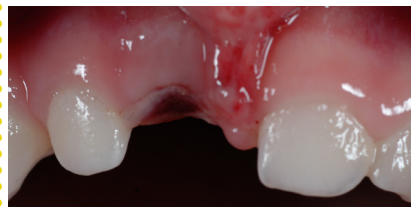


DENTAL TRAUMA: PRIMARY TEETH REFERRAL GUIDELINE

URGENT WITHIN 6 HOURS

SYMPTOMS

Avulsion: Tooth knocked out



Luxation: Tooth moved from original position



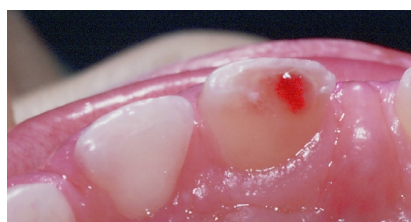
Chip/Fracture:

- Tooth is visibly cracked, surface feels different, strange, or sharp when chewing or on tongue
- Sensitive to touch, hot and cold

Crown Fracture (no pulp exposed)



Crown Fracture (exposed pulp)



Crown Root Fracture



Soft Tissue Trauma/severe bleeding



Loosened tooth, Tender to touch

- Assess looseness and if tooth is choking hazard

SUGGESTED PREVISIT WORKUP

Avulsion: Tooth knocked out

- Baby teeth should NOT be replanted because of potential damage to permanent teeth
- Refer to pediatric dentist as soon as possible to lessen discomfort and avoid possible infection
- Rinse mouth with water and apply cold compresses to reduce swelling

Luxation: Tooth moved from original position

- Assess the patient's bite by asking the child to say "cheese" or the letter "E". Determine whether the luxated tooth is interfering with the bite closure.
- If unable to bite, immediate refer to pediatric dentist as soon as possible to assess for repositioning or extraction

Chip/Fracture:

- Inquire about pain to hot and/or cold exposures. This may indicate dentin and/or pulp exposure.
- A referral to a pediatric dentist is recommended as soon as possible to lessen discomfort and avoid possible infection
- Pediatric dentist can assess for restoration or extraction

Soft Tissue Trauma:

- Gently wash and rinse wound with soap and water, and carefully remove debris by hand
- Apply direct pressure with gauze to control bleeding. If bleeding not controlled, call dentist or go to emergency clinic immediately
- Examine face, lips, and oral musculature for signs of fractures, abnormal tooth position, and tooth mobility.

Loosened tooth, Tender to touch

- If moderately loose, and not a risk for choking, wait and monitor on a regular basis to make sure that ligament has healed.
- If significantly loose and choking hazard, remove tooth.

CLINICAL PEARLS

- If patient experienced any loss of consciousness at time of head injury, even temporary, they should go to the hospital for assessment of serious injury. If no head injury or loss of consciousness, dentists are often more helpful than a hospital/emergency clinic for assessment and treatment of dental injuries.
- A tetanus booster and antibiotics should be considered whenever a dental injury is at risk for infection.
- Provide education to parents/caregivers about strategies to reduce risk of dental trauma, including utilization of a mouth guard when activity involves risks of fall, collision, or hard surfaces or equipment.
- A darkened permanent teeth is a long term sequelae and is not an urgent referral. Call dentist to evaluate for follow up.



Additional resource for primary care: <http://pediatrics.aappublications.org/content/pediatrics/early/2014/01/22/peds.2013-3792.full.pdf>

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These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.