



Dental Problems

History

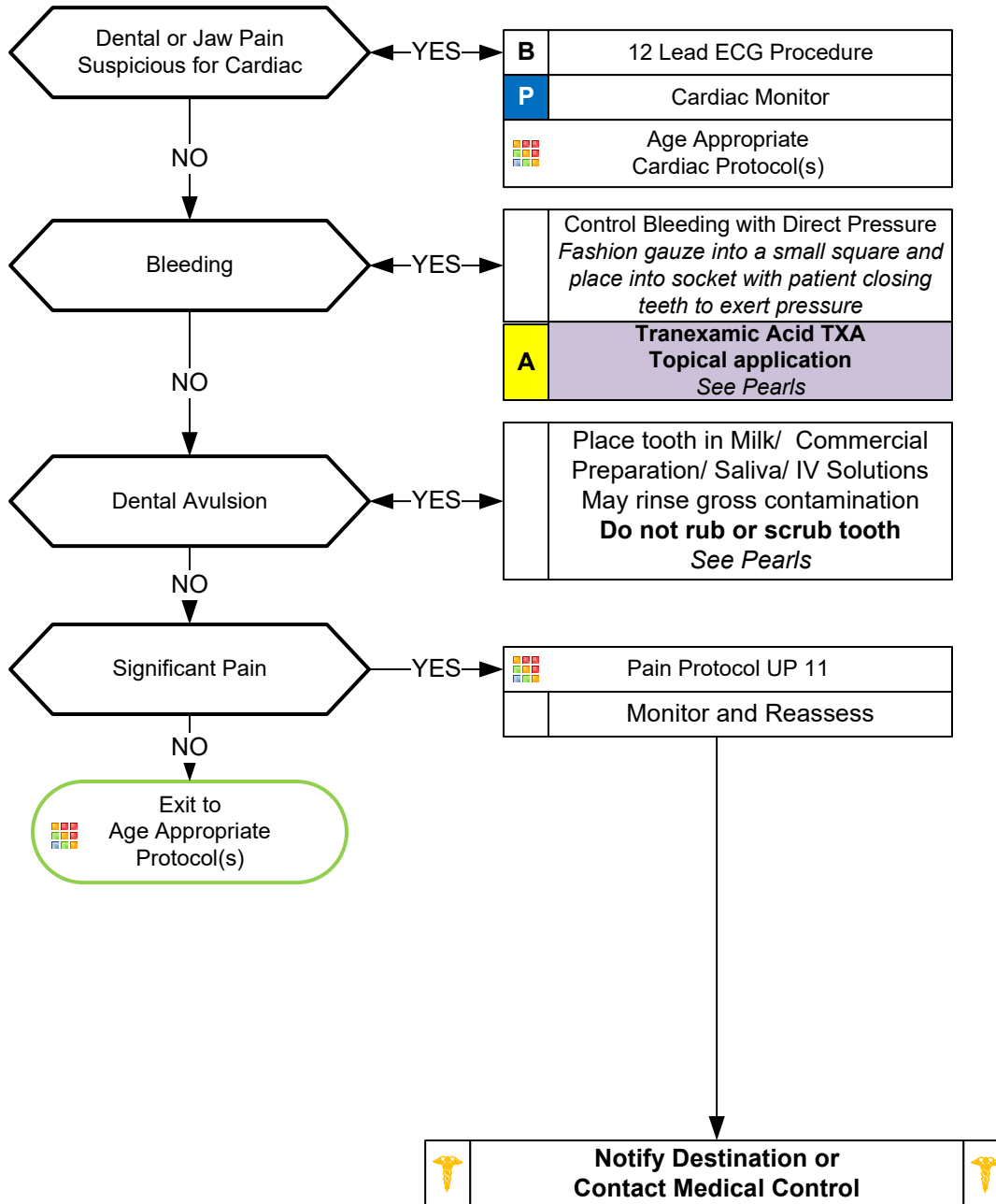
- Age
- Past medical history
- Medications
- Onset of pain / injury
- Trauma with "knocked out" tooth
- Location of tooth
- Whole vs. partial tooth injury

Signs and Symptoms

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

Differential

- Decay
- Infection
- Fracture
- Avulsion
- Abscess
- Facial cellulitis
- Impacted tooth (wisdom)
- TMJ syndrome
- Myocardial infarction





Dental Problems

**** May utilize TXA soaked gauze or nebulized for severe oral pharyngeal bleeding ****

Pearls

Procedure:

- **Apply 10 ml of a 1 g/10 ml Tranexamic acid (TXA) solution to a gauze pad or cotton**
- **Pack tranexamic acid-soaked gauze or cotton into the bleeding tooth socket and apply direct pressure with patient closing teeth to exert pressure**
- **Gauze may be removed after 20 minutes, and bleeding has stopped.**

- **Recommended Exam: Mental Status, HEENT, Neck, Chest, Lungs, Neuro**
- 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, but unlikely when > 1 hour from time of injury.
- Cardiac chest pain may radiate to the jaw and teeth mimicking dental pain.
- **Avulsed tooth:**
 - Handle tooth by the crown, do not touch the root.
 - Rinse tooth if soiled but do not scrub, as this can damage the ligaments vital for possible reimplantation.
 - Rinse with mild, commercial tooth solution, normal saline or lactated ringers, or the patient's own saliva if dry.
 - Transport tooth in milk, commercial solution, patient's own saliva, or IV solution in a container to protect.
- **TXA Use in Dental Bleeding:**
 - May be used topically or nebulized for severe oropharyngeal bleeding
 - TXA offers modest benefit as TXA instilled gauze combined with direct pressure.