

RN Protocol: Dental Conditions

I. POLICY

A. Function:

To facilitate and guide the Registered Nurse (RN) in the assessment and treatment of patients presenting with illnesses or injuries for which immediate dental care is required to reduce risk to life or prevent significant medical or dental complications.

B. Circumstances under which the RN may perform the function:

1. Setting: Outpatient clinic and emergency treatment area.
2. Supervision: No direct supervision required.

II. PROTOCOL

A. Definition: Emergency dental services are those services that are designated to prevent death, alleviate severe pain, prevent disability and dysfunction, or prevent significant medical or dental complications. Emergency dental services include the diagnosis and treatment of dental conditions that are likely to remain acute or worsen without immediate intervention. The following are examples of dental emergencies:

- Airway/breathing difficulties resulting from an oral lesion.
- A rapidly spreading oral infection.
- Facial trauma to jaws or dentition that threatens loss of airway.
- Suspected shock due to oral infection or oral trauma.
- Uncontrolled severe bleeding of the mouth.
- Head injuries that involve the jaws or dentition.
- Stabbing or gunshot wounds that involve the jaws or dentition.
- Temperature of 101 degrees F. or higher with obvious dental infection or dental trauma.
- Moderate to severe dehydration associated with alteration in masticatory function due to obvious dental infection or dental trauma.
- Clear signs of physical distress (e.g., respiratory distress) when related to an infection or injury to the jaws or dentition.
- Suspected or known fractures involving the mandible, maxilla, and zygoma.
- Cellulitis characterized by a firm swelling of the floor of the mouth, with elevation of the tongue.
- Temporomandibular joint disorders (TMJ) and Temporomandibular Disorders (TMD), which result in any of the following: acute TMJ pain, physiologically immobilized TMJ, or dislocation of the TMJ.
- Acute, severe debilitating pain due to obvious or suspected oral infection, oral trauma, or other dental related conditions.
- Aspiration or swallowing of a loose tooth or teeth that threatens loss of airway.

This protocol covers the assessment and treatment of patients presenting with acute dental pain, aspiration or swallowing of a tooth, avulsed tooth, facial fracture (mandible, maxilla, zygomatic arch, zygoma), and post-extraction bleeding.

B. Subjective:

1. Chief complaint (document in the patient's own words).
2. Date and time of onset.

3. Tooth pain: Rate severity of pain on a scale of 0-10 (0 = no pain, 10 = worst possible pain).
4. Describe the quality and the area of the pain (e.g. aching, throbbing, dull, sharp, localized, diffuse, constant, intermittent). Do pressure, chewing, lying down or sweets exacerbate the pain?
5. Sensitivity to hot or cold liquids.
6. Painful/bleeding gums.
7. Chills and fever.
8. History of infection/trauma to mouth. Recent dental procedure (date).
9. History of sinusitis.
10. Chronic illness (e.g., diabetes, hypertension, cardiovascular disease).
11. Allergies.
12. Current medications.

C. Objective:

1. Vital signs.
2. Note appearance.
3. Observe and document:
 - a. Erythema of gums
 - b. Tender, swollen gums
 - c. Excessive bleeding (hemorrhage)
 - d. Purulent drainage
 - e. Lesions
 - f. Facial swelling
 - g. Visible bone
 - h. Presence of partially or completely broken teeth

D. Assessment:

- Pain related to/evidenced by:
- Risk for infection related to/evidenced by:

E. Plan:

1. **Acute dental pain or TMJ pain:**

- a. Keep patient sitting upright or supine with head elevated at 45-degree angle.
- b. Notify the on-call dentist or on-call physician **STAT**. Also notify Medical Officer of the Day (MOD) if the patient is hypertensive (i.e., systolic blood pressure > 160 or diastolic blood pressure > 110).
- c. Keep patient NPO.
- d. Carry out any written or verbal orders given by the dentist or physician.

2. **Aspiration or swallowing a tooth:**

- a. Maintain patent airway.
- b. Keep the patient sitting upright or standing.
- c. Notify the on-call dentist or on-call physician **STAT**.
- d. Try to keep patient calm.
- e. Contact emergency medical service physician for assistance.
- f. Keep patient NPO.

- g. Carry out any written or verbal orders given by the dentist or physician.
3. **Avulsed tooth**
- a. Maintain patent airway.
 - b. Notify the on-call dentist or on-call physician **STAT**.
 - c. Immerse tooth in a container of milk. If milk is not readily available tooth may be immersed in saline. If neither milk nor saline is available immerse tooth in sterile water.
 - d. Keep patient NPO.
 - e. Check tetanus immunization status.
 - f. Carry out any written or verbal orders given by the dentist or physician.
4. **Facial fracture (mandible, maxilla, zygomatic bone)**
- a. Maintain patent airway. Unstable mandibular fractures may require manual traction to chin to maintain airway.
 - b. Notify on-call dentist or on-call physician **STAT**.
 - c. Instruct patient to keep jaw immobile.
 - d. If fracture is external (bone protruding through skin), contact oral and maxillofacial surgeon immediately or consult with MOD regarding transport to CDC or contract hospital.
 - e. Apply gauze pack to any uncontrolled bleeding site.
 - f. Place ice pack on injured area for 20 minutes, then remove for 20 minutes. Continue alternate ice therapy for 24 hours.
 - g. Keep the patient lying quietly on the gurney or in position of comfort to maintain patent airway until the dentist or physician has examined patient.
 - h. Check tetanus immunization status.
 - i. Carry out any written or verbal orders given by the dentist or physician.
 - j. Post Surgery (reduction) will require the availability of emergency release shears.
5. **Oral infections**
- a. Maintain patent airway.
 - b. Notify on-call dentist or on-call physician **STAT**.
 - c. Keep the patient lying quietly on the gurney with head elevated until the dentist or physician has examined patient.
 - d. Keep patient NPO.
 - e. Carry out any written or verbal orders given by the dentist or physician
6. **Post-extraction bleeding**
- a. Maintain patent airway.
 - b. Notify on-call dentist or on-call physician **STAT**.
 - c. Keep the patient sitting in a chair or supine with head elevated at 45-degrees. Caution patient not to spit or lie down flat.
 - d. Determine which type of bleeding is occurring. If arterial bleeding is occurring, contact the emergency medical service physician **STAT**.
 - e. Instruct patient to bite firmly on one or two sterile 4 X 4 gauze squares that have been folded to fit between the teeth for maximum pressure for a minimum of 1 hour.
 - f. Monitor and record vital signs every fifteen minutes until stable.
 - g. Keep patient NPO
 - h. Carry out any written or verbal orders given by the dentist or physician.

Chief Nurse Executive/Director of Nursing

DATE: _____

Chief Medical Executive

DATE: _____