

Dental Emergencies



What Do I Do Now?

Dr. Megan E. Lenahan, DDS, MDS
Dr. Maura K. Robinson, DDS, MS

5637 Telegraph Road
St. Louis, MO 63129
(314) 843-8500
www.LenahanSmiles.com



Dental Emergencies

Accidents happen, especially with kids. Emergencies almost never happen in a convenient time. Skim this emergency guide now, and then put it in a safe place. That way, if an emergency happens, you'll be ready.

How to Use This Guide:

When the unexpected happens, help is not always handy, but this manual can be. When the office is closed, or you're far away from us, you can find a lot of the information you need during a dental emergency in this manual.

During office hours, please call and we can help you.

After office hours, check this manual first, and call our **Medical Exchange** if you need more help. By calling our office after hours, you are given the option of leaving a message (for emergencies that can wait until business hours) or **pressing 1** to be connected to an operator that will contact the doctor. The operator will take your information, and the doctor will call you back as soon as they can. From there, the doctor can direct you on what actions are needed.

The after-hours emergency service is only available to active patients.

Dr. Lenahan's Office:
(314) 843-8500

Press 1 for exchange

What Do I Do Now?

Take a deep breath. Dental emergencies are common, especially with kids. They can feel overwhelming and scary.

First:

Does your child need to go to the emergency room? Loss of consciousness, confusion, or heavy bleeding are often signs that a child needs to visit the ER.

Second:

Does your child have more pressing issues than dentistry? While the mouth is important, accidents often have more urgent problems than teeth. If so, visit the ER or call your pediatrician.

Third:

Try to find your problem on our manual, there might be helpful information here. If not, call our office at (314) 843-8500.

What to Know When Calling

The more you tell us over the phone, the more we can help.

- **Location:** Be able to tell us “top,” or “bottom,” and the child’s “left” or “right”
- **History of problem:**
 - What happened?
 - When did it happen?
 - Where did it happen? Outside or inside?
 - How long as this been going on? Or when did this start?
- **Pain involved:**
 - Is it painful or sensitive?
 - Does it hurt with cold or hot foods?
 - Does it hurt with chewing?
 - Does it hurt out of no-where (spontaneous pain)?

The Dark Primary Tooth

A dark front baby tooth is often a big concern for parents. Most frequently, it occurs a week or more after the tooth experienced trauma of some sort. Often the injury was minor at the time. The discoloration is caused by the same process that causes a bruise—internal bleeding from ruptured blood vessels. This bleeding is inside the nerve chamber of the tooth. When a bruise forms on the skin, it quickly dissipates. Inside a tooth, sometimes the bruise “gets stuck.” **Most dark baby teeth do not cause a problem, and not a reason to worry.**

Studies have found:

- About 80% of dark baby teeth stay in until normally lost by the adult tooth
- Most dark teeth remain dark. Some get darker, some get lighter, some change colors.
- Traumatized baby teeth can turn gray, yellow, or pink, depending on the baby tooth’s reaction.
- 1 in 5 dark baby teeth “act up,” needing treatment. Usually the treatment is extraction.

***Initial trauma** usually causes pain with eating, sensitivity, and possibly swelling in the lips. After trauma, we recommend a soft diet, and Motrin/Tylenol as needed. Pain with eating may last up a 1-2 weeks. After that, any symptoms should be evaluated by the doctor.*

Follow Up Visit

Dark teeth need routine x-rays to monitor for changes. Some of these will abscess, or get infected, and an x-ray is often the first sign of this. An abscessed baby tooth can damage the developing permanent tooth, so it is important that this infection is treated. Typically, extraction is the best treatment.

What to Watch For

- Pain with eating (very young children may not tell you, but may avoid using his or her front teeth for biting into things)
- Sensitivity (cold or hot)
- Unexplained swelling in gums or lips
 - Abscess or “gum boil” above the tooth
- Sudden changes in color

Non-Emergency Conditions

Condition	Action
Loose Spacer	<ul style="list-style-type: none"> Soft diet, call during office hours
Lost Spacer or crown	<ul style="list-style-type: none"> SAVE THE CROWN in a Ziploc or safe place. Sensitivity is normal. Avoid eating in that area. Soft Diet may help Call during office hours and bring crown or spacer to appointment.
Eruption problems	<p>"shark teeth" or "double rows of teeth" are not an emergency. Sometimes discomfort is associated with loose teeth. This is normal and often resolves in 3 months.</p>
Lost Filling	<p>Lost fillings can be due to new decay around an existing filling which weakens the filling; or often biting into something hard (popcorn kernels, etc).</p> <p>Soft diet, avoid eating in that area. Motrin or Tylenol as needed</p>
Canker Sore	<p>Oragel and Motrin are helpful. Avoid acidic foods. If canker sores are frequent, let us know.</p>
Dark teeth	<p>Call for regular appointment. See next page.</p>
"Gum Boil" or Abscess	<p>Call for regular appointment. This may need antibiotics, but the baby tooth usually needs to be extracted.</p>
Gum Infection (red, bleeding, swollen gums)	<p>Strict oral hygiene. Mouth rinses and washes are helpful. Call for evaluation.</p>
Loose Baby Teeth	<p>Sometimes discomfort is associated with loose teeth. These teeth are, for lack of a better word, annoying. They are often pushed out of place by the erupting tooth, and end up sideways, making eating difficult.</p> <p>Every effort is given to allow these to be lost normally, but if our assistance is needed, call for an evaluation.</p>

General Guidelines:

Most toothaches in children can be managed with over the counter pain medication (Motrin/Tylenol) and a soft diet (mac and cheese, mashed potatoes, pudding, soup, etc).

Rapid swelling, uncontrollable pain, high fever, or the need for stitches are problems that usually require a visit to the ER.

If our doctors come in outside of regular office hours, there is an "After-hours" emergency visit fee.

Condition	Action
Rapid Swelling with Fever	Contact the office immediately, your pediatrician, or visit the ER if you cannot control the symptoms.
Broken Jaw	Go to the ER, this is not handled by our office.
Toothache	<p>At one time or another, most people have toothaches.</p> <ul style="list-style-type: none"> Try Motrin or Tylenol for pain first Hot or cold may provide relief Warm salt water rinses may help (1 tsp/8oz) <p>Call for rapid swelling, or severe, uncontrolled pain</p>
Broken tooth from cavity	<p>Baby teeth in the back of the mouth break for many reasons.</p> <ul style="list-style-type: none"> Getting loose and adult tooth is dissolving baby tooth (not an emergency) Broken due to decay or broken filling (try to control pain with Motrin or Tylenol, and soft diet as needed) Broken tooth due to trauma (see next page) <p>If pain can be controlled with over the counter pain medication, most of these can wait until normal office hours</p>
Cuts	<p>Apply pressure with a washcloth. The mouth bleeds a lot when injured. If bleeding cannot be controlled, the child should visit the ER.</p> <p>If there is a potential need for stitches, go to the ER</p>

Accidents or Trauma:

Condition	Action
Knocked Tooth Out of Place	<ul style="list-style-type: none"> Check if child can close normally. If not, try to reposition tooth by applying pressure, or having child bite on a washcloth. Soft diet, and Motrin/Tylenol as needed If child cannot close, call the exchange
Knocked Tooth Loose Permanent tooth	<ul style="list-style-type: none"> Hitting a permanent tooth loose may require emergency care. Emergency care depends on how loose, and your child's age Soft diet, and Motrin/Tylenol as needed If excessively loose, call the exchange
Knocked Tooth Loose Baby Tooth	<ul style="list-style-type: none"> Loose baby teeth typically are not an emergency. Pain and some bleeding are normal. Avoid eating on the tooth, soft diet, and Motrin/Tylenol as needed
Broken tooth	<ul style="list-style-type: none"> Small chips typically can wait until regular office hours, although these might be irritating to the lip or tongue (typically need an exam and x-ray) Large breaks <i>may</i> require immediate treatment Call our exchange, and the doctor will likely ask for a picture to help evaluate the fracture
Knocked Permanent tooth OUT	<p>Immediately put the tooth back in the socket. The tooth must be replaced within 10 minutes for the best chance of survival--even if in the wrong spot</p> <p>If you cannot replant the tooth in the socket, place the tooth in the mouth, milk, saline, saliva or "Hank's Save a Tooth solution." Call exchange or visit ER for re-implantation</p>
Knocked Baby Tooth Out	No action needed.

My Child fell and hit a tooth:

Falls are our most common after hours "emergency."

As most parents know, not every fall requires immediate care by the ER or dentist.

1) Remain calm. If you are not calm, your child will not be either.

2) Gently wipe away any blood.

- The tissues in the mouth bleed easily and often minor injuries appear worse than they actually are. Check for cuts along lips and gums.
- Apply pressure to any cuts with a clean cloth.

3) Check for loose, broken, missing teeth.

Missing teeth:

- Locate any missing teeth.
- Missing teeth are usually in the area, on the ground or in clothes.
- Sometimes a child might swallow or inhale a missing tooth.
- Sometimes a "missing tooth" isn't missing, it is pushed all the way up into the gums.

Knocked out teeth:

- Baby teeth are NOT put back in the mouth. Replacing a baby tooth risks the developing permanent tooth.
- Permanent teeth should be replaced ASAP.**
 - Grab it by the top/crown and gently rinse. Do not scrub.
 - The crown is whiter and wider. Only touch this
 - Replace tooth into the socket.**
 - Teeth that are dry or out of the mouth more than 15 minutes rarely survive longterm.**
 - If you cannot replace tooth, place in milk, saline, saliva or Hank's Save a Tooth.
 - Have child bite on a washcloth until a dentist can be reached.
 - If we cannot be reached, go to the ER for care.

