NHS Education for Scotland

Scottish Dental Clinical Effectiveness Programme

Management of Acute Dental Problems During COVID-19 Pandemic

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This guide, based on the SDCEP *Emergency Dental Care* and *Management of Acute Dental Problems* guidance publications, describes modified management of commonly presenting oral conditions for use during the COVID-19 pandemic. It aims to encourage a consistent approach to the management of acute dental problems, while recognising the challenges that the COVID-19 pandemic presents for provision of dental care. It can be used in conjunction with health board or other local procedures that have been established for managing patients based on their COVID-19 status.

The management options presented here focus on dental triage, the relief of pain or infection and provision of care using remote consultation (i.e. by telephone or videocall[1]). Patients should only be referred for urgent dental care when there are severe or uncontrolled symptoms that they cannot manage themselves. It is essential to minimise the number of patients referred to designated urgent dental care centres[2] both to reduce the risk of transmission of COVID-19 to healthcare workers and patients, and to lessen the pressure on these services.

This document includes:

- General principles;
- A flowchart of the triage of commonly presenting dental problems;
- A table of the common oral conditions likely to present for dental care.

[1] Triage using photographs or video, where available, might be useful for diagnosis.
[2] The facilities used as designated urgent dental care centres will vary across the country.

General Principles

- Assessment of patients should take account of patient and staff safety, the best interests of the patient, professional judgement, local urgent dental care centre arrangements and prioritisation of the most urgent care needs.
- During the assessment, each patient's COVID-19 status must be established and recorded using your health board or local health system protocol. This will determine how their care is managed at the designated urgent dental care centres if referral is required.
- Primary care dental triage should focus on the provision of the three As:
    - Advice;
    - Analgesia;
    - Antimicrobials (where appropriate).

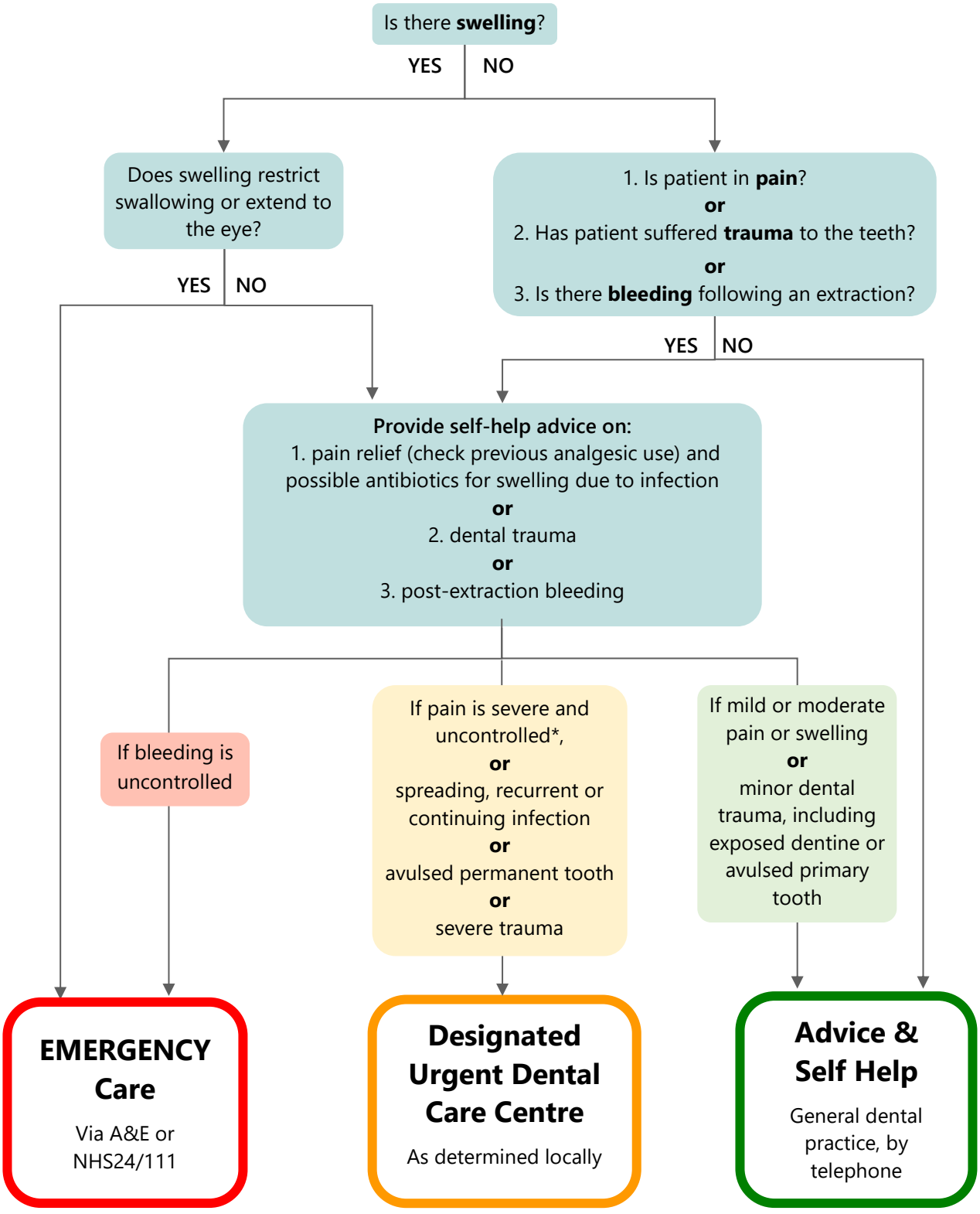
  Patients should be advised that treatment options are severely restricted at this time and to call back in 48-72 hours if their symptoms have not resolved.
- It is advisable to liaise with local pharmacy colleagues to ensure that the products you might be recommending are available to your patients.
- Dental conditions that cannot be managed by the patient and require urgent dental care should be referred via NHS24/111 or local pathways to the designated urgent dental care centre following local protocols.
- Appropriate records should be kept of all patient contacts, including care management and onward referrals.
- Referrals should follow local handover guidelines and templates.

The following flowchart and table may be used to inform dental triage for remote provision of advice, analgesics or antimicrobials, or referral for urgent dental care or emergency care if appropriate.

Triage of Commonly Presenting Dental Problems

The following diagram illustrates a simple method for managing care for patients by telephone triage. Note that this is not comprehensive but deals with the most common presenting symptoms.

It is essential to establish the patient's COVID-19 status and then record this using your health board or local health system protocol.



* Severe and uncontrolled pain is pain that cannot be controlled by the patient following self-help advice.

Common oral conditions likely to present for dental care

The following table outlines the signs and symptoms of oral conditions likely to present by telephone and the severely restricted management options available during the COVID-19 pandemic. Note that this is not comprehensive but deals with the most common presenting conditions.

Due to self-isolation and shielding policies, patients may have attempted to self-manage symptoms. It is important to establish the patient's self-management to date, including analgesic use, to check for possible overdose.

In the table below, management can be provided in three ways:

Advice and Self-help
Mild and moderate symptoms managed remotely by general dental practices providing advice and self-help, which might involve analgesics and antimicrobials.

Urgent Care
Severe or uncontrolled symptoms that cannot be managed by the patient and require the patient to see a dentist in a designated urgent dental care centre.

Emergency Care
Emergency conditions that require immediate medical attention.

- For advice on prescribing, refer to the SDCEP *Drug Prescribing for Dentistry* guidance or the SDCEP *Dental Prescribing* app.

- For further advice on self-care for patients, refer to the SDCEP *Emergency Dental Care* guidance.

All SDCEP publications are available at www.sdcep.org.uk.

Problem (symptoms)	Management
Acute apical abscess • Pain (usually localised to a single tooth) • Swelling of the gingiva, face or neck • Fever • Listlessness, lethargy, loss of appetite for children younger than 16 years old	**Advice and self help** • Recommend optimal analgesia. • Prescribe antibiotics if you are concerned about swelling or if there are signs of systemic infection (fever, malaise) • Ask patient to call back in 48-72 hours if their symptoms have not resolved. **Urgent care** • If patient has spreading infection **without** airway compromise, or if patient has continuing or recurrent symptoms, refer to designated urgent dental care centre for extraction or drainage. **Emergency care** • If patient has spreading infection **with or likely to have** airway compromise and/or severe trismus refer for emergency care. N.B. For a chronic abscess draining through a sinus, reassure the patient and advise to continue usual oral self-care.
Acute periodontal abscess/Perio-endo lesions • Pain and tenderness of gingival tissue • Increased tooth mobility • Fever and swollen/enlarged regional lymph nodes • Presence of swelling on gingiva • Suppuration from the gingiva	**Advice and self help** • Recommend optimal analgesia. • Prescribe antibiotics if you are concerned about swelling or if there are signs of systemic infection (fever, malaise) • Ask patient to call back in 48-72 hours if their symptoms have not resolved. **Urgent care** • If patient has spreading infection **without** airway. compromise or if patient has continuing or recurrent symptoms, refer to designated urgent dental care centre for extraction or drainage. **Emergency care** • If patient has spreading infection **with or likely to have** airway compromise and/or severe trismus refer for emergency care. N.B. For a chronic abscess draining through a sinus, reassure the patient and advise to continue usual oral self-care.

Problem (symptoms)	Management
Acute pericoronitis • Pain around a partially erupted tooth • Swelling of the gingiva around tooth • Discomfort with swallowing • Limited mouth opening • Unpleasant taste or odour from affected area • Fever • Nausea • Fatigue	**Advice and self help** • Recommend optimal analgesia. • Recommend chlorhexidine mouthwash/gel or warm saltwater mouthwash. • Gently brush area, ideally with small-headed toothbrush (benzydamine mouthwash or spray may make toothbrushing less painful). • Prescribe antibiotics if you are concerned about swelling or if there are signs of systemic infection (fever, malaise) • Ask patient to call back in 48-72 hours if their symptoms have not resolved. **Urgent care** • If patient has spreading infection **without** airway compromise or if patient has continuing or recurrent symptoms, refer to designated urgent dental care centre for possible extraction. **Emergency care** • If patient has spreading infection **with or likely to have** airway compromise and/or severe trismus refer for emergency care.
Necrotising ulcerative gingivitis/periodontitis • Pain (general or localised) • Swelling • Bleeding gums • Halitosis • Ulcerated gingival tissue • Fever, malaise	**Advice and self help** • Recommend optimal analgesia. • Recommend chlorhexidine or hydrogen peroxide mouthwash. • Give oral hygiene advice (benzydamine mouthwash or spray may make toothbrushing less painful). • Consider antibiotics (metronidazole is drug of first choice).
Reversible pulpitis • Tooth pain - may be intermittent and associated with stimuli • Tooth is not tender to percussion	**Advice and self help** • Recommend optimal analgesia. • If due to a missing filling, advise patient to use an emergency temporary repair kit which can be purchased online or at a pharmacy. • Advise patient to avoid hot and cold food. • Advise patient to call back if symptoms get worse.

Problem (symptoms)	Management
Irreversible pulpitis • Tooth pain - spontaneous and longer lasting (up to several hours) and may keep the patient awake at night • Pain may be difficult to localise to a single tooth, may last for several hours, may be dull and throbbing, may be worsened by heat, but may also be alleviated by cold	**Advice and self help** • Recommend optimal analgesia. • Advise patient to try rinsing with cold water as this can alleviate pain. • Advise patient to call back if symptoms get worse. **Urgent care** • If pain is severe and uncontrollable, preventing sleeping or eating, refer to designated urgent dental care centre for management including possible extraction.
Dentine hypersensitivity • Pain (sharp, sudden and short-lived) • Exposed root surface as a result of gingival recession	**Advice and self help** • Advise patient to: o regularly apply desensitising toothpaste to affected area with finger; o avoid stimuli (cold or acidic foods or drinks).
Dry socket • Pain (onset 24-48 hours after extraction; in vicinity of extraction site; tenderness of alveolar socket wall) • Unpleasant taste or odour from affected area • Swelling (occasionally)	**Advice and self help** • Recommend optimal analgesia. • Recommend warm saltwater mouthwash. • Do not prescribe antibiotics unless there are signs of spreading infection, systemic infection, or for an immunocompromised patient. **Urgent care** • If pain is severe and uncontrollable, preventing sleeping or eating, refer to designated urgent care dental centre for dressing.

Problem (symptoms)	Management

Post-extraction haemorrhage
• Bleeding - can be immediate due to failure to secure adequate initial haemostasis, within a few hours (reactionary) or within a week of an extraction (indicative of possible infection).
	Advice and self help
	• Advise patient not to spit or rinse.
	• Advise patient to:
	  ○ gently rinse the mouth once with warm (not hot) water to wash out excess blood;
	  ○ place a rolled-up piece of cotton or a gauze swab moistened with saline or water over the socket, bite firmly on it and maintain solid and continuous pressure for 20 minutes before checking whether the bleeding has stopped;
	  ○ repeat once if necessary.
	• After the bleeding has stopped, advise the patient to avoid drinking alcohol, smoking or exercising for 24 hours and to avoid disturbing the blood clot.
	
	Urgent care
	• If the bleeding fails to stop, but **is not** brisk and persistent, refer to designated urgent dental care centre for management.
	
	Emergency care
	• If the bleeding fails to stop and **is** brisk and persistent, refer for emergency care.
	• If the bleeding fails to stop and the patient is taking anticoagulant medication (e.g. warfarin, aspirin, clopidogrel) refer for emergency care.

Problem (symptoms)	Management
Oral ulceration • Pain (lips and/or oral cavity) • Inflammation • Ulceration • Abnormal appearance • If the ulceration is severe, some patients (e.g. children, elderly, infirm) may in addition be dehydrated, listless or agitated	**Advice and self help** • If ulceration has been present for less than 3 weeks: o advise chlorhexidine mouthwash (not for children <7 years); o recommend optimal analgesia including topical analgesics (e.g. benzydamine oromucosal spray); o recommend soft diet; o if ulceration due to dentures, advise keeping dentures out where possible; o if due to trauma from adjacent tooth, advise patient to use an emergency temporary repair kit which can be purchased online or at a pharmacy. • In cases of primary herpetic gingivostomatitis or herpes zoster infection, if the symptoms are severe or the patient is immunocompromised, consider prescribing antiviral agents (aciclovir or penciclovir), ideally in the early stages. **Urgent care** • If ulceration has been present for 3 weeks or more, refer the patient to designated urgent dental care centre. **Emergency care** • If a patient with oral ulceration is severely dehydrated, refer for emergency medical care. N.B. If the patient is receiving drug treatment or has an underlying medical condition that might be the cause of the ulcer(s), advise them to contact their general medical practitioner.
Cracked, fractured, loose or displaced tooth fragments and restorations • Pain (general and localized; tenderness to bite) • Sensitivity to hot, cold and sweet and chewing of food • Open cavity • Section of tooth or filling missing • Sharp edge on tooth • Mobile section of tooth or teeth • Mobility or loss of restoration • Trauma to the soft tissues of the tongue, lips or cheek from sharp edges of the fracture site • Gingival inflammation • Recurrent caries	**Emergency care** • If the patient has inhaled a piece of tooth, filling or restoration, refer for emergency care. **Advice and self help** • For broken or fractured teeth or fillings: o if tooth is sensitive to hot and cold, advise patient to use an emergency temporary repair kit which can be purchased online or at a pharmacy; o recommend optimal analgesia; o advise the patient to call back if painful symptoms have not been relieved with optimal analgesia. • If crowns, bridges and veneers: o advise patient to use an emergency temporary repair kit which can be purchased online or at a pharmacy; o if patient has painful symptoms, recommend optimal analgesia.

Problem (symptoms)	Management
Ill-fitting or loose dentures • Pain (general discomfort, localised) • Difficulty speaking • Difficulty eating	**Advice and self help** • Recommend optimal analgesia. • Advise the patient to remove their denture whenever possible. • Advise the patient to seek routine dental care when this service resumes.
Trauma from fractured or displaced orthodontic appliances • Pain • Soft tissue injury	**Emergency care** • If the patient has inhaled or ingested large parts of a fractured appliance or the airway is compromised, refer for emergency care. N.B. Brackets are frequently swallowed by patients and pass through the bowel without incident. **Advice and self help** • Direct the patient to the British Orthodontic Society website (www.bos.org.uk) for advice on managing other orthodontic problems.
Dento-alveolar injuries • Pain • Bleeding • Swelling • Teeth/dentures do not meet together in the way that they did before • Tooth mobility • Paraesthesia • Other problems specific to bone fractures e.g. nose bleeds, diplopia (double vision), loss of visual acuity	**Emergency care** • If bleeding is severe and will not stop within 15-30 minutes; there has been significant facial trauma; the patient has had a head injury or loss of consciousness; the patient has inhaled a tooth or tooth fragment, refer immediately for emergency care. **Advice and self help** • If the patient is not in need of emergency medical attention, advise them to: ○ clean the affected area by rinsing gently with mild antiseptic and if foreign object(s) are present in the mouth, remove them; ○ apply ice packs to soft tissue injury and swelling; ○ apply pressure with a finger to stop any bleeding. • Consider recommending analgesia. Do not prescribe antibiotics.

Problem (symptoms)	Management
Avulsed, displaced or fractured teeth • Fracture of tooth or loss of tooth structure • Increased mobility of tooth or several teeth as a unit • Tooth looks displaced or elongated • Teeth do not meet together in the way that they did before • Empty tooth socket	**Follow advice for dento-alveolar injuries above and:** **Urgent care** • If a **permanent** tooth has been knocked out, advise the patient to: o handle the tooth by its crown (the white part), avoid touching the root; o if the tooth is dirty, wash it briefly (10 seconds) under cold running water; o try to re-implant the tooth in its socket and then bite gently on a handkerchief to hold it in position; o if this is not feasible, store the tooth for transportation to the designated urgent dental care centre in milk (not water). Alternatively transport the tooth in the mouth, keeping it between molars and the inside of the cheek. • Refer to designated urgent dental care centre. **Urgent care** • If a **permanent** tooth (or teeth) has been moved out of its usual position, and is affecting the bite, refer to designated urgent care centre. **Urgent care** • If a **permanent** tooth fracture involves the dental pulp, refer to designated urgent dental care centre. **Advice and self help** • If a **permanent** tooth fracture involves only enamel and dentine, advise the patient to apply desensitising toothpaste on the exposed dentine and to use an emergency temporary repair kit which can be purchased online or at a pharmacy. **Urgent care** • If a **primary** tooth (or teeth) has been moved out of its usual position, and is affecting the bite, refer to designated urgent care centre **Advice and self help** • If a **primary** tooth has been knocked out, advise appropriate analgesia and a soft diet. N.B. primary teeth should not be re-implanted. **Advice and self help** • If a **primary** tooth (or teeth) has been displaced without affecting the bite, advise the parent/carer to alter the child's diet to include soft food and appropriate analgesia if required.