Guidelines for the assessment and management of non-traumatic dental emergencies in adults

SCGH Emergency Department Guidelines



Haemorrhage post dental extraction

- Sit patient upright.
- Ask patient to rinse mouth out with cold water, use suction to remove excess blood clot that has spread around the mouth, beyond the tooth socket.
- Use a good light to examine the patient's mouth to identify the bleeding site.
 - *Common* sites of persistent bleeding after tooth extraction include the mucosa (near the floor of the mouth or the tongue) or the gingiva at the alveolar crest.
 - *Uncommon* sites of persistent bleeding after tooth extraction include the side or base of the tooth socket.
- Fold a couple of pieces of gauze or clean cloth, put over the area bleeding, and ask the patient to bite firmly for 15 30 minutes.
- Consider the patient's past medical history or use of drugs that can affect haemostasis (e.g. hepatic failure, von Willebrand disease, anticoagulants, antiplatelet drugs, complementary medicines).
- For patients who have had multiple tooth extractions, if the bleeding occurs from one extraction site, it is likely to be a local cause. Conversely, if the bleeding occurs from multiple extraction sites, consider systemic causes.
- Consider using an absorbable haemostatic pack (e.g. Surgicel®).

Common mistakes that result in inadequate pressure at the site of bleeding:

- Placing gauze over the adjacent teeth, rather than at the gum (site of bleeding.)
- Using paper tissues, cotton wool or excessive amounts of gauze.
- Patient continuously rinsing or spitting.
- Removing the gauze or cloth too soon to look at the bleeding site.
- If bleeding continues despite these initial measures:
 - ♦ Infiltrate the bleeding site with a local anaesthetic containing a vasoconstrictor.
 - ♦ Use an absorbable haemostatic agent (eg Surgicel®) to pack the surgical wound.
 - Tranexamic acid applied as a topical solution (10mL IV solution (10%)) can be considered as an additional haemostatic method if pressure is insufficient to stop the bleeding. Either rinse the bleeding site with tranexamic acid solution or use a gauze pad soaked in tranexamic acid solution to dress the bleeding site.

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Dental Infections:

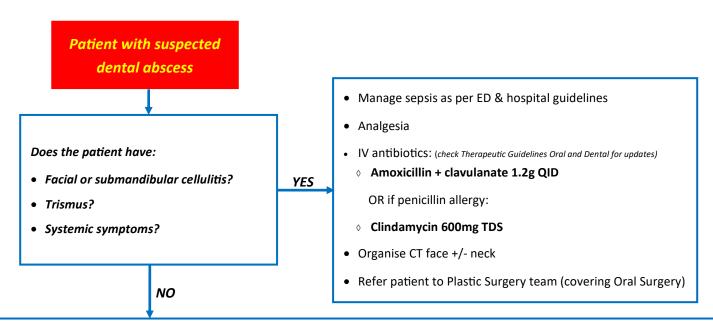
- Once a dental abscess has formed, extraction or root canal therapy is usually required to remove the source of the infection so advise all discharged patients to follow up with a dentist ASAP.
- Cellulitis of sublingual/submandibular area can be unilateral or bilateral and should be considered as a differential diagnosis of oral pain. This cellulitis may cause an obstruction to the airway (Ludwig's angina) or systemic sepsis.

Examination findings suggestive of dental abscess:

- Purulent discharge, visible collection or drainage of pus from around the tooth.
- Tender gingival swelling or erythema.
- Erythema and cellulitis of facial skin overlying tooth, submandibular or periorbital areas.
- Trismus or difficulty swallowing.
- Fever and systemic symptoms are often *not* present.

Investigations:

- Blood tests are not required unless systemic symptoms are present.
- Consider orthopantogram (OPG) to assess for evidence of periapical abscess.



- Discharge with advice to seek urgent dental treatment ASAP
- Advise a soft diet and simple analgesia to manage acute symptoms
- PO antibiotics:
 - Amoxicillin + clavulanate 875 + 125mg BD for 5 days
 OR if penicillin allergy:
 - ♦ Clindamycin 300mg TDS for 5 days
- Advise to return to ED if patient develops systemic symptoms or facial swelling

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Alveolar Osteitis (aka "dry socket")

- Condition that may occur 2-3 days post dental extraction, if the blood clot is inadequate, or broken down due to inflammation or further.
- Necrotic debris may be present in socket and patient may have malodorous breath.
- Smoking is a risk factor.
- Usually self-limiting within 2-3 weeks.

Treatment:

- 1. Irrigation of the socket (chlorhexidine or warm saline to remove the debris).
- 2. Dress the socket with bismuth iodoform paraffin paste, lidocaine gel on ribbon gauze to protect from stimuli.
- 3. Oral analgesia.
- 4. Antibiotics dry sockets are not a bacterial infection, thus antibiotics are only indicated if there are signs of infection (purulent discharge or swelling + erythema).
- 5. Return to the dental practitioner who performed the dental extraction ASAP for review.

Dental services available

We do not provide routine dental care and do not have a dentist on-call at Sir Charles Gairdner Hospital

- During working hours (Monday Friday 8 am 6 pm) advise patients to contact their own dentist or visit https://www.dental.wa.gov.au/Find-a-Clinic/ or ph (08) 9313 0555 and make an appointment.
- Afterhours contact the **Dental Advice Service** line (ph 1800 098 818) for advice.
- Advice patient to look for a dentist on Australian Dental Association's website https://ada.org.au— they need to scroll down and click on Find a dentist and then enter their suburb
- Oral health centre of WA (ph 6457 4400) offers subsidised dental care subject to means testing.
 - Emergency clinic 2pm to 5pm on Saturdays, Sundays and public holidays but patients require appointment that can be arranged by calling 6457 7626 between 1:30-4:30pm.
- **Derbarl Yerrigan** (ph 1300 420 272) provides a free dental service to Aboriginal and Torres Strait Islander people who are regular clients of Derbarl GP clinics.

References:

- 1. Therapeutic Guidelines 2021. Oral & Dental. Available from: Topic | Therapeutic Guidelines (health.wa.gov.au)
- 2.Dental Emergencies guidelines Emergency Care Institute NSW <u>Dental Emergencies | Emergency Care Institute (nsw.gov.au)</u> (Accessed April 2023)