

DENTAL

FIRST AID



Colorado Department
of Public Health
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This flip chart is designed to aid school nurses, school office personnel, teachers and parents in the effective treatment of minor dental emergencies. Although these first aid procedures should provide temporary relief, they cannot always solve the dental problem. Please consult with a dentist as soon as possible.

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INTRODUCTION

The following should be added to your first aid kit, to be used for dental emergencies:

Salt
Hydrogen Peroxide solution (3%)
*Orabase with benzocaine (Do not use Kenalog with Orabase)
Milk
Hank's Balanced Salt Solution

WRITTEN PERMISSION FROM A PARENT OR GUARDIAN IS REQUIRED FOR ANY MEDICATIONS GIVEN TO STUDENTS IN SCHOOL.

**Medications cannot be used in schools without written approved protocol specific to each drug and signed by a physician or dentist. The protocol is to include: name of drug, indications, contraindications, side effects and dosage specific to age level. Medications may only be given if there is written parental permission.*

Basic Supplies

** Latex/vinyl/exam gloves	Petroleum Jelly (Vaseline)
Cotton	Sterile gauze square (2 x 2)
Cotton swabs	Sterile Gauze pads
Dental floss	Tea bags
Flashlight	Tongue blades
Ice pack or wet frozen washcloth	Toothbrushes
Oil of Cloves	Toothpicks
Paraffin, candle or ortho wax	Tweezers

** Special precaution must be used in children with a latex or rubber allergy. Use vinyl gloves when a latex allergy is confirmed, suspected or when in doubt.

Special Note: Aspirin should be avoided in children with influenza, chickenpox or other viral illness because of the possible association with Reye's Syndrome.

DENTAL FIRST AID SUPPLIES

Inflamed or irritated gum tissue:

- Red, swollen or sore gums can be rinsed thoroughly with warm salt water solution ($\frac{1}{2}$ teaspoon salt in a small juice glass of warm water) for 1 to 2 days only. Prolonged rinsing with salt water may result in further irritation of the gums.
- Inflamed, bleeding gum tissue can be the result of poor oral hygiene. Diligent daily plaque removal by brushing and flossing will allow the gums to return to health. Toothpaste does not have to be used to remove plaque. A wet (warm with water or saliva) soft bristled toothbrush and dental floss can be used to remove plaque.
- Bleeding gums may also be caused by a Vitamin C deficiency or a systemic problem. If the condition does not improve with good oral hygiene (brushing 2-3 times a day and flossing once a day), a dental consultation must be performed and a medical evaluation may be in order.
- A blow (trauma) to the mouth can cause the gum tissue to swell and bleed. The gums and teeth should be kept clean to decrease the chance of an infection. A cold compress may be applied to the area from the outside of the cheek or lip to help control swelling. Use sterile gauze (2 x 2 square), to apply direct pressure to the injured area to control the bleeding.

IN ALL CASES, RECOMMEND TO PARENTS THAT A DENTIST BE CONSULTED!!



INFLAMED OR IRRITATED GUM TISSUE

Canker Sores:

Canker sores usually occur inside the mouth. They are commonly found on the tongue and in the fold between the cheek and the gum tissue.

- Duration of canker sore is 7 to 10 days and severity varies with each individual. If condition persists for longer than 14 days consult a dentist.
- Localized fever, swelling and pain may be present.
- Orabase with benzocaine* (if ordered) may be applied for temporary relief. DO NOT place an aspirin directly on the sore as this will cause a chemical burn to the tissue.
- Rinse with warm salt water ($\frac{1}{2}$ teaspoon salt in a small juice glass of warm water) two to three times a day. Prolonged rinsing with salt water may result in further irritation of the gum tissue.
- Avoid spicy and acidic foods.

*See medications under “Dental First Aid Supplies”.



CANKER SORES, COLD SORES, AND FEVER BLISTERS

Cold Sores and Fever Blisters:

These usually occur on the outside of the mouth. They are commonly found on the lip or the skin directly around the lip and usually recur in the same area each time.

- Avoid **ANY** skin to skin contact as the lesion may be contagious. Apply petroleum jelly or Orabase* with a cotton swab or gloved hands. Avoid touching one's own sores as infection may spread to the eyes, hands, other areas of the body or to other people.
- Avoid exposure to wind and sun.
- Duration of lesion is 7-10 days. Contact dentist of healing does not occur in 14 days.
- Consult dentist for recommended over the counter (OTC) or prescription medications.

*See medications under “Dental First Aid Supplies”.

CANKER SORES, COLD SORES, AND FEVER BLISTERS

Toothache:

If a child has a toothache or other apparent dental emergency, the legal guardian should be contacted and the child should be referred to a dentist as soon as possible.

- Rinse vigorously with warm salt water to keep mouth clean
- Use dental floss and toothbrush to remove any food trapped between teeth.
- If swelling is present, apply a cold compress to outside of cheek. **DO NOT USE HEAT.**
- Keep head elevated to reduce pressure to head area.
- Oil of cloves may be applied to the affected tooth with a cotton swab. **DO NOT** place aspirin directly on the painful area as it will cause a chemical burn.

*NOTE: The state dental association or local dental society can be contacted as a referral service for names of local dentists willing to accept emergency patients.
Colorado Dental Association: 303-740-6900.*

OTHER RESOURCES: A dental school/university, hospital with dental emergency facilities, public school dental clinics, local health departments with dental facilities and other community dental clinics.

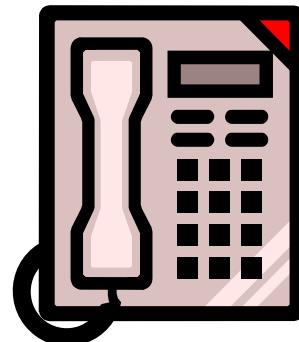
Numbers for your area: (fill in)

Hospital: _____

Health Department: _____

Community Dental Clinics: _____

Local Dentist(s) who see emergencies: _____



TOOTHACHE

After an extraction (having a tooth pulled),

- First 24 hours: do not rinse or swish. Do not use a straw when drinking a beverage.
- Do not smoke for 48 hours

(These activities will create suction, and can dislodge the blood clot formed in the extraction site.)

Do not be alarmed if there seems to be a lot of blood. Remember, the blood is mixing with saliva and, therefore, it may appear there is more bleeding. If it is determined to be more than oozing (bright red) or is frightening, the following is recommended:

- At the extraction site have the child bite down hard on a sterile 2x2 gauze, replace the gauze every 15 minutes for one hour. Encourage child not to chew on the gauze.
- If the bleeding persists, wrap a moistened tea bag in a sterile 2x2 gauze. Place the tea bag at the extraction site and have the child bite down for 30 to 45 minutes. Repeat as necessary.
- **Avoid aspirin as it will reduce the blood's ability to clot.**
- If bleeding cannot be controlled within an hour, contact the legal guardian and recommend they consult their dentist or physician.

* See medications note under “Dental First Aid Supplies”



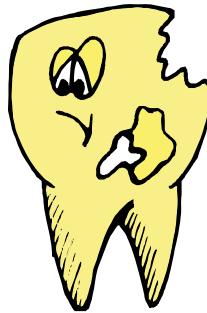
PROLONGED OR RECURRENT BLEEDING AFTER AN EXTRACTION

Broken or displaced tooth:

Contact the legal guardian and arrange to have the child taken to dentist AS SOON AS POSSIBLE if a child presents with a broken, displaced or avulsed tooth.

- Try to clean the soil, blood, and other debris from the injured area with sterile gauze or cotton swab and warm water or diluted hydrogen peroxide. Have the child gently rinse with warm water or diluted hydrogen peroxide if the tooth is painful to touch.
- To reduce swelling apply a cold compress to cheek or lip next to the injured tooth.
- Check for displacement of teeth. If tooth/teeth is/are not out of alignment have the child gently bite teeth together. **Do not try to realign a tooth as this may cause more harm.**
- If tooth has been pushed into the socket or gum, **do not attempt to pull it into position.** It may re-erupt normally on its own.
- If the broken tooth has created a sharp edge, it may be covered with wax to prevent tissue laceration. Wrap a sterile 2x2 gauze moistened with warm water around the tooth if it is sensitive to air when inhaling.

*See medications note under “Dental First Aid Supplies”.

***BROKEN OR DISPLACED TEETH***

Permanent Teeth Only:

Note: Baby teeth, which have been knocked out, cannot be replaced. A permanent tooth that has been knocked out of the socket and has an intact root is still intact is an “avulsed” tooth.

- Contact the child's legal guardian and arrange to have the child taken to the dentist **immediately**. Look in the accident area for the tooth that was knocked out. It is imperative that the tooth be found if at all possible. Many times the tooth can be successfully re-implanted and saved, if accomplished within one hour. Time is extremely important.
- If the tooth was broken off at the gumline a root canal or possible extraction are the only options.
- If the entire tooth was knocked out and is found, proceed by gently rinsing the tooth with sterile or clean water. **DO NOT touch or scrub the tooth**, only remove gross amounts of dirt and debris. Removing any of the tissue or blood on the tooth will lessen the chances of a successful re-implantation. Try gently placing the tooth into the socket before a blood clot forms in the socket. Check student's medical/dental history for current tetanus immunization. If not current the child should receive a booster injection within 24 hours. Tetanus (lockjaw) can cause serious health problems.
- If the child is uncooperative or the school nurse or teacher is uncomfortable with reinserting the tooth, place the tooth in Hank's Balanced Salt Solution or a cup of milk. If these is not available, place it in a cup of sterile or clean water, sterile saline, or contact lense solution.

*See medications note under “Dental First Aid Supplies”.



TRAUMATIC AVULSION (LOSS OF) PERMANENT TOOTH

Possible Jaw Dislocation or Fractures:

- Contact the child's legal guardian and arrange to have the child taken immediately to an oral surgeon or hospital emergency room.
- If a jaw fracture or dislocation is suspected, immobilize the jaw by any means available. Place a scarf, handkerchief, tie or towel under the chin and tie the ends on top of the child's head.



POSSIBLE JAW DISLOCATIONS OR FRACTURES

For irritations in the mouth caused by a protruding wire from orthodontic bands and if an orthodontist is not immediately available:

- If there is a protruding wire, simply cover the end with orthodontic wax (which the child usually has), a piece of gauze, or a small cotton ball to stop the irritation and have the parent take the child to the dentist/orthodontist.
- Do not attempt to remove any wire that is embedded in the cheek, gum, or tongue. Contact the child's legal guardian to have them taken to the dentist/orthodontist immediately.
- The placement and adjustment of orthodontic bands/wires can cause discomfort for a few days. A semi-solid diet is recommended until the child is comfortable to resume a normal diet. Pain medication may be ordered by the orthodontist.
- If a wire or appliance becomes loose or broken and cannot be removed easily, contact the child's legal guardian to take them to the dentist/orthodontist immediately.

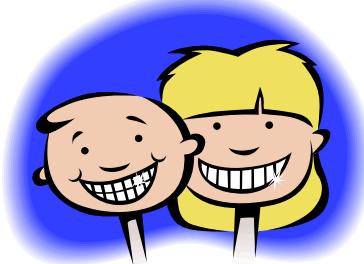


ORTHODONTIC (BRACES) EMERGENCIES OR PROBLEMS

Tooth Eruption Pain:

- Prolonged pain (over one week) is unusual and may be caused by inflammation of the tissue around an impacted or partially erupted tooth. Discomfort associated with an erupting tooth is usually intermittent and less painful than with a badly decayed tooth. This periodic, sometimes, prolonged pain is fairly common with eruption of first permanent molars and third molars or wisdom teeth.
- Vigorously rinsing with warm salt water 2-3 times a day will help relieve inflammation and dislodge debris and food which may be impacted.
- **DO NOT** place an aspirin directly on the tissue in the area of pain as it will cause a chemical burn.
- A cold compress or a piece of ice wrapped in a sterile 2x2 gauze can be directly applied to the eruption site. The numbing effect of the cold can provide temporary relief.
- A dentist should be contacted if the pain persists.

*See medications note under “Dental First Aid Supplies”.



TOOTH ERUPTION PAIN

Lacerated Lip or Tongue:

- Apply direct pressure to the bleeding area with a moistened, sterile 2x2 gauze square, for 15 to 30 minutes.
- If swelling is present with a lip injury, apply a cold compress.
- If bleeding does not stop readily, or if the injury is severe, contact the child's legal guardian or take the child to the emergency room.
- Refer to dentist or physician.
- Check for broken/fractured, displaced, or avulsed teeth.
- Vigorous bleeding may be expected initially.

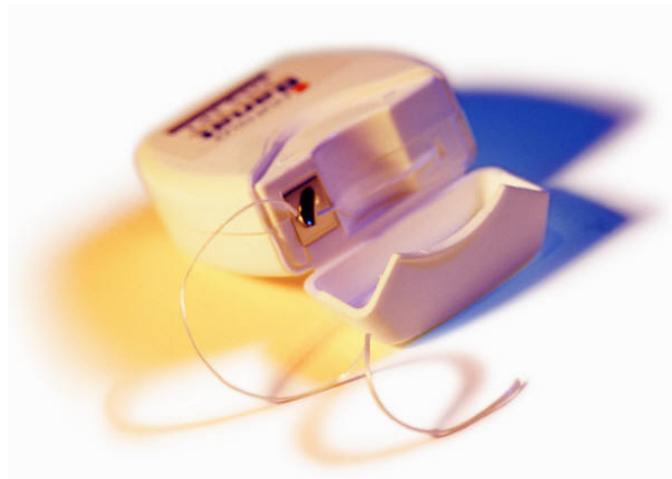
*See discussion of TETANUS under “Traumatic Avulsion”



LACERATED LIP OR TONGUE

Objects Wedged Between Teeth:

- Try to remove the object with a toothpick, tweezers or dental floss. Remember to gently guide the floss against teeth so as to not injure the gum tissue.
- **DO NOT** try to remove the object with a sharp or pointed plastic or metal tool/instrument, as it may cause injury.
- If unsuccessful, contact the child's legal guardian to have the child taken to a dentist.



Complications from Oral Piercing:

Complications from oral piercing include increased salivary flow, excessive drooling, infection, chipped or cracked teeth, injuries to the gums, damage to fillings, hypersensitivity to metals, scar tissue and nerve damage.

- Swelling, up to five days after initial piercing, is normal. Excessive swelling with the potential to block the airway is possible. --*Contact the legal guardian and arrange to have the child taken to dentist or physician AS SOON AS POSSIBLE if child presents with any sign of severe swelling or infection* (swelling, pain, fever, chills, shaking, or red streaked appearance around site of piercing.)
- Clean and free any matter that may collect on the jewelry by rinsing. Most piercing guides recommend **avoiding** rinses containing alcohol, such as Listerine, due to the potential for irritation.

Remind students to always wash hands thoroughly before touching jewelry.