

ENT/Dental Problem - Unspecified

For a problem located in the ear, nose, throat area; NOT epistaxis – use PI Epistaxis; NOT airway obstruction – use Airway Obstruction

History

- Age
- Past medical history
- Medications
- Onset of pain/injury
- Trauma with “knocked out” tooth
- Location of tooth
- Whole vs. partial tooth injury

Signs and Symptoms

- Bleeding
- Pain
- Fever
- Swelling
- Tooth missing or fractured

Differential

- Tooth decay
- Infection
- Fracture
- Avulsion
- Abscess
- Facial cellulitis
- Impacted tooth (wisdom)
- TMJ Syndrome
- Myocardial infarction

	Control bleeding with direct pressure <i>Fashion gauze into a small square and place into socket with patient closing teeth to exert pressure</i>
E	For avulsed tooth, place tooth in dairy milk or normal saline May rinse gross contamination Do not rub or scrub tooth
	Cardiac monitor
	<i>Consider, IV</i>
P	If dental or jaw pain or suspicious for cardiac Perform 12-Lead ECG For pain consider, Fentanyl



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	Notify receiving facility. Consider Base Hospital for medical direction	
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Pearls

- Significant soft tissue swelling to the face or oral cavity can represent a cellulitis or abscess.
- Scene and transport times should be minimized in complete tooth avulsions. Reimplantation is possible within 4 hours if the tooth is properly cared for.
- Occasionally, cardiac chest pain can radiate to the jaw.
- All pain associated with teeth should be associated with a tooth which is tender to tapping or touch, or sensitivity to hot or cold.