**NCH Department of Dentistry – Guideline for Emergencies**

What is considered “dental emergency” for the NCH Emergency Department?

These are cases where the **Dental Resident On Call should be called in ASAP**. 614-690-1017

|  |  |
| --- | --- |
| **Avulsed permanent tooth** *– usually age 7 and older -- Please put the tooth back in ASAP, and hold with gauze!* | Image result for avulsed baby tooth |
| **Trauma to any permanent tooth – intrusion, luxation, fractures** | Image result for enamel fracture tooth |
| **Extra-oral swelling from infected tooth.** *Dentistry should be consulted BEFORE a child is admitted.* | Image result for odontogenic infection swelling |
| **Trauma to primary teeth (other than avulsion)** | Image result for primary tooth trauma |
| **Braces embedded in the lip** | image1.JPG |
|  |  |
| **Intraoral laceration/soft tissue injury** or if any object is embedded into the cheek or palate (like a toothbrush or pen) | Image result for mouth laceration Image result for mouth laceration  Image result for toothbrush trauma |
| **Painful burn or ulcer inside the mouth OR significantly swollen and bleeding, painful gums** – *possible causes are traumatic ulcers, primary herpetic gingivostomatitis, lip or cheek biting following dental treatment and local anesthetic* | Image result for burns inside mouth Image result for burns inside mouth  Image result for primary herpetic gingivostomatitis Image result for lip biting dental |
| **Patient can't close mouth or jaw** | Image result for jaw locked open |
|  |  |
| **Medium to large oral mass** | Image result for oral mass |
| *Anything else?* |  |
|  |  |

Below are NOT considered dental emergencies for the NCH ED. The Dental Resident On-Call should not be paged.

Please refer these patients to their dentists or to the NCH Dental Clinic, 2nd floor, Livingston Ambulatory Center, walk-in hours, Mon-Fri 9-11am, 1-3pm (No walk-ins on evenings or weekends)

|  |  |
| --- | --- |
| **Loose baby (primary) teeth –** *usually ages 5-12 – patient should be encouraged to wiggle his tooth out* | Image result for loose baby tooth |
| **Trauma with avulsed front baby (primary) teeth with no other concerns –** *usually under age 8 –* *there is no treatment indicated for this. When in doubt about primary or permanent teeth, or if any other tooth or oral injuries, please page the dental resident on call.* | Image result for avulsed baby tooth |
| **Toothaches (pain) in absence of visible facial swelling** *– manage with pain meds* | Image result for early childhood caries Image result for tooth cavity |
| **Abscess/fistula in gingiva** *– antibiotics not indicated for this* | Image result for tooth abscess fistula |
| **Orthodontic patients – loose brackets, wires, etc.** *Patient should call his/her orthodontist for emergency care. (If patient has orthodontics through NCH Dental Clinic….??)* | Image result for orthodontic loose wire poking |
| Anything else? |  |
| **Apthous ulcers** “Canker sores”  Or does this go with the upper set of ulcers? Do we word this differently? This requires diagnostic skills that I don’t think we can require nurses or check-in staff to have… | Image result for burns inside mouth |