rule, radiographs to assess alveolar bone levels should be obtained for teeth or sextants where BPE codes 3,,4,* are found.
- It is crucial to note that the use of radiographs in periodontal diagnosis is secondary to clinical examination and Full Periodontal Assessment as above.
- Where possible, existing radiographs should be used to determine alveolar bone levels
- Before taking any radiograph you must ask how will the information from the radiograph impact on diagnosis, determination of prognosis, and treatment to be carried out. If it will not impact on this then a radiograph may not be necessary.
- The choice of radiograph is determined by the clinical presentation.
• If a patient has generalised pocketing of 4-5mm (BPE scores of maximum grade 3 in any sextant) and little or no recession horizontal bitewings are recommended. These may be supplemented by intraoral periapicals for selected anterior teeth but only if likely to change the management of the patient.

• If a patient has generalised pocketing of 4-5 mm (BPE scores of maximum grade 3 in any sextant) and recession ≥2mm periapical radiographs are recommended. A full mouth series should only be taken when clinical parameters indicate this is necessary and likely to impact on diagnosis, prognosis, and treatment to be carried out.

• If a patient has pocketing of 6mm or more (BPE scores of code 4), periapical radiographs are recommended. A full mouth series should only be taken when clinical parameters indicate this is necessary and likely to impact on diagnosis, prognosis, and treatment to be carried out.

• A periapical radiograph using a paralleling technique is indicated if a periodontal/endodontic lesion is suspected.