## **ENT/Dental Problem - Unspecified**

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

## History Signs and Symptoms Differential Age • Bleeding Tooth decay • Past medical history Pain Infection • Medications • Fever • Fracture Swelling Onset of pain/injury Avulsion · Trauma with "knocked out" tooth · Tooth missing or fractured • Abscess · Location of tooth • Facial cellulitis • Whole vs. partial tooth injury • Impacted tooth (wisdom) • TMJ Syndrome Myocardial infarction Control bleeding with direct pressure Fashion gauze into a small square and place into socket with patient closing teeth to exert pressure For avulsed tooth, place tooth in dairy Ε milk or normal saline May rinse gross contamination Do not rub or scrub tooth Cardiac monitor Consider, IV If dental or jaw pain or suspicious for D Chest Pain: cardiac STEMI Perform 12-Lead ECG For pain

consider, Fentanyl

Notify receiving facility. Consider Base Hospital for medical direction

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.

**Treatment Protocol** 



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