Management of Acute Dental Problems
Quick Reference Guide
for healthcare professionals

Emergency Care
Urgent Care
Self Care
Non-Urgent Care
The Scottish Dental Clinical Effectiveness Programme (SDCEP) is an initiative of the National Dental Advisory Committee (NDAC) and is supported by the Scottish Government and NHS Education for Scotland. The programme aims to provide user-friendly, evidence-based guidance on topics identified as priorities for oral health care in Scotland.

SDCEP guidance is designed to support improvements in patient care by bringing together, in a structured manner, the best available information that is relevant to the topic and presenting this information in a form that can be interpreted easily and implemented.

‘Supporting the provision of quality care’
This Quick Reference Guide is intended for use by staff in any healthcare setting who may have to manage patients with acute dental problems. Most patients with an acute dental problem will have one or more of the following symptoms:

- **Pain**
- **Swelling**
- **Bleeding**
- **Trauma**
- **Ulceration**
- **Altered Sensation or Abnormal Appearance**

Based on each of these symptoms, the decision support flowcharts in this Guide can be used to identify any immediate attention or advice to give to the patient and to determine the appropriate provider of subsequent care. If a patient reports more than one symptom, use the first reported symptom as the start point.

In all cases of trauma, healthcare providers need to be conscious of the possibility of non-accidental injury and consider appropriate local referral if this is suspected.

Note: If the dental problem is secondary to a more significant problem (e.g. a significant facial injury) or is resulting in severe symptoms (e.g. difficulty breathing, severe dehydration), initial contact should be with appropriate emergency medical services via NHS 24 (Tel: 08454 24 24 24).

Endpoints are defined as:

- **Emergency Care** – arrange for the patient to have contact with a clinical advisor within 60 minutes and subsequent treatment within a timescale that is appropriate to the severity of the condition
- **Urgent Care** – advise the patient to seek dental or medical care as indicated within 24 hours unless the condition worsens
- **Non-urgent Care** – advise the patient to see a dentist within 7 days if required unless the condition worsens
- **Self Care** – the patient should be able to manage the problem without the need for further involvement of a healthcare professional. However, advise the patient that if the symptoms persist or worsen, they should contact a dentist or general medical practitioner.

These categories should apply at any time in the 24 hour period. When there is a preferred provider of care, this is indicated in the flowcharts.

During normal working hours, all dental practices have arrangements to provide emergency care for their registered patients. Health Boards also have local emergency dental arrangements in place for non-registered patients and NHS 24 can advise on how to contact these.

Out-of-hours (18.00 to 08.00 hours during the week and throughout the weekend), some dental practices have their own emergency arrangements. In addition, a full triage and patient booking service is available through NHS 24.

It should be noted that some allowance on treatment times may need to be made for remoteness, rurality, patient travel and degrees of urgency within each category. Similarly, providers of care may vary depending on location. Users of this Quick Reference Guide might find it useful to note the contact details of local providers of care in the space provided on page 11.

An electronic decision support tool based on the information contained within these flowcharts is also provided. This can be accessed on the internet via a personal computer, tablet or smart phone.

Note that, as guidance, the information in this document does not override the individual responsibility of the healthcare professional to make decisions appropriate to the individual patient.

The full version of the ‘Management of Acute Dental Problems’ guidance is available at www.sdcep.org.uk.
Assess whether the patient has:
1) atypical jaw pain and any other signs of myocardial infarction (MI), e.g. breathlessness, chest pain
2) exceeded the recommended dose of pain relief medication (e.g. an adult has taken more than eight 500 mg paracetamol tablets within 24 hours). Note if the patient is a child, elderly or has not eaten normally, the concern about overdose is heightened.

*Start from Swelling pathway

Are there signs of MI or overdose?
- NO
  - Is the pain due to trauma?
    - NO
      - Is there swelling?
        - NO
          - Is the pain in a tooth?
            - NO
              - Is the pain in an erupting tooth?
                - NO
                  - Is this an adult or newly erupted tooth in a child?
                    - ADULT
                      - Advise optimal analgesia, soft brushing and rinsing after food
                    - CHILD
                      - Self Care unless problem persists or worsens
                - YES
                  - Has analgesic been taken?
                    - NO
                      - Has analgesic controlled the pain?
                        - NO
                          - Urgent Care: Dental
                        - YES
                          - Non-urgent Care: Dental
                    - YES
                      - Advise optimal analgesia. Avoid stimuli
              - YES
                - Go to Trauma pathway
        - YES
          - Go to Swelling pathway
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Has the patient recently had a tooth extracted?

- **YES**: Advise optimal analgesia, patient to avoid smoking and to maintain good oral hygiene. Urgent Care: Dental
- **NO**: Is the pain in the face or mouth?
  - **MOUTH**: Advise optimal analgesia (including topical), use of chlorhexidine mouthwash‡ and, as appropriate:
    - Application of malleable wax to sharp teeth or non-removable parts of appliance causing trauma
    - Patient to keep dentures out, where possible
  - **FACE**: Are there signs of visual disturbance suggestive of temporal arteritis?
    - **YES**: Emergency Care: NHS24
    - **NO**: Urgent Care: Dental

Is the pain associated with an orthodontic appliance, sharp tooth or denture?

- **YES**: Advise optimal analgesia (including topical), use of chlorhexidine mouthwash and, as appropriate:
  - Application of malleable wax to sharp teeth or non-removable parts of appliance causing trauma
  - Patient to keep dentures out, where possible
- **NO**: Is the pain from an ulcer?
  - **YES**: Go to Ulceration pathway
  - **NO**: Advise optimal analgesia. Avoid stimuli

‡ Chlorhexidine mouthwash is not suitable for children under 7 years old because of its taste and their limited ability to rinse without swallowing
Patient with Swelling

Assess the degree of swelling:
- Is the patient having difficulty breathing?
- Does the patient find it difficult to stick out or move their tongue?
- Is the swelling closing the eye?
- Has the swelling worsened in the last hour?
- Is the swelling sudden and unexplained (possible angioedema)?

Is the swelling rapidly increasing or likely to obstruct the airway or close the eye? [YES → Emergency Care: NHS24]
[NO → Is the patient systemically unwell (e.g. rigors, increasing temperature, dehydrated, lethargic)? Note that a child or immunocompromised patient may deteriorate more rapidly [YES → Emergency Care: NHS24]
[NO → Is the swelling slowly increasing in size, hot or firm to touch? [NO → The patient may require antibiotics. If in non-dental setting or dental care is unavailable, consider prescribing antibiotics before referral.
[YES → Non-urgent Care: Dental

Are there signs of MI or overdose? [YES → Emergency Care: NHS24 or dial 999]
[NO → Go to * on Pain pathway

Assess whether the patient has:
1) atypical jaw pain and any other signs of myocardial infarction (MI), e.g. breathlessness, chest pain
OR
2) exceeded the recommended dose of pain relief medication (e.g. an adult has taken more than eight 500 mg paracetamol tablets within 24 hours). Note if the patient is a child, elderly or has not eaten normally, the concern about overdose is heightened.
Patient with Bleeding

**Start**

- Has the patient had a recent dental extraction or other dental treatment?
  - NO → Has the patient had recent trauma?
    - YES → Go to Trauma pathway
    - NO → Is the bleeding brisk and persistent?
      - YES → Emergency Care: NHS24
      - NO → Is the patient systemically unwell?
        - YES → Several conditions can cause low level bleeding. Assessment by a dentist is required.
        - NO → Non-urgent Care: Dental

- Has the bleeding stopped?
  - NO → Repeat pressure advice
    - YES → Emergency Care: Dental or NHS24
  - YES → Advise no smoking, alcohol or exercise for 24 hours

Self Care unless problem persists or worsens

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*Blood thinners include warfarin, aspirin, clopidogrel*
Patient with Trauma (including chipped, cracked or broken teeth)

Start

Has there been a head injury, loss of consciousness, significant facial trauma, is there uncontrollable bleeding or is the airway compromised?

(YES) Emergency Care: NHS24 or dial 999

(NO)

Assess and control any residual bleeding by applying pressure

Does the patient have any intraoral or soft tissue trauma?

(NO)

(NO)

(NO)

Emergency Care: NHS24

(NO)

YES

Does the patient have a degloving injury, large lacerations, lacerations across the tongue?

(YES)

Is it suspected that the patient has inhaled a tooth or tooth fragment?

(NO)

Has a tooth been knocked out?

(NO)

NO

Self Care unless problem persists or worsens

YES

NO

NO

Is this an adult tooth?

(NO)

Primary teeth are not reimplanted. Advise soft diet and analgesia (if required).

YES

Avoid handling the root. If feasible, replace the tooth in its socket and bite gently on a cloth to hold in position. Otherwise, place the tooth in milk.

Note: reimplantation has better success if <6 hrs or patient is <16 yrs old

Emergency Care: Dental

Emergency Care: NHS24

Self Care unless problem persists or worsens

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Trauma

In many cases, further treatment is not necessary, but assessment by a dentist within 7 days is recommended. Advise soft diet and analgesia (if required).

- **Has a tooth been broken or damaged?**
  - **NO**
    - **Have any teeth moved?**
      - **NO**
        - **Advise optimal analgesia, if required**
      - **YES**
        - **Is this an adult tooth?**
          - **YES**
            - **Urgent Care: Dental**
          - **NO**
            - **Self Care unless problem persists or worsens**

- **YES**
  - **Does the fracture involve the pulp?**
    - **NO**
      - **Retain any broken pieces of tooth in water and, if available, consider covering exposed pulp with calcium hydroxide paste.**
    - **YES**
      - **Non-urgent Care: Dental**

- **Does the fracture involve dentine?**
  - **YES**
    - **Advise use of desensitising toothpaste to fractured surface while awaiting appointment**
  - **NO**
    - **Non-urgent Care: Dental**
Patient with Ulceration

Start

Is the patient listless or dehydrated? → YES → Are there signs of severe dehydration? → YES → Emergency Care: NHS24

NO → Has the patient been aware of the ulcer(s) for more than 3 weeks? → YES → Urgent Care: Local Rapid Access Pathway

NO → Is this the first time the patient has had this? → YES → Is the patient taking medication or do they have an underlying medical condition that may be associated with oral ulceration?

NO → Is this a single ulcer? → YES → Is the patient systemically unwell?

NO → Advise optimal analgesia (including topical) → YES → Urgent Care: Medical

NO → Multiple painful oral ulcers may be due to herpes virus (or other rarer causes) and should be assessed by a dentist. Advise optimal analgesia (including topical) and use of chlorhexidine mouthwash.

Non-urgent Care: Dental

There are several possible causes of recurrent painful oral ulceration and this normally requires further investigation by a dentist. Advise optimal analgesia (including topical) and use of chlorhexidine mouthwash.
Has there been trauma from an adjacent tooth, orthodontic appliance or caused by loose or ill-fitting dentures?

- YES
  - Advise optimal analgesia (including topical), use of chlorhexidine mouthwash\(^*\) and, as appropriate:
    - Application of malleable wax to sharp teeth or sharp non-removable parts of appliance causing trauma
    - Patient to keep dentures out, where possible

- NO
  - Has the patient had recent dental treatment with local anaesthetic?
    - NO
      - Advise optimal analgesia (including topical) and use of chlorhexidine mouthwash\(^*\)
    - YES
      - Ulcer is likely to be caused by trauma to anaesthetised soft tissues. Advise optimal analgesia (including topical) and for patient to avoid further trauma, hot drinks and smoking

- Or if ulcer fails to heal in 7 days
  - Self Care unless problem persists or worsens

- Non-urgent Care: Dental

\(^*\) Chlorhexidine mouthwash is not suitable for children under 7 years old because of its taste and their limited ability to rinse without swallowing
Patient with Altered Sensation or Abnormal Appearance
(a lesion, lump or mark) in the Head or Neck

Start

Are there signs of stroke? e.g. Facial asymmetry or weakness, Arm weakness, Speech problems (F.A.S.T.)

YES

Emergency Care: NHS24 or dial 999

NO

Does the patient have altered sensation or abnormal appearance?

Altered sensation

YES

Has the patient had recent dental or other treatment that might be the cause?

YES

Advise the patient to contact the treatment provider within 7 days or earlier if the symptoms worsen.

NO

Urgent Care

NO

Abnormal appearance

YES

Is there a red, white or red/white speckled lesion or pigmented area?

YES

Non-urgent Care: Dental

NO

Is there a swelling or lump?

NO

Non-urgent Care

YES

Has a lump recently increased in size or become ulcerated?

YES

Urgent Care: Local Rapid Access Pathway

NO

Go to Swelling pathway
Note here the details of any local providers of care that you might need to contact, for example:

- Dental practices
- Local dental helpline
- General medical practices
- Emergency department
- Local rapid access pathway

<table>
<thead>
<tr>
<th>Provider</th>
<th>Contact details</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS 24</td>
<td>Telephone 08454 242424</td>
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</tbody>
</table>


Management of Acute Dental Problems is available to use interactively via your personal computer, tablet or smart phone.

The full version of the guidance is also available online at www.sdcep.org.uk

SDCEP provides guidance on a range of priority topics for oral health care.
This Quick Reference Guide includes decision support flowcharts extracted from the Scottish Dental Clinical Effectiveness Programme’s ‘Management of Acute Dental Problems’ guidance that represent the pathways to the appropriate providers of care, based on the patient’s presenting symptoms. These flowcharts are intended for use by staff in any healthcare setting who may have to manage patients with acute dental problems, including non-dental professionals such as general medical practice, emergency department and pharmacy staff. The ‘Management of Acute Dental Problems’ guidance aims to:

- encourage a consistent approach to the management of acute dental problems to reduce avoidable variation in practice;
- improve the quality of unscheduled clinical care for patients with acute dental problems;
- provide a standard for the initial management of presenting symptoms for patients with acute dental problems;
- ensure patients receive appropriate advice about subsequent care and/or referral to appropriate treatment providers, if applicable.

In addition to the decision support pathways included in this Guide, the full guidance provides further background information and more detailed advice about the initial management and subsequent care for a wide range of conditions that may present as acute dental problems. The full version of the guidance is available online at www.sdcep.org.uk.

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