

# A PARENT'S GUIDE TO DENTAL EMERGENCIES



YOUR GUIDE FOR PREPARATION



**Dentistry**  
for Children and Adolescents  
PEDIATRIC SPECIALISTS



If you have children, then you're well aware of all the potential dangers that lurk around every corner. Whether your children are at school, home, at the park, a friend's house, or somewhere between, the potential for an emergency can arise at any moment.

At Dentistry for Children & Adolescents, we know that being prepared is the best defense against any emergency. So we've compiled a guide for you to keep on-hand that will give you at-a-glance information you'll need to know when assessing the next steps.

This list, which by no means is comprehensive, should prove useful for their given situations. At any point you are uncertain, please consult with your doctor or dentist immediately.

First, it is important to understand that in any given situation where your child's face has experienced blunt force impact or trauma, they should be taken to the hospital immediately to be checked for a concussion. No matter how mild the hit may have been, a concussion is nothing to take lightly.



Direct force impacts to the face can also result in a broken or fractured jaw joint, which is known as the temporomandibular joint, or TMJ for short. An injury of this magnitude should not be taken lightly and be followed by immediate emergency care. Failing to do so can result in irreversible damage.

Tell-tale signs that more damage was done than just in the oral cavity would be:

- Bleeding from the nose or ears
- Loss of memory and/or consciousness
- Dizziness and/or disorientation
- Severe headaches or ear aches

To reiterate, no matter how mild the hit may have been, if you feel that immediate medical attention is required, please take them directly to a hospital.





## Tooth Injury Severity Chart

Injury	Looks Like	At Home
Craze Lines	Vertical or horizontal superficial cracks	Avoid stress or chewing on ice
Enamel Fractures	Small chip on edge of tooth	Place wax on offending area
Enamel & Dentin Fractures	Broken/fractured tooth with yellow or brown markings	Rinse thoroughly, avoid extreme temperatures, keep to a soft diet
Enamel, Dentin & Pulp Fractures	Broken/fractured tooth with light, dark and red markings	Soft/liquid diet, avoid extreme temperatures, call dentist, take anti-inflammatories or prescription pain meds
Horizontal & Vertical Root Fractures	Not visible	Soft diet, avoid extreme temperatures, take anti-inflammatories
Tooth Concussion	Normal, bleeding around gum-line may occur	Soft diet, avoid extreme temperatures, avoid chewing in the area, take anti-inflammatories
Tooth Avulsion	Tooth has been knocked out completely	See details below



## Tooth Injury Severity Chart

Injury	When to Visit	Treatment Options
Craze Lines	At next regular appointment	Night guard veneers
Enamel Fractures	At your earliest convenience	Composite resin filling or veneer
Enamel & Dentin Fractures	Within 48 hours if not painful - sooner if so	Filling, full or partial crown
Enamel, Dentin & Pulp Fractures	As soon as possible - No later than 24 hours	Root canal therapy, filling, full or partial crown, or tooth extraction
Horizontal & Vertical Root Fractures	See a dentist as soon as possible	Splinting the root, removing part of the root
Tooth Concussion	See a dentist as soon as possible	Testing the root for extent of damage - splinting if needed
Tooth Avulsion	See details below	See details below



## Permanent Tooth Avulsions

Tooth avulsions can be a nasty business and can lead to death of the tooth's nerve and need for extraction.

### What is a tooth avulsion?

An avulsion is where the tooth has been removed completely from its socket.

### What do I need to do if that happens?

First, calm your child. It's obviously a very painful experience and they will need to be calmed down before you can do anything. Make sure they did not swallow the tooth, and locate it if at all possible. If you can, pick it up by the crown and avoid contact with the root.

Next, call your dentist immediately. Successful treatment occurs within 60 minutes of the accident, and if the socket is allowed to stay open and dry, replacing the tooth will not be a viable option. Make a visit immediately.







## Permanent Tooth Avulsions



Place the tooth in a suitable storage medium, e.g. a glass of milk or a special storage media for avulsed teeth if available (e.g. Hanks balanced storage medium or saline). The tooth can also be transported in the mouth, keeping it between the molars and the inside of the cheek. If the patient is very young, he/she could swallow the tooth- therefore it is advisable to get the patient to spit in a container and place the tooth in it. Avoid storage in water!

It all depends on time, and storage.

It may be necessary to have your child referred to a physician for a tetanus booster if the tooth has been in contact with the ground and a replant was attempted.

### What about afterward?

A patient should avoid participation in contact sports until the situation is rectified, and eat only soft foods for, at minimum, two weeks.

This all changes if the tooth in question is a primary tooth, as they should not be replanted. However, do check in with a dentist to ensure that normal growth of the permanent replacement will not be affected.



## Tooth Displacements / Sublimations / Extrusions Lateral Luxations / Intrusions

### What are they?

Displacements fall into several categories:

A sublimation is a more technical term for a loose tooth.

A luxation is any displacement of the tooth that doesn't occur axially. That mean, any movement back and forth, and not rotating or moving up and down.

Extrusions are displacements that occur when the tooth is pulled out of socket, but not completely. Alternatively, intrusions are the opposite, where they are shoved into the socket. An intrusion can be dangerous if the offending tooth is a primary tooth.

### What do I do if that happens?

In all above instances, seek out a dentist as soon as possible. Extrusions, primary tooth intrusions, and luxations should be treated within a few hours, and others need to be treated within 24 hours.

### What about afterward?

Depending on what happened, realigning the tooth in whatever fashion it needs to be moved, plus possible splinting in order to ensure the tooth resets properly.







## Tooth Displacements / Subliminations / Extrusions Lateral Luxations / Intrusions

Common causes of broken, fractured, cracked teeth, and other dental emergencies are:

- Untreated dental decay
- Teeth that have undergone root canal therapy and have not received a crown
- Teeth with temporary fillings for extended periods of time (generally over a month)
- Accidents
- Assaults
- Biting or chewing unusually hard substances
- Using teeth for purposes other than chewing food
- Extremely forceful clenching or grinding of teeth
- Crooked teeth

An ounce of prevention is worth a pound of cure. Take active steps against these problems to reduce their occurrence by:

- Having dental checkups every six months
- Having dental crowns placed on teeth that have undergone root canals
- Have temporary fillings replaced with permanent dental fillings as soon as recommended
- Use appropriate protective equipment properly, such as seat belts and athletic guards during sports.
- Help your child understand the value of staying out of potentially dangerous situations.
- Have teeth properly aligned through the use of braces. Properly aligned teeth are far less likely to fracture.



Ensure your child is receiving the best dental care by selecting the right provider for your family's needs. At Dentistry for Children and Adolescents, we deliver oral health care that is comprehensive, accessible and family-centered for children and adolescents.

To learn more about us and the services we can provide your family, call either one of our locations:

**Creve Coeur, MO at 314-567-1122**

**St. Charles, MO at 636-946-5225**