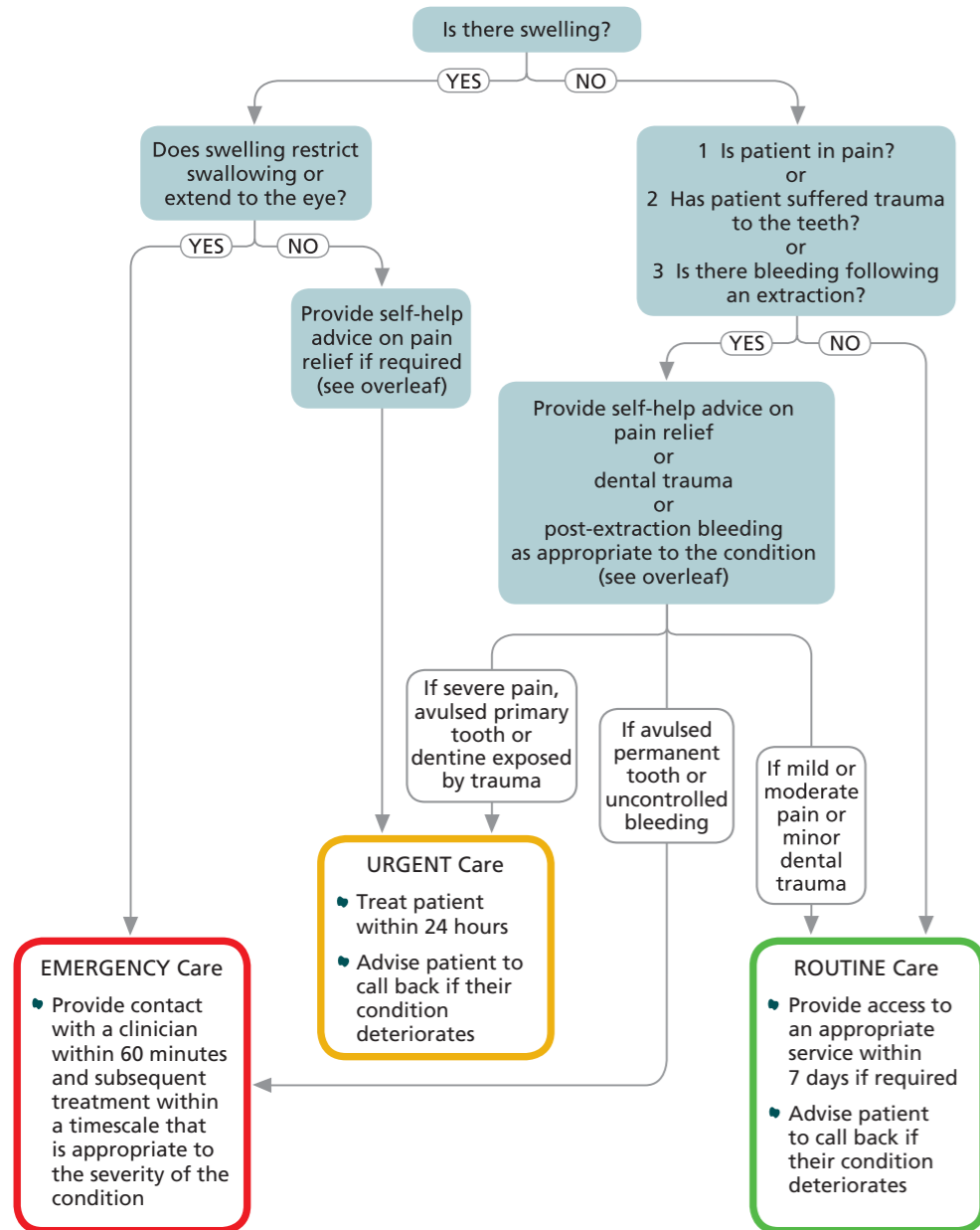


Prioritising Dental Emergencies



Note that this method is not comprehensive but deals with common presenting conditions. Refer to the complete guidance for further details of the three care categories.

Information in this Practice Guide has been extracted from the Scottish Dental Clinical Effectiveness Programme (SDCEP) 'Emergency Dental Care' guidance for use in daily dental practice. The Practice Guide includes:

- a simple method for prioritising emergency calls from patients for use by dental staff; note that this is not comprehensive but deals with the most common presenting conditions;
- advice on providing patients with self-help instructions for managing pain, dental trauma and post-extraction bleeding.

Please refer to the complete SDCEP guidance for further information about the provision of care for patients with a dental emergency.

Note that, as guidance, advice in this Practice Guide does not override the individual responsibility of the health professional to make decisions appropriate to the individual patient.

Emergency Dental Care – Practice Guide

Prioritising Dental Emergencies
Providing Self-help Advice to Patients



Scottish Dental Clinical Effectiveness Programme
Dundee Dental Education Centre, Frankland Building,
Small's Wynd, Dundee DD1 4HN

Email scottishdental.cep@nes.scot.nhs.uk
Tel 01382 425751 / 425771
Website www.scottishdental.org/cep

Please refer to the complete SDCEP guidance for further information about the provision of care for patients with a dental emergency.

Providing Self-help Advice to Patients

Pain

The delivery of advice on managing dental pain requires suitable training. Detailed dosage advice can only be given by a suitably qualified health professional.

Context

Patients who are waiting for dental appointments might require basic advice on the effective management of their dental pain.

- Give the patient the following advice on the use of self-help measures, including ibuprofen and/or paracetamol to relieve pain.
 - Avoid stimuli that precipitate or worsen the pain such as hot or cold foods or cold air.
 - Holding cooled water or crushed ice around the tooth can help some types of dental pain.
 - Severe pain from the mouth or teeth sometimes feels worse when lying flat; therefore, try lying propped up as this might ease the pain.
 - Use painkillers that have successfully provided pain relief for you in the past without adverse effects. For moderate or severe pain refer to dosage advice below.
 - Avoid taking aspirin as a painkiller if there is bleeding.
- Ensure patients are reminded to follow the directions on the packet for advice on precautions in some medical conditions. For example, patients with asthma should avoid ibuprofen.
- Advise the patient to call back if the advice provided proves inadequate.

Analgesic advice – to be given only after establishing which painkillers the patient has used successfully in the past

The following analgesic dosage options can be recommended for patients with no contraindications.

- For moderate pain of dental origin in adults, either:
 - ibuprofen, 1 x 400 mg tablets 4–6 hourly, or
 - paracetamol, 2 x 500 mg tablets 4–6 hourly.
 No more than 3 x 400 mg ibuprofen or 8 x 500 mg paracetamol tablets in a 24-hour period.
- For pain of dental origin in children, either:
 - ibuprofen (100 mg/5 ml oral suspension), 50–200 mg (depending on age) three times daily, or
 - paracetamol (120 mg/5 ml or 250 mg/5 ml oral suspension), 60–500 mg (depending on age) four times daily.
 Follow the instructions on the bottle.
- For severe pain of dental origin in adults, either:
 - ibuprofen and paracetamol alternately (e.g. ibuprofen 400 mg followed 2 hours later by paracetamol 2 x 500 mg and so on without exceeding the recommended daily dose or frequency for either drug), or
 - ibuprofen, 2 x 400 mg tablets 8 hourly, up to a maximum of 2.4 g in a 24-hour period.

Dental Trauma

Context

Depending on the nature of the injury, patients who have experienced trauma to their mouth might require Urgent or Emergency dental attention. Dental trauma exposing the dentine requires an urgent appointment with a dentist. For an avulsed permanent tooth, prior to seeing a dentist, advice on handling and storage of the tooth to preserve the cells of the periodontal ligament might be required.

- Provide advice on the management of pain and post-extraction bleeding as described in this guide.
- For **broken or fractured teeth**, determine whether dentine has been exposed by asking the patient if they are in pain or if the teeth are sensitive to heat or cold. If they are, arrange an Urgent appointment with a dentist to help avoid pulpal infection.
- If dentine has not been exposed, advise the patient that this does not require emergency care but that a routine appointment might be necessary to restore aesthetics or to remove sharp edges.
- For **avulsed adult teeth**, it might be possible to replant the tooth if this can be carried out soon after avulsion, ideally within 30 minutes. Arrange for the patient to see a dentist as an Emergency case as soon as possible. Advise the patient to handle the tooth by the crown only, to avoid touching the root and to store the tooth moist, preferably in fresh or long-life milk.
- For **avulsed primary teeth**, advise the patient that the tooth should not be replanted and arrange an Urgent appointment to assess potential trauma to the developing permanent teeth. Give advice on pain management as described in this guide.

Post-extraction Bleeding

Context

Patients who have had extractions during the past week might require basic advice on the management of bleeding from the extraction area.

- Ascertain that no anticoagulant medication is currently being taken.
- Give the patient the following advice on the use of self-help measures to stop the bleeding.
 - Blood-stained saliva is normal after dental extractions.
 - Make a small pad with a clean cotton handkerchief or kitchen towel and dampen it slightly with water.
 - Rinse the mouth once only with warm (not hot) water to get rid of the blood.
 - Place the damp pad over the socket area and bite firmly. If there are no opposing teeth hold the pad firmly on socket. Maintain this while sitting upright quietly for 20 minutes and then check. Repeat once if necessary.
 - After the bleeding has stopped, remain rested and as upright as possible.
 - Do not drink alcohol.
 - Do not disturb the blood clot in the socket.
- Advise the patient to re-contact the service if these self-help measures prove inadequate.