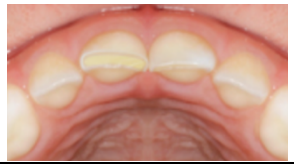
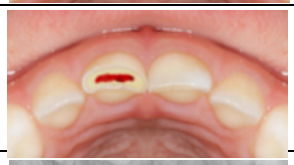
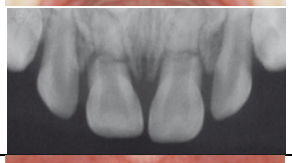
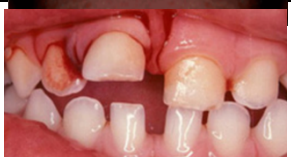
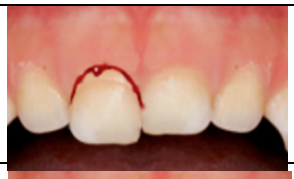
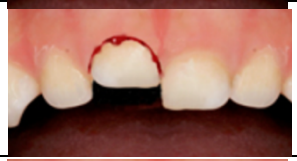
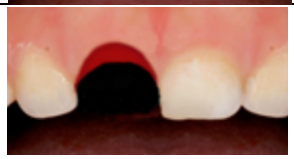
Spangler, Rohlfing & Lambert
Pediatric Dentistry

Winston-Salem: (336)768-1332
Kernersville: (336)992-9222

Primary Tooth Trauma Guidelines for Healthcare Providers*

- Review med hx, rule out traumatic brain injury (loss of consciousness, nausea, headache, etc.)
- Tetanus booster needed if dirty wound and >5 yrs. since vaccine
- Refer to dentist for exam and appropriate monitoring of traumatic injury

Injury	Image	Treatment
Uncomplicated Crown Fracture (enamel +/- dentin missing, "chip")		-No emergent treatment needed
Complicated Crown Fracture ("chip" with pulp/nerve exposure)		-No emergent treatment needed, should see dentist within 72 hours -Dentist will either extract or perform procedure to save the exposed nerve
Root Fracture (difficult to detect without radiograph, tooth mobility)		-No emergent treatment needed, unless tooth is aspiration risk -Dentist will either splint teeth, or monitor -Tooth may require extraction in the future
Subluxation (nondisplaced tooth, mobility, bleeding of gums surrounding tooth)		-No emergent treatment needed, unless tooth is aspiration risk
Lateral Luxation (tooth displaced laterally)		-No emergent treatment needed, unless tooth is aspiration risk or pt unable to close mouth -If no or minor interference with bite (pt can close mouth normally), monitor and allow spontaneous repositioning -If severe occlusal interference (pt cannot close mouth normally), dentist will reposition or extract
Extrusion (displacement axially from socket)		-No emergent treatment needed, unless tooth is aspiration risk -If minor extrusion (< 3mm), reposition -If severe extrusion (≥ 3mm), dentist will extract
Intrusion (displacement of tooth into bone, likely to cause damage to permanent tooth)		-No emergent treatment needed -Dentist will either extract or monitor for spontaneous eruption
Avulsion (loss of tooth, likely to cause damage to permanent tooth)		-No emergent treatment needed, unless concern for aspiration -If legal guardian does not have tooth, consider CXR to r/o aspiration -Do not re-implant

*Adapted from the IADT Guidelines, for more detailed information: www.iadt-dentaltrauma.org

- Post-op instructions
  -Follow-up with dentist as soon as office is open (unless emergent treatment indicated)
  -Gentle but thorough oral hygiene in affected area
  -Soft food diet for 10 days
  -Alcohol-free chlorohexidine rinse for 10 days if soft tissue damage (dab area with Q-tip if unable to swish and spit)
  -Inform parents that tooth may darken, possible permanent tooth damage (esp. if < 3 yrs. old, avulsion, or intrusion), and ask to monitor for S/S of pulpal necrosis
  -Should pulpal necrosis occur, extraction is indicated

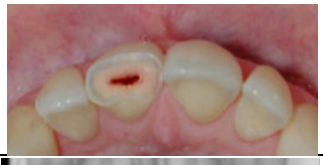
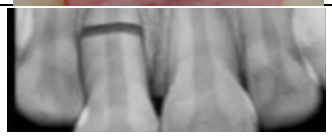
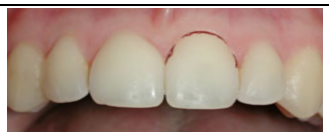
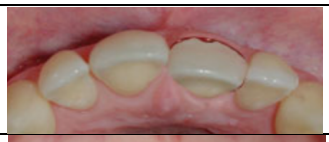
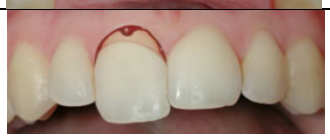
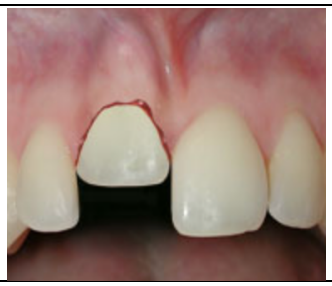
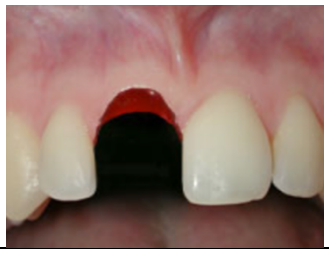
- **Dr. Gina Spangler, Dr. Gail Rohlfing, Dr. Kate Lambert, and Dr. Kelly Lipp are always available to discuss trauma cases, do not hesitate to call! We also schedule same-day appointments for trauma examinations: (336)768-1332**

Spangler, Rohlfing & Lambert
Pediatric Dentistry

Winston-Salem: (336)768-1332
Kernersville: (336)992-9222

Permanent Tooth Trauma Guidelines*

- Review med hx, rule out traumatic brain injury (loss of consciousness, nausea, headache, etc.)
- Tetanus booster needed if dirty wound and >5 yrs. since vaccine
- Refer to dentist for exam and appropriate monitoring of traumatic injury

Injury	Image	Treatment
Uncomplicated Crown Fracture (enamel +/- dentin missing, "chip")		-No emergent dental treatment needed -Dentist will restore tooth to normal size/shape
Complicated Crown Fracture ("chip" with pulp/nerve exposure)		-No emergent dental treatment needed, should see dentist within 72 hours of injury -Dentist will perform "pulp capping" procedure or root canal treatment to treat exposed nerve
Root Fracture (difficult to detect without radiograph, tooth mobility)		-Emergent dental treatment required -Dentist will reposition and splint tooth
Subluxation (nondisplaced tooth, mobility, bleeding of gums surrounding tooth)		-No emergent dental treatment required -Dentist will either monitor or place flexible splint for comfort
Lateral Luxation (tooth displaced laterally)		-Emergent dental treatment required -If possible, reposition and have pt bite on washcloth to maintain appropriate tooth position until dentist can splint -Dentist will reposition (if necessary) and splint for 4 weeks
Extrusion (displacement axially from socket)		-Emergent dental treatment required -If possible, reposition and have pt bite on washcloth to maintain appropriate tooth position until dentist can splint -Dentist will reposition (if necessary) and splint for 2 weeks
Intrusion (displacement of tooth into alveolar bone)		-Emergent dental treatment required -Dentist will either monitor, orthodontically reposition, or surgically reposition depending on tooth maturity and degree of intrusion -Once intruded tooth is repositioned, dentist will splint for 4 weeks
Avulsion (complete displacement of tooth from socket)		-Emergent, immediate, dental treatment required -Have patient /legal guardian replant ASAP -If unable to re-implant, store in cold milk until healthcare provider can re-implant -Dentist will re-implant (if not already completed) and splint for 2-4 weeks

*Adapted from the IADT Guidelines, for more detailed information: www.iadt-dentaltrauma.org

- Post op instructions:
  -Follow-up with dentist as soon as office is open (unless emergent treatment indicated)
  -Gentle but thorough oral hygiene in affected area, soft food diet for 10 days
  -Alcohol-free chlorohexidine rinse for 10 days if soft tissue damage
  -Inform pt and parent that tooth may require endodontic treatment in future, and ask to monitor for S/S of pulpal necrosis
  -Should pulpal necrosis occur, root canal treatment is indicated
- **Dr. Gina Spangler, Dr. Gail Rohlfing, Dr. Kate Lambert, and Dr. Kelly Lipp are always available to discuss trauma cases, do not hesitate to call! We also schedule same-day appointments for trauma examinations: (336)768-1332**