

Dental Emergencies

Guidance on Dental Emergencies for A&E Staff

The majority of individuals presenting with dental emergencies **DO NOT** require the immediate input of a dentist and can be advised to see their dentist or register with a dentist within the next 24 hours. An up-to-date list of General Dental Practitioners is available in the Accident & Emergency Department.

Under current NHS Terms & Conditions, General Dental Practitioners are required to provide emergency arrangements for their registered patients. Such patients should be seen within 24 hours of contacting their own dentist. Individuals attending A&E with dental emergencies should, therefore, be advised to contact their own dentist.

Individuals who are not registered with a General Dental Practitioner should be advised to do so as soon as possible.

The most common presenting dental problems to A&E are:

1. Dental pain/infection
2. Oro-facial swelling
3. Post extraction haemorrhage
4. Avulsed/subluxed teeth

Dental Pain/Infection

The majority of individuals presenting with pain and infection **DO NOT** require the immediate input of a dentist.

- Pain (of constant intensity) present for several days but which has not caused the patient to seek help previously is probably not severe.
- Pain completely resolved by simple analgesics such as Paracetamol or Ibuprofen is not severe.
- Pain only with hot or cold foods or drinks can be dealt with by avoiding such items.
- Intermittent pain of very short duration does not constitute a dental emergency.
- Pain of a throbbing nature is usually indicative of infection.

For those where infection is present, antibiotics should be prescribed. Amoxicillin or Erythromycin for those with a Penicillin allergy are suitable antibiotics.

For those presenting with pain only, normal analgesics are appropriate and attendance to their dentist advised.

Oro-facial Swelling

The treatment of any fluctuant swelling of dental origin is incision and drainage. This can be done in the A&E department, but only by those staff who have been appropriately trained. If you are unsure ask for help.

Interference with swallowing or breathing, closure of an eye, difficulty in opening the mouth and raised temperature as a result of dental problems should be dealt with urgently. Although some of these patients may require hospital admission, not all do. The patient's own dentist should be contacted in the first instance. If you or the patient are unable to contact their dentist then the oncall Maxillofacial Surgery SHO should be contacted for advice on appropriate future treatment.

Post-Extraction Haemorrhage

The majority of post-extraction haemorrhages are not severe and can be dealt with by simple measures in the A&E department.

Prior to any treatment it is worth checking a few things with the patient.

- Is the extraction site still numb
- Had bleeding stopped before the patient left the dental surgery
- Does the patient have any condition pre-disposing to bleeding
- Is the patient on any medication which will pre-dispose to bleeding
- Has pressure been applied to the dental socket for at least 20 minutes
- Has the dentist been contacted

Treatment Options

1. **Pressure** - Using a swab folded so that it is sitting directly over the extraction site. Pressure has to be constant for at least **20 minutes**.
2. **Packing** - A haemostatic agent such as Kaltostat, Algosterol or Surgical can be packed into the socket and then pressure applied as above.

3. **Suturing** - This **must** be done under local anaesthetic preferably with a vasoconstrictor agent, e.g. adrenaline. A horizontal mattress suture should be applied. NB. If you are not sure how to anaesthetise inside the mouth then **do not** do it.

If after all of these procedures have been tried or you are not sure how to suture a socket then ask someone who does. If there is someone else in the A&E department who may know then ask them first. Failing that contact the patient's dentist or oncall Maxillofacial Surgery SHO for advice.

Avulsed/Subluxed Teeth

1. Deciduous "baby" teeth

- Avulsed* - No treatment required
Subluxed - If very loose then remove
If partially mobile refer to the dentist

2. Permanent Teeth

- Avulsed* - Need to be replaced as soon as possible.
Advice over the phone should be to place tooth in milk and contact dentist immediately or attend A&E.
To replace tooth give it a very gentle rinse in SALINE (not water) and re-implant making sure the tooth is positioned correctly. Local anaesthetic may be required. If the tooth is still very loose a splint may be required. Antibiotics should be prescribed and advice to see a dentist as soon as possible given.
- Subluxed* - Re-position tooth
Local anaesthetic may be required
Antibiotics should be prescribed
A dentist should follow these patients up as soon as possible

PLEASE NOTE THAT A PATIENT'S OWN DENTIST SHOULD BE CONTACTED IN VIRTUALLY ALL CASES. PATIENTS WHO TELEPHONE THE A&E DEPARTMENT FOR ADVICE SHOULD BE MADE AWARE THAT THEIR DENTIST IS OBLIGED TO SEE THEM IN THE CASE OF A DENTAL EMERGENCY WITHIN 24 HOURS OF THEM BEING CONTACTED. IF A PATIENT CANNOT GET IN TOUCH WITH THEIR OWN DENTIST AND

HAVE TRIED SIMPLE MEASURES TO RELIEVE THEIR SYMPTOMS THEN THEY SHOULD BE ADVISED TO ATTEND A&E. THE PATIENT SHOULD BE MADE AWARE THAT THERE ARE NO DENTAL FACILITIES IN THE A&E DEPARTMENT.

At the weekend the Glasgow Dental Hospital is open on a Sunday morning from 10 am until 12 noon for emergencies. This is open to all patients, including those not registered with a dentist.

If you see a patient who is going to go to the dental hospital then it is helpful to discuss their case with the dentist working at the Dental Hospital. Tel 0141 211 9618