**SYMPTOMS**

**Avulsion:** Tooth knocked out

- Call Dentist immediately
- If tooth is free from debris, re-implant on site
- If covered in debris, or unsafe to re-implant, put tooth in clean container with cold milk or patient/parent’s saliva
- Do not store tooth in water
- Systemic antibiotics should be considered in case of permanent tooth avulsion
- Tetracycline for older patients
- Penicillin V or Amoxicillin for younger patients

**SUGGESTED PREVISIT WORKUP**

- Gently reposition tooth to original position. If tooth remains mobile, referral is recommended to dentist for assessment of splinting.
- Inquire about pain to hot and/or cold exposures. This may indicate dentin and/or pulp exposure.
- Store broken tooth fragments in cold milk or patient’s saliva
- Referral to dentist is recommended as soon as possible to lessen discomfort and avoid possible infection
- If tooth is not very loose, monitor for changes in looseness or discoloration. If discoloration or any change occur, then referral to dentist is recommended.

**SYMPTOMS**

**Luxation or Tooth moved from original position:** Teeth driven into or partially out of the jaw, pushed out of alignment

- Chip/Fracture with pulp exposed: Inquire about pain to hot and/or cold exposures. This may indicate dentin and/or pulp exposure.
- Store broken tooth fragments in cold milk or patient’s saliva

**SUGGESTED PREVISIT WORKUP**

- Gently wash and rinse wound with soap and water, and carefully remove debris by hand
- Apply direct pressure with gauze to control bleeding
- Examine face, lips, and oral musculature for signs of fractures, abnormal tooth position, and tooth mobility

**SYNDROMES**

**Luxation:**

- Chip/Fracture:
  - Tooth is visibly cracked, surface feels different, strange, or sharp when chewing or on tongue

**SUGGESTED PREVISIT WORKUP**

- Inquire about pain to hot and/or cold exposures. This may indicate dentin and/or pulp exposure.
- Locate and store any lost tooth fragments in cold milk
- Refer to dentist as soon as possible to lessen discomfort and avoid possible infection
- If loosened tooth or one tender to touch:
  - If tooth is not very loose, monitor for changes in looseness or discoloration. If discoloration or any change occur, then referral to dentist is recommended.

**CLINICAL PEARLS**

- If patient experienced any loss of consciousness at time of head injury, even temporary, they should go to the hospital for assessment of serious injury. If no head injury or loss of consciousness, dentists are often more helpful than a hospital/emergency clinic for assessment and treatment of dental injuries.
- A tetanus booster and antibiotics should be considered whenever a dental injury is at risk for infection.
- Provide education to parents/caregivers about strategies to reduce risk of dental trauma, including utilization of a mouth guard when activity involves risks of fall, collision, or hard surfaces or equipment.
- A darkened permanent teeth is a long term sequelae and is not an urgent referral. Call dentist to evaluate for follow up.

- Additional resource for primary care: [http://pediatrics.aappublications.org/content/pediatrics/early/2014/01/22/peds.2013-3792.full.pdf](http://pediatrics.aappublications.org/content/pediatrics/early/2014/01/22/peds.2013-3792.full.pdf)

**IMMEDIATE** WITHIN 60 MINUTES

**URGENT** WITHIN 6 HOURS

**LESS URGENT** WITHIN 12-24 HOURS

**SYMPTOMS**

**Avulsion:** Tooth knocked out

**SUGGESTED PREVISIT WORKUP**

**Luxation or Tooth moved from original position:** Teeth driven into or partially out of the jaw, pushed out of alignment

**Chip/Fracture with pulp exposed or ongoing pain and throbbing**

**Soft Tissue Trauma**

**Root Fracture**

**Clinic pearl:**

- Additional resource for primary care: [http://pediatrics.aappublications.org/content/pediatrics/early/2014/01/22/peds.2013-3792.full.pdf](http://pediatrics.aappublications.org/content/pediatrics/early/2014/01/22/peds.2013-3792.full.pdf)

*These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.*