





# Managing Dental Emergencies

For MO































- Outlining, diagnosing, and managing various dental emergencies
- Understanding their managerial role along with the capacity building of community health workers for preventing and immediate management of dental emergencies

 Understanding the protocols to be followed for referral and follow-ups



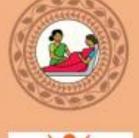














# OUTLINE

- Introduction
- Dental emergencies:
  - Tooth/ Pulpal pain
  - Pain in tooth and around the tooth-periapical abcess
  - Avulsion
  - Uncontrolled bleeding
  - Non-healing ulcer
- Case Studies
- Conclusion











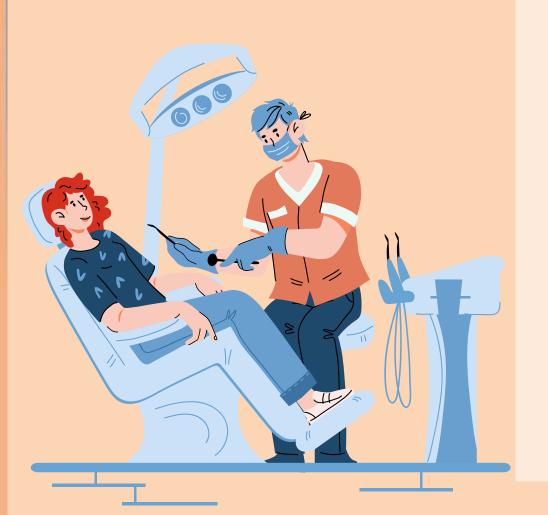








## IMPORTANCE OF ORAL HEALTH



- Oral health is an important part of general health
- Affecting not only the individual but also the broader health system and economy
- Dental emergencies like untreated dental caries are the most prevalent, affecting almost half of the world's population, with a negative impact on the quality of life

















## IMPORTANCE OF ORAL HEALTH



- Dental emergencies: Pain, trauma, and infection are among the most common concerns during such visits
- IADT reports that every one out of two children sustains a dental trauma, most often between the ages of 8 to 12 years



















# ORAL HEALTH CARE DELIVERY

- At Health and Wellness Centres, the healthcare workers and community workers have a major role to play in providing the first level services of early detection, screening, and management of common dental diseases including dental emergencies.
- It is necessary to adequately train them for Oral Healthcare at HWC along with screening and management of acute dental emergencies.















## DENTAL EMERGENCIES



Tooth/Pulpal pain

Pain in tooth and around the tooth-peri-apical abscess

Avulsion



Uncontrolled bleeding

Non-healing ulcer

DENTAL EMERGENCIES







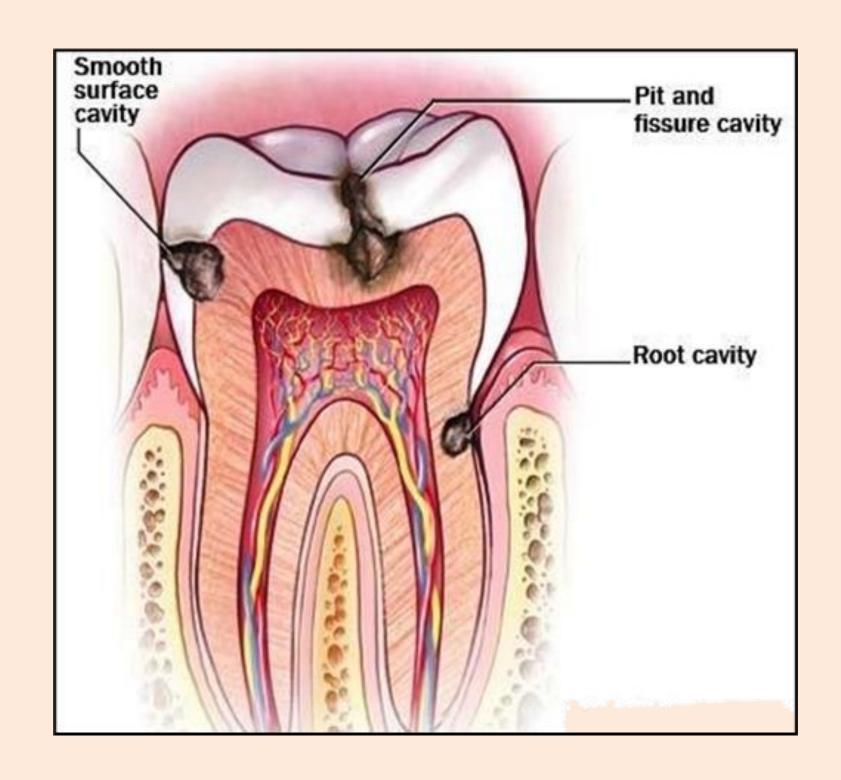






























## **CAUSES:**



Causes may include a dental abscess, loose tooth, or trauma.

















## **SYMPTOMS:**



- Spontaneous, strong, often throbbing, elevated by touch, food, and lasts longer even after the stimulus is removed
- Pain tends to radiate to the ear, temple, or cheek

















## **ROLE OF MO:**

- Awareness generation and Health Promotion:
  - Raising awareness on risk factors for developing caries and periodontal diseases.
  - Reinforcing consumption of raw, fiber-rich food and discouraging consumption of aerated drinks, sticky and sweet food.
  - Create awareness of preventive treatments- pit and fissure sealants, topical fluoride.



















## **SCREENING AND EARLY DETECTION:**

- Opportunistic screening for dental conditions
- Examination of cases referred by ASHAs, MPW, CHO



















## **MANAGEMENT:**

- Identify any pain/pus discharge
- Warm (not hot) saline rinses
- Clove oil application inside tooth cavity by placing a piece of cotton soaked in clove oil
- Paracetamol, Ibuprofen etc. tablets for pain control























- Identification of cause and location of pain
- Pain control using analgesics
- Refer to the nearest health facility where the dentist is available because the pulp has probably necrosed, dental abscess may follow
- Ensure appropriate capacity building of ASHA/MPW/CHO.

















	ASHA	MPW	СНО	
Awareness generation and Health Promotion	-Guide the community to undertake immediate measures of pain relief like saline rinses/clove oil			
Management	In case of delay in treatment, they can provide temporary pain relief medication like: -Saline rinses -Using clove/clove oil -Paracetamol to the patient after consulting CHO.	In case of delay in treatment, guide the community to undertake immediate measures of pain relief like: -Saline rinses -Using clove/clove oil -Dispense single dose of Paracetamol when required.	-Cases that present with pain can be symptomatically treated with pain killers and anti- inflammatory drugs at the HWC by the CHOAlso promote use of warm saline rinses, using mouth wash.	
Referral services	-Guide patients to nearest SHC-HWC/Referral centre and reinforcement to attend all the follow up visitsThrough home visits, VHNDs, community platforms ASHA will ensure follow-up of people.	-Mentor and guide ASHA and facilitate referrals to HWC-SHC / nearest facility providing appropriate dental treatmentProvide appropriate guidance and timely referral to nearest SHC-HWC/ referral centre and reinforcement to attend all the follow up visits.	Referral for dental advice because the pulp has probably necrosed, dental abscess may follow	









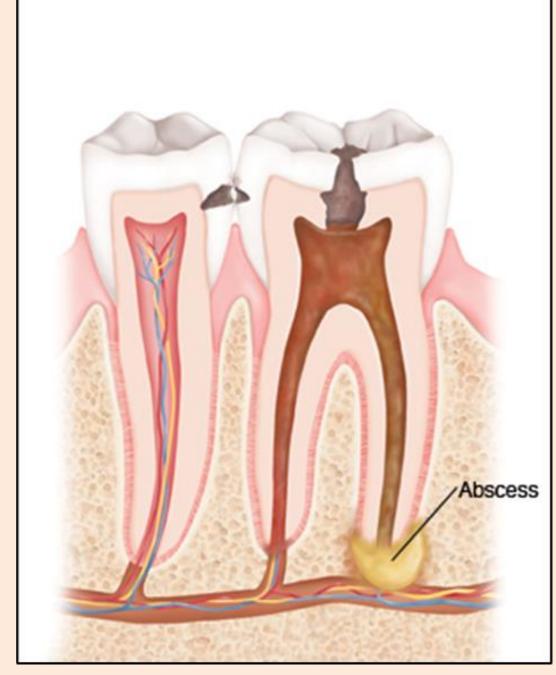


















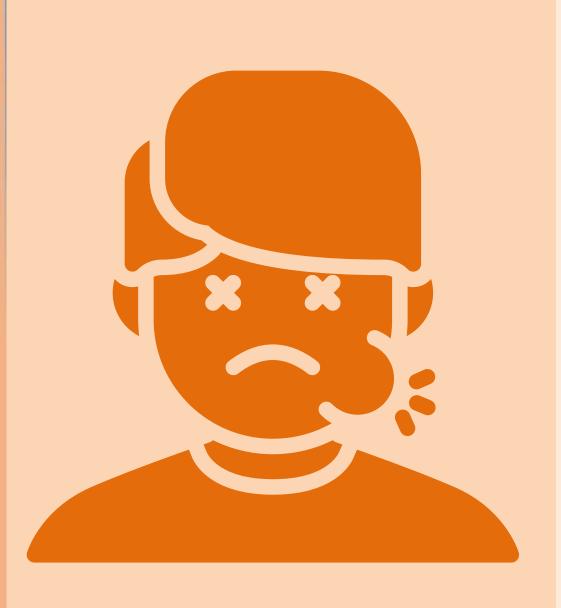












## **SYMPTOMS:**

- Pain is spontaneous, severe, persists for hours, is well localized, and is exacerbated by biting.
- The adjacent gum is often tender to palpation.
- An abscess may form (gumboil), sometimes with facial swelling, fever, and illness.
- A chronic abscess, however, may be asymptomatic apart from a discharging sinus. Rarely, this may open onto the skin.



















## **SCREENING AND EARLY DETECTION:**

- Opportunistic screening for dental conditions
- Examination of cases referred by ASHAs, MPW, CHO







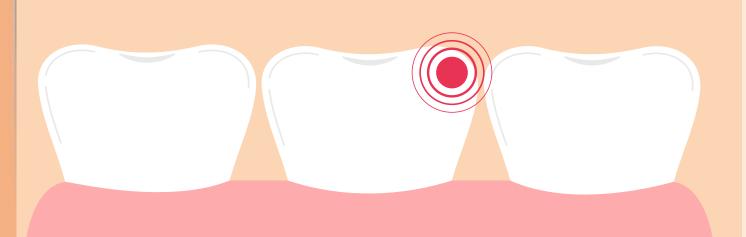












## **MANAGEMENT:**

- Identify any pain/pus discharge
- Management of abscesses- antibiotics and drainage
- Warm (not hot) saline rinses
- Paracetamol, Ibuprofen etc. tablets for pain control



















## **ROLE OF MO:**

- Referral services and Follow-up:
  - Refer to the nearest health facility where the dentist is available in case you see the following:
    - Pain and swelling for more than a week
    - Pus discharge
- Ensure appropriate capacity building of ASHA/MPW/CHO

















	ASHA	MPW	СНО		
Awareness generation and Health Promotion	-Guide the community to undertake immediate measures of pain relief like saline rinses/clove oil				
Management	In case of delay in treatment, they can provide temporary pain relief medication like: -Saline rinses -Using clove/clove oil -Paracetamol to the patient after consulting CHO.	In case of delay in treatment, guide the community to undertake immediate measures of pain relief like: -Saline rinses -Using clove/clove oil Dispense single dose of Paracetamol when required.	-Give first line of antibiotics if necessary (after consultation with dentist) and analgesics -If painful gently apply little clove oil inside the tooth cavity without touching the gum or oral mucosa -Do not give IV antibiotics or steroids Avoid continuous medication		
Referral services	-Guide patients to nearest referral centre and reinforcement to attend all the follow up visitsThrough home visits, VHNDs, community platforms ASHA will ensure follow-up of people.	-Mentor and guide ASHA and facilitate referrals to nearest facility providing appropriate dental treatmentProvide reinforcement to attend all the follow up visits	-Referral for dental advice		

















### Causes:

- The complete and total displacement of the tooth from its socket.
- Teeth and face may get injured easily.
  - Playing/cycling/running
  - Physical violence
  - Sports injuries
  - Falls
- It may occur at home/schools/ playground or anywhere else.



















# TRAUMA/AVULSION

## Signs:

- Broken tooth/ knocked out tooth
- Bleeding Wounded and swollen lips
- Lost front tooth
- Back teeth not meeting

## Symptoms:

- Pain
- Bleeding
- Numbness
- Progressive reduction in mouth opening after trauma



Broken upper front teeth



Knocked out/avulsed tooth

















Make sure it is a permanent tooth (primary teeth should not be replanted) Keep the patient calm.



Find the tooth and pick it up by the crown (the white part). Avoid touching the root.



If the tooth is dirty, wash it briefly (max 10 seconds) under cold running water and reposition it.



Try to encourage the patient/guardian to replant the tooth. Once the tooth is back in place, bite on a handkerchief to hold it in position.



**INSTRUCTIONS** 

**FOR** 

**AVULSED** 

TOOTH

If this is not possible (e.g. an unconscious patient), place the tooth in a glass of milk or another suitable storage medium (e.g. milk, coconut water, saline) and bring with the patient to the emergency dental clinic



The tooth can also be transported in the mouth, keeping it inside the lip or cheek if the patient is conscious. If the patient is very young, he/she could swallow the tooth – therefor it is advisable to get the patient to spit in a container and place the tooth in it.

Seek emergency dental treatment immediately

















## Save your tooth:

Most of your permanent teeth may be saved if you know what to do after a blow to the mouth



#### What to do if your tooth is BROKEN







be placed back



For this to be possible seek attention immediately from a Dentist



#### What to do if your tooth is KNOCKED OUT



Find the tooth



crown



Rinse in cold tap water



Never leave the tooth dry



FOLLOW ONE OF THESE ALTERNATIVES



Put the tooth back in its place



Place the tooth in a cup of milk or salt water



When milk is not available place the tooth in the mouth between cheeks and gums or below the tongue



Seek immediately specialized dental treatment within one hour time period

















## STORAGE MEDIA







MILK





SALIVA (after spitting into a glass)





(Although water is a poor medium, it is better than leaving the tooth to air-dry)

















## **ROLE OF MO:**

- Awareness generation and health promotion:
  - Raising awareness by inter-personal communication and group Health Education, and using platforms such as the Village Health and Nutrition Day (VHND).
  - Raising awareness on management of avulsed tooth at family/community level.
  - Promoting safe environments for preventing trauma





















### **MANAGEMENT:**

- Manage pain using analgesics
- Arrest the bleeding with pressure /cold pack

 Manage the wound and try replanting the tooth within the socket within the critical hour

Do does not tamper with the tooth if unsure

















## **ROLE OF MO:**

## Referral services and Follow-up:

 Refer the patient to the nearest dentist as soon as possible

• If the injury involves the face/head, refer to the nearest higher health facility immediately

 Ensure appropriate capacity building of ASHA/MPW/CHO.

















	ASHA	MPW/CHO	
Awareness generation and Health Promotion	-Oral Health Education addressing oral hygiene practices and instructions for management of avulsed teeth  -Provide appropriate guidance and timely referral  -Promoting safe environments for preventing trauma		
Management	-First-aid for dental trauma to save the broken/knocked-out tooth may be given at home	-Manage pain using analgesics -Arrest the bleeding with pressure /cold pack	
Referral services	-Refer the patient to nearest dentist as soon as possible -If injury involves face/head, refer to the nearest health facility immediately		

















## **CAUSES:**

The most common cause - is trauma or a postoperative haemorrhage following dental extraction.





















## **AWARENESS GENERATION AND HEALTH PROMOTION:**

Raising awareness by interpersonal communication and group health education, and using platforms such as the Village Health and Nutrition Day (VHND).















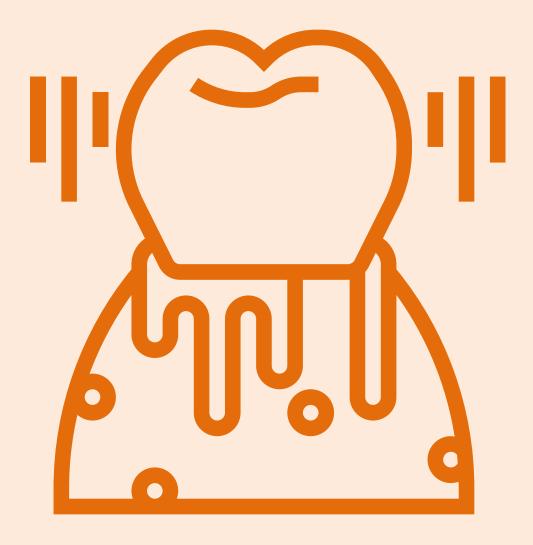




## **ROLE OF MO:**

## **Management:**

- Arrest bleeding: Use a sterile, clean gauze piece and put it with some pressure at the bleeding site for 5 minutes or till bleeding is stopped.
- Rule out systemic causes/bleeding disorders for uncontrolled bleeding
- Remove the cause, if any



















## **ROLE OF MO:**

## **REFERRAL SERVICES AND FOLLOW-UP:**

- Advise and provide appropriate referral
- Ensure appropriate capacity building of ASHA/MPW/CHO's.



















	ASHA/MPW		СНО
Awareness generation and Health Promotion	-Educate the community to arrest bleeding by applying a cold pack or press with a clean cloth and hold.		
Management	-Arrest the bleeding with pressure /cold pack	<ul> <li>-Use a sterile, clean gauze piece and put it with some pressure at bleeding site for 5 minutes or till bleeding is stopped.</li> <li>-Rule out systemic causes for uncontrolled bleeding</li> <li>-If patient is known to have any bleeding disorder or had similar episodes of bleeding from gums without any common reason, then do not give pain medicines like Aspirin, Ibuprofen, Diclofenac, etc</li> </ul>	
Referral services	-Guide patients to nearest Referral centre and reinforcement to attend all the follow up visits  -Through home visits, VHNDs, community platforms ASHA will ensure follow-up of people.		-Report to higher centre -Do not Delay in referral

















# NON HEALING ULCERS















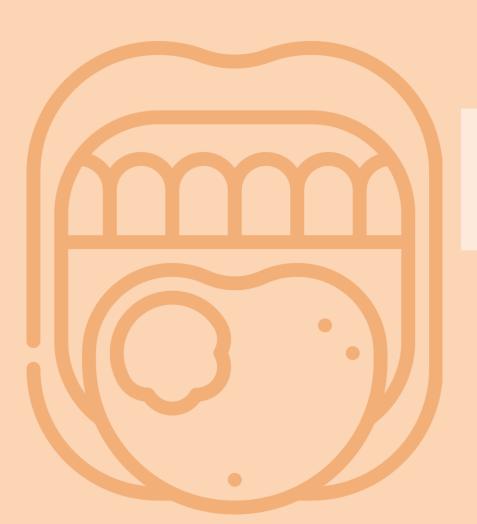








## NON HEALING ULCERS



Avoid delay in referral of Non healing ulcers (for more than 2 weeks) to the nearest health facility

















## CASE STUDY 1

•A 64-year-old male reported to the Health and Wellness with uncontrolled bleeding from the oral cavity. Presented with the history of extraction in the past 24hours. What should be the Medical Officer's line of management?

- Advice hot water fomentation and warm saline rinse
- Refer to the dentist
- Wait and watch and reassure the patient
- Compress the bleeding site using sterile gauze
- Nothing

















saved

# CASE STUDY 2

•A 12-year-old boy reported to the Health & Wellness Centre after a fall that resulted in dental trauma causing avulsion of the right central incisor, 30 minutes ago while playing in the school garden. The teacher brought the avulsed tooth wrapped in a handkerchief. What should be the first line of management?

- Clean the tooth by holding the root portion and scrubbing it vigorously
   <u>Refer to the dentist</u>
- Clean the tooth in running tap water by holding the crown portion store it in cold milk Refer to the dentist
- Compress the site with a gauze piece to control the bleeding and clean the socket <u>explain to the patient that the tooth can't be</u>

















## CASE STUDY 3

- A 35-year-old female is reporting to a Medical Officer at midnight with a throbbing toothache and presents with a history of the decayed tooth in the respective area since 6months. What should be his line of management:
  - Hot water fomentation in the affected area <u>Prescribe</u>
     <u>analgesics</u> <u>Recall for follow-up</u>
  - Place a Clove oil-soaked cotton piece inside the tooth cavity <u>Prescribe analgesics</u> <u>Refer to the dentist</u>
  - Reassure the patient <u>wait and watch</u>

















## CONCLUSION

- Community health workers play a critical role in provision of an expanded range of essential services as a part of primary healthcare
- Having first point of contact, training, and capacity building of the existing human resources will alleviate the enormous disparities in access to basic oral healthcare







# Thank You











