While the QAS has attempted to contact all copyright owners, this has not always been possible. The QAS would welcome notification from any copyright holder who has been omitted or incorrectly acknowledged.

All feedback and suggestions are welcome. Please forward to: Clinical.Guidelines@ambulance.qld.gov.au

Disclaimer

The Digital Clinical Practice Manual is expressly intended for use by QAS paramedics when performing duties and delivering ambulance services for, and on behalf of, the QAS.

The QAS disclaims, to the maximum extent permitted by law, all responsibility and all liability (including without limitation, liability in negligence) for all expenses, losses, damages and costs incurred for any reason associated with the use of this manual, including the materials within or referred to throughout this document being in any way inaccurate, out of context, incomplete or unavailable.

Dental injury

**Traumatic dental injuries (TDI)** encompass structures within the mouth cavity, inclusive of the lips, teeth and periodontum. High velocity injuries cause fractures and luxations of teeth while blunt trauma causes greater damage to soft tissues.[1]

TDI occur frequently in preschool, school age children and young adults where 25% of all school children experience a dental trauma and 33% of adults have experienced trauma to the permanent teeth.[2] Generally between the age of 6 and 7 years, primary teeth start to shed and are replaced by permanent teeth. This tooth eruption continues to the age of 13 years where only the third molars (wisdom teeth) have not emerged. Third molar eruption usually occurs between 17 to 21 years of age.[3]

Injuries that result in fractured, displaced or lost teeth can have significant negative functional, aesthetic and psychological effects, especially on children.[4,5,6] Therefore, emergency ambulance management of isolated TDI is aimed at the salvage and care of teeth, as well as the preservation of function and appearance, through appropriate out of hospital treatment and referrals.

After a primary tooth has been injured, the treatment strategy is dictated by concern for the safety of the underlying permanent teeth. Primary teeth should not be replaced due to the risk of insult to the developing permanent teeth. The treatment strategy after injury to a permanent tooth is directed at preserving the delicate periodontal ligament (PDL) cells and vital pulp tissue.[7-10] When a tooth has been out of the oral cavity and in a dry environment for greater than 60 minutes, the PDL has no chance of survival.[9,10]

An avulsed permanent tooth represents a true dental emergency where the PDL is fractured and immediate replantation of the tooth in the socket provides the best prognosis. Similarly, replantation of a grossly mobile, luxated tooth nearing avulsion is appropriate due to the likely fracture of the PDL.

**Replantation of an avulsed tooth**

- ND hand supporting the head (or jaw)
- Crown held between thumb and first finger
- Ensure smooth, flat surface is facing forward
Clinical features

**General symptoms**
- Haemorrhage
- Laceration
- Pain
- Haematoma
- Mobile tooth
- Sensitivity

**TDI are categorised as:**
- **Infractions** – incomplete fracture of the enamel without loss of tooth structure
- **Fracture** – an enamel, dentin and/or cementum fracture with or without pulp exposure
- **Concussion** – injury to the tooth supporting structures without abnormal loosening or displacement of the tooth
- **Subluxation** – injury to the tooth supporting structures with abnormal loosening and nil tooth displacement
- **Luxation** – displacement of the tooth from the tooth socket, it may be mobile or immobile
- **Avulsion** – the complete displacement of a tooth from its socket, owing to trauma.\(^2,3,7-10\)

Risk assessment

- All dental injuries require review by a dentist AND/OR medical officer.

Additional information

- Comprehensive assessment of the TDI patient is necessary to identify all injuries, as forces strong enough to fracture, intrude or avulse a tooth can also result in intracranial and cervical spine injuries.\(^3\)
- Avulsed teeth are not to be stored in water. Appropriate mediums include normal saline 0.9%, milk or saliva (tooth paced inside patient’s lip or cheek).\(^11\)
Transport to hospital
Pre-notify as appropriate

Permanent tooth displaced or avulsed?

Consider:
- Analgesia
- Haemorrhage control

Less than 60 minutes since injury?

Yes

Tooth replantation (if avulsed tooth replantation is not possible, store tooth in an appropriate medium* and transport with patient to hospital)

Consider:
- Analgesia
- Haemorrhage control

No

Store avulsed tooth in an appropriate medium* and transport with patient to hospital

Consider:
- Analgesia
- Haemorrhage control

Note: Clinicians are only to perform procedures for which they have received specific training and authorisation by the QAS.

* Appropriate avulsed teeth medium[11]
- Normal saline 0.9%
- Milk
- Saliva (tooth placed inside patient’s lip or cheek)