

PAIN OF DENTAL ORIGIN

Reversible pulpitis

- Cavity approaching pulp of tooth
- Transient pain with hot, cold or sweet stimuli
- Tx = filling*

Irreversible pulpitis

- Cavity into pulp of tooth
- Spontaneous, prolonged, poorly localized pain
- Tx = root canal or extraction*

Periapical periodontitis

- Cavity causes pulp necrosis & periapical inflammation
- Spontaneous, prolonged, localized pain, tooth tender to percussion
- Tx = root canal or extraction*

Periapical abscess

- Localized purulent form of periapical periodontitis
- Spontaneous, prolonged, localized pain, tooth tender to percussion
- Tx = I and D if 'pointing'; no antibiotics unless cellulitis; root canal or extraction*

Cellulitis

- Periapical periodontitis involves soft tissue
- Tx = Rx Penicillin: Adults 500mg tid; Children 50mg/kg per day divided (Erythromycin if allergic); root canal or extraction

Pericoronitis

- Food and bacteria under gum of erupting molar
- Tx = irrigation; removal of gum flap; or extraction

* While waiting for definitive treatment, treat pain adequately, and counsel to avoid aggravating food/drinks.

ORAL TRAUMA

Triage

- Airway
- Other systemic injuries
- Neurologic exam
- Primary vs. permanent teeth
- Availability of dental care
- Pain management
- Check Tetanus status
- Remind patient – wear a mouth guard

Examination

Order

- Irrigate to remove blood, clots, and debris
- Soft tissues
- Teeth
- Bony structures

Check for:

- Tenderness, swelling, lacerations
- Damaged or mobile teeth
- Malocclusion
- Mobile jaw segments
- Pain or limitation on opening

If missing teeth:

- Do not assume missing teeth are lost at scene
- Consider x-ray to determine if missing teeth are:
 - swallowed
 - aspirated
 - intruded into sinus or other structures

Traumatized permanent teeth

Subluxation

- Tooth is not mobile/displaced but tender on biting
- Tx = Monitoring with dentist

Extrusive or Lateral Luxation

- Tooth is loose with some displacement
- Tx = Repositioning, splinting, +/-root canal

Intrusive Luxation

- Tooth is pushed deeper into its socket
- Tx = Repositioning, splinting, +/-root canal
- More complications than for other luxations

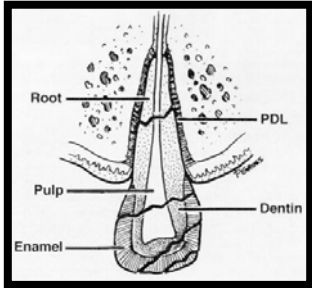
Avulsion

- Tooth is knocked out
- Tx = A true dental emergency!
 - Hold tooth by crown only, DO NOT touch root
 - Rinse off debris with saline or milk
 - Re-implant immediately
 - Bite on gauze or hold tooth in place
 - Check Tetanus status; booster if necessary
 - Rx Penicillin (Erythromycin if allergic)
 - See dentist immediately for radiograph, splinting, and root canal treatment.
- If can't re-implant on scene, transport in saline, milk, or buccal sulcus (not water!)

Traumatized primary teeth

- Luxated teeth that are very loose or interfering with occlusion are extracted
- Luxated teeth that are not too loose are monitored
- Intruded teeth are variable and often grow back out; should be evaluated and monitored by a dentist
- Avulsed teeth are NOT reimplanted

Fractured Teeth



Enamel only

- Tx = Dental referral non-urgently to smooth rough edges and long term monitoring

Enamel plus dentin

- Tx = Dental referral with 12 hours for restoration to protect pulp and decrease sensitivity*

Enamel, dentin and pulp

- Pulp will be visible (either bleeding or pale pink)
- Pain can be severe
- Tx = Immediate dental referral for root canal treatment, restoration and long term monitoring or extraction.*

Root fracture

- Tooth may or may not be mobile depending on fracture location
- Other traumatic tooth injuries may be present
- Radiograph mandatory for diagnosis
- Tx = Immediate dental referral for splinting, root canal therapy or extraction*

*If fragments available, keep hydrated in saline or milk
Dentist may be able to reattach

Alveolar Bone Fractures

- Often associated with gingival laceration
- Palpate alveolar ridge for step-offs (can often see teeth are at different heights in mouth)
- Segmental alveolar fractures move when assessing tooth mobility
- Tx = Oral surgeon referral within 1 hour. Reduction easier before swelling occurs

Chin trauma

Suspect and inspect for:

- Mandibular condyle fracture
- Tooth fracture (including posterior teeth)

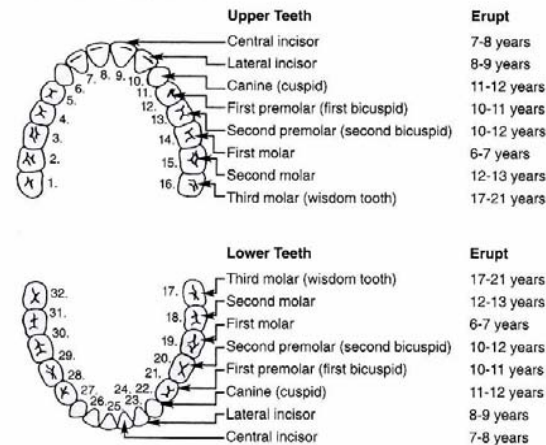
Oral piercings

High risk for:

- Tooth fracture or injury
- Allergic reaction
- Gum/tongue infection
- Stud aspiration
- Speech impediment
- Gingival recession

PERMANENT TOOTH CHART

For describing teeth when charting or talking to consultants:



ORAL EMERGENCIES POCKET CARD

Hugh Silk MD, Alan Douglass MD, Joanna Douglass BDS,
of University of Connecticut, School of Medicine/Dentistry
with University of Massachusetts Medical School
based on STFM National Oral Health Curriculum
3/2006

*The information contained in this card should not substitute
for consultation with an oral health expert.*

GENERAL PRINCIPLES

Locate origin of oral pain.

Consider non-dental origin:

- Sinusitis
- Otitis media / otitis externa
- Oral ulcerations
- Temporomandibular joint

Assess and treat origin of problem.

Treat pain with narcotics, NSAIDs and acetaminophen.
Consult as needed.

INJURY PREVENTION: MOUTH GUARDS

- Mouth guards should be worn for all sports with risk of high impact accidents which include:
Soccer Bicycling Skiing
Lacrosse Boxing Ice Hockey
Inline Skating Skateboarding Wrestling
Basketball Field Hockey Baseball

(Note: falls, violence, and MVAs are also high risk events for oral injuries)

- Mouth Guard types:
 - Stock: inexpensive, fair protection
 - Boil and Bite: better fit, best fabricated with aid of dentist.
 - Custom: most expensive; made by dentist; best fit/protection and most likely to be worn.