

Management of Acute Dental Problems During COVID-19 Pandemic

30 March 2020

“Due to the Coronavirus outbreak and in accordance with instructions from Scottish Government and the Chief Dental Officer, only patients with severe symptoms of infection, bleeding or trauma will be seen for emergency dental treatment at the present time. If you are experiencing severe pain you may be asked to take medication for 48hrs and to phone back if symptoms persist.”

According to the Chief Dental Officer’s instructions, dentists should operate on the basis of providing **Advice, Analgesia and Anti-microbials**.

This guide is based on, and aligned with, the SDCEP *Emergency Dental Care and Management of Acute Dental Problems* guidance publications. **It is specifically adapted for NHS GGC and only for use during the COVID-19 pandemic.**

It 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.

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 videocall¹).

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 our PDS Special Care Hub both to reduce the risk of transmission of COVID-19 to healthcare workers and patients, and to lessen the pressure on these services.

This advice might change as new information becomes available. Please ensure that you are viewing the most recent version of the generic document by referring to www.sdcep.org.uk.

This document includes:

- General principles;
- A flowchart of the triage of commonly presenting dental problems;
 - This supersedes the GDS triage document sent 31 March 2020
- 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.

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.
- Primary care dental triage should focus on the provision of the three As:
 - Advice;
 - Analgesia;
 - Antimicrobials (where appropriate).

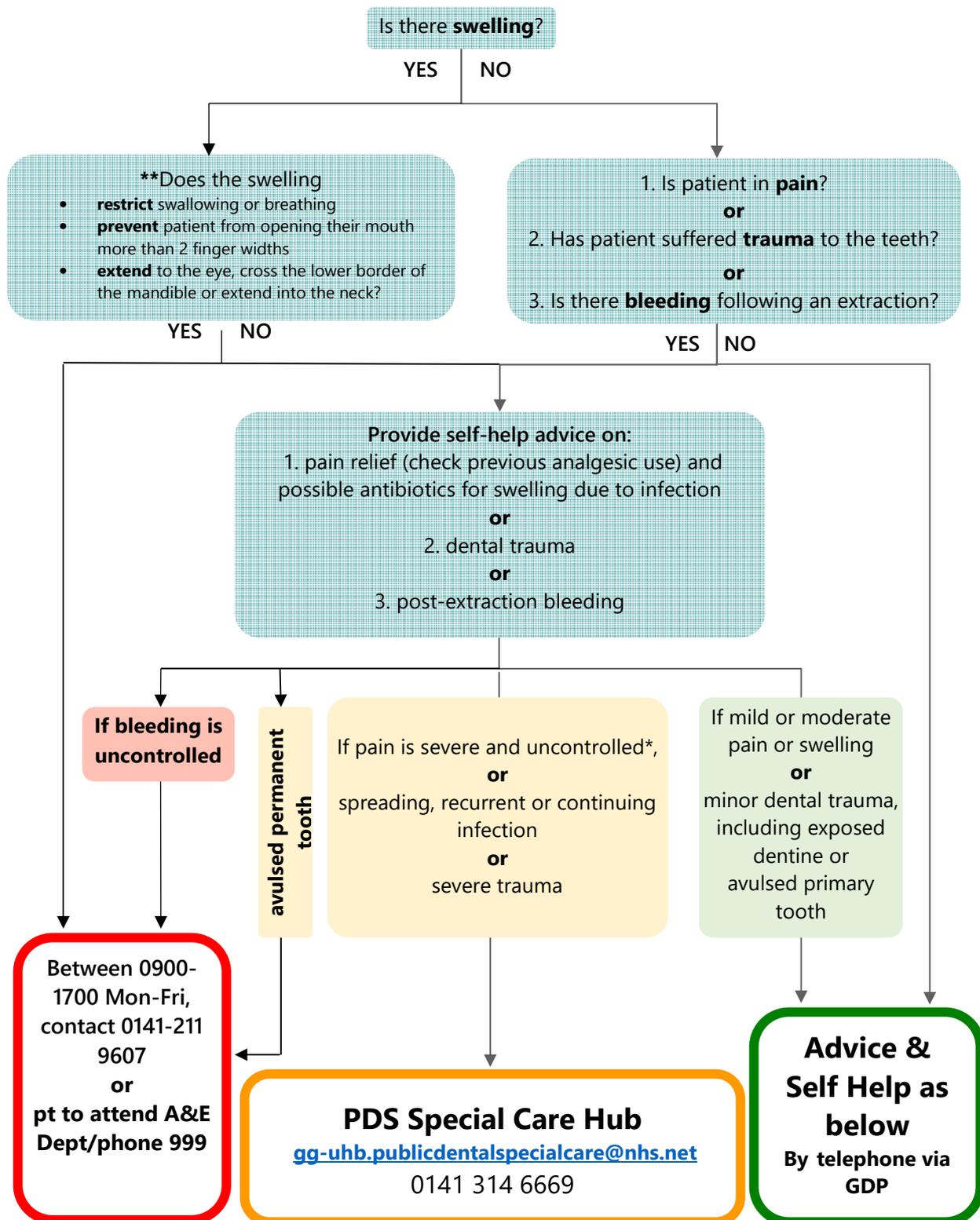
Patients should be advised that treatment options are severely restricted at this time and to call back in 48-72 hours if their symptoms have not resolved.

- It is advisable to liaise with local pharmacy colleagues to ensure that the products you might be recommending are available to your patients. An example Standard Operating Procedure has been provided separately.
- Dental conditions that cannot be managed by the patient and require **emergency care** should be referred according to the flowchart. **Urgent dental care** should be referred via the PDS Special Care Hub Monday-Friday between the hours of 0900-1800 and to NHS24/111 out-with these times.
- Appropriate records should be kept of all patient contacts, including care management and onward referrals.
- **PDS SPECIAL CARE HUB DETAILS**
 - Ideally an e-referral should be made to **gg-uhb.publicdentalspecialcare@nhs.net** using the updated GDS referral form(appendix 1) Patients will then be allocated to the appropriate pathway.
 - Please also indicate if the patient falls into any of the following high-risk groups:
 - Has had an organ transplant
 - Is having certain types of cancer treatment
 - Has had blood or bone marrow cancer, such as leukaemia
 - Has a severe lung condition, such as cystic fibrosis or severe asthma
 - Has a condition that makes them much more likely to get infections
 - Is taking medicine that weakens their immune system
 - Is pregnant and has a serious heart condition
 - If an e-referral cannot be done or where telephone advice is required, call **PDS Special Care Hub on 0141 314 6669**.

The following flowchart and table should 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.



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

**If patient has significant breathing difficulties, advise them to call 999

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 the PDS Special Care Hub.

Emergency Care

Emergency conditions that require immediate medical or dental 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
<p>Acute apical abscess</p> <ul style="list-style-type: none"> • 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 	<div data-bbox="683 465 1433 712" style="border: 1px solid green; border-radius: 15px; padding: 10px;"> <p>Advice and self help</p> <ul style="list-style-type: none"> • 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. </div> <div data-bbox="683 725 1433 936" style="border: 1px solid yellow; border-radius: 15px; padding: 10px;"> <p>Urgent care</p> <ul style="list-style-type: none"> • If patient has spreading infection without airway compromise, or if patient has continuing or recurrent symptoms, refer to PDS Special Care Hub for extraction or drainage. </div> <div data-bbox="683 949 1433 1120" style="border: 1px solid red; border-radius: 15px; padding: 10px;"> <p>Emergency care</p> <ul style="list-style-type: none"> • If patient has spreading infection with or likely to have airway compromise and/or severe trismus contact 999 or A&E </div> <p>N.B. For a chronic abscess draining through a sinus, reassure the patient and advise to continue usual oral self-care.</p>
<p>Acute periodontal abscess/Perio-endo lesions</p> <ul style="list-style-type: none"> • 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 	<div data-bbox="683 1272 1433 1518" style="border: 1px solid green; border-radius: 15px; padding: 10px;"> <p>Advice and self help</p> <ul style="list-style-type: none"> • 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. </div> <div data-bbox="683 1532 1433 1742" style="border: 1px solid yellow; border-radius: 15px; padding: 10px;"> <p>Urgent care</p> <ul style="list-style-type: none"> • If patient has spreading infection without airway compromise or if patient has continuing or recurrent symptoms, refer to PDS Special Care Hub for extraction or drainage. </div> <div data-bbox="683 1756 1433 1926" style="border: 1px solid red; border-radius: 15px; padding: 10px;"> <p>Emergency care</p> <ul style="list-style-type: none"> • If patient has spreading infection with or likely to have airway compromise and/or severe trismus contact 999 or A&E </div> <p>N.B. For a chronic abscess draining through a sinus, reassure the patient and advise to continue usual oral self-care.</p>

Problem (symptoms)	Management
<p>Acute pericoronitis</p> <ul style="list-style-type: none"> • 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 	<div data-bbox="683 271 1439 707" style="border: 1px solid green; border-radius: 15px; padding: 10px;"> <p>Advice and self help</p> <ul style="list-style-type: none"> • Recommend optimal analgesia. • Recommend chlorhexidine mouthwash/gel or warm saltwater mouthwash. • Gently brush area, ideally with small-headed toothbrush (benzylamine 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. </div> <div data-bbox="683 725 1439 927" style="border: 1px solid yellow; border-radius: 15px; padding: 10px; margin-top: 10px;"> <p>Urgent care</p> <ul style="list-style-type: none"> • 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. </div> <div data-bbox="683 945 1439 1115" style="border: 1px solid red; border-radius: 15px; padding: 10px; margin-top: 10px;"> <p>Emergency care</p> <ul style="list-style-type: none"> • If patient has spreading infection with or likely to have airway compromise and/or severe trismus contact 999 or A&E </div>
<p>Necrotising ulcerative gingivitis/periodontitis</p> <ul style="list-style-type: none"> • Pain (general or localised) • Swelling • Bleeding gums • Halitosis • Ulcerated gingival tissue • Fever, malaise 	<div data-bbox="683 1160 1439 1462" style="border: 1px solid green; border-radius: 15px; padding: 10px;"> <p>Advice and self help</p> <ul style="list-style-type: none"> • Recommend optimal analgesia. • Recommend chlorhexidine or hydrogen peroxide mouthwash. • Give oral hygiene advice (benzylamine mouthwash or spray may make toothbrushing less painful). • Consider antibiotics (metronidazole is drug of first choice). </div>
<p>Reversible pulpitis</p> <ul style="list-style-type: none"> • Tooth pain - may be intermittent and associated with stimuli • Tooth is not tender to percussion 	<div data-bbox="683 1507 1439 1792" style="border: 1px solid green; border-radius: 15px; padding: 10px;"> <p>Advice and self help</p> <ul style="list-style-type: none"> • 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. </div>

Problem (symptoms)	Management
<p>Irreversible pulpitis</p> <ul style="list-style-type: none"> • 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 	<div data-bbox="683 277 1439 488" style="border: 1px solid green; border-radius: 15px; padding: 10px;"> <p>Advice and self help</p> <ul style="list-style-type: none"> • 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. </div> <div data-bbox="683 501 1439 716" style="border: 1px solid orange; border-radius: 15px; padding: 10px;"> <p>Urgent care</p> <ul style="list-style-type: none"> • If pain is severe and uncontrollable, preventing sleeping or eating, refer to PDS Special Care Hub for management including possible extraction or extirpation (excluding molar teeth and excluding most retreatment scenarios). </div>
<p>Dentine hypersensitivity</p> <ul style="list-style-type: none"> • Pain (sharp, sudden and short-lived) • Exposed root surface as a result of gingival recession 	<div data-bbox="683 763 1439 974" style="border: 1px solid green; border-radius: 15px; padding: 10px;"> <p>Advice and self help</p> <ul style="list-style-type: none"> • Advise patient to: <ul style="list-style-type: none"> ◦ regularly apply desensitising toothpaste to affected area with finger; ◦ avoid stimuli (cold or acidic foods or drinks). </div>
<p>Dry socket</p> <ul style="list-style-type: none"> • 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) 	<div data-bbox="683 1021 1439 1263" style="border: 1px solid green; border-radius: 15px; padding: 10px;"> <p>Advice and self help</p> <ul style="list-style-type: none"> • 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. </div> <div data-bbox="683 1279 1439 1424" style="border: 1px solid orange; border-radius: 15px; padding: 10px;"> <p>Urgent care</p> <ul style="list-style-type: none"> • If pain is severe and uncontrollable, preventing sleeping or eating, refer to PDS Special Care Hub for treatment. </div>

Problem (symptoms)	Management
<p>Post-extraction haemorrhage</p> <ul style="list-style-type: none"> 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). 	<div data-bbox="683 277 1441 815" style="border: 1px solid green; border-radius: 15px; padding: 10px;"> <p>Advice and self help</p> <ul style="list-style-type: none"> Advise patient not to spit or rinse. Advise patient to: <ul style="list-style-type: none"> 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. </div> <div data-bbox="683 835 1441 987" style="border: 1px solid yellow; border-radius: 15px; padding: 10px; margin-top: 10px;"> <p>Urgent care</p> <ul style="list-style-type: none"> If the bleeding fails to stop, but is not brisk and persistent, discuss with PDS Special Care Hub for management. </div> <div data-bbox="683 1016 1441 1272" style="border: 1px solid red; border-radius: 15px; padding: 10px; margin-top: 10px;"> <p>Emergency care</p> <ul style="list-style-type: none"> If the bleeding fails to stop, is brisk and persistent, or the patient is taking anticoagulant medication (e.g. warfarin, aspirin, clopidogrel) or has a congenital bleeding disorder contact 0141-211 9607. </div>

Problem (symptoms)	Management
<p>Oral ulceration</p> <ul style="list-style-type: none"> • 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 	<div data-bbox="671 277 1433 898" style="border: 1px solid green; border-radius: 15px; padding: 10px;"> <p>Advice and self help</p> <ul style="list-style-type: none"> • If ulceration has been present for less than 3 weeks: <ul style="list-style-type: none"> ◦ advise chlorhexidine mouthwash (not for children <7 years); ◦ recommend optimal analgesia including topical analgesics (e.g. benzydamine oromucosal spray); ◦ recommend soft diet; ◦ if ulceration due to dentures, advise keeping dentures out where possible; ◦ 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. </div> <div data-bbox="671 913 1433 1048" style="border: 1px solid yellow; border-radius: 15px; padding: 10px; margin-top: 10px;"> <p>Urgent care</p> <ul style="list-style-type: none"> • If ulceration has been present for 3 weeks or more, refer the patient to PDS Special Care Hub. </div> <div data-bbox="671 1064 1433 1227" style="border: 1px solid red; border-radius: 15px; padding: 10px; margin-top: 10px;"> <p>Emergency care</p> <ul style="list-style-type: none"> • If a patient is unable to drink due to oral ulceration and is severely dehydrated, contact A&E. </div> <p>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.</p>

Problem (symptoms)	Management
<p>Cracked, fractured, loose or displaced tooth fragments and restorations</p> <ul style="list-style-type: none"> • 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 	<div data-bbox="683 277 1437 412" style="border: 2px solid red; border-radius: 15px; padding: 10px;"> <p>Emergency care</p> <ul style="list-style-type: none"> • If the patient has inhaled a piece of tooth, filling or restoration, contact A&E. </div> <div data-bbox="683 456 1426 972" style="border: 2px solid green; border-radius: 15px; padding: 10px; margin-top: 10px;"> <p>Advice and self help</p> <ul style="list-style-type: none"> • For broken or fractured teeth or fillings: <ul style="list-style-type: none"> ◦ 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; ◦ recommend optimal analgesia; ◦ advise the patient to call back if painful symptoms have not been relieved with optimal analgesia. • If crowns, bridges and veneers: <ul style="list-style-type: none"> ◦ advise patient to use an emergency temporary repair kit which can be purchased online or at a pharmacy; ◦ if patient has painful symptoms, recommend optimal analgesia. </div>
<p>Ill-fitting or loose dentures</p> <ul style="list-style-type: none"> • Pain (general discomfort, localised) • Difficulty speaking • Difficulty eating 	<div data-bbox="683 1021 1426 1265" style="border: 2px solid green; border-radius: 15px; padding: 10px;"> <p>Advice and self help</p> <ul style="list-style-type: none"> • Recommend optimal analgesia. • Advise the patient to remove their denture whenever possible. • Advise the patient to seek routine dental care when this service resumes. </div>
<p>Trauma from fractured or displaced orthodontic appliances</p> <ul style="list-style-type: none"> • Pain • Soft tissue injury 	<div data-bbox="683 1317 1426 1563" style="border: 2px solid red; border-radius: 15px; padding: 10px;"> <p>Emergency care</p> <ul style="list-style-type: none"> • If the patient has inhaled or ingested large parts of a fractured appliance or the airway is compromised, attend A&E/phone 999. <p>N.B. Brackets are frequently swallowed by patients and pass through the bowel without incident.</p> </div> <div data-bbox="683 1585 1426 1742" style="border: 2px solid green; border-radius: 15px; padding: 10px; margin-top: 10px;"> <p>Advice and self help</p> <ul style="list-style-type: none"> • Direct the patient to the British Orthodontic Society website (www.bos.org.uk) for advice on managing other orthodontic problems. </div>

Problem (symptoms)	Management
<p>Dento-alveolar injuries</p> <ul style="list-style-type: none"> • 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 	<div data-bbox="683 282 1445 555" style="border: 2px solid red; border-radius: 15px; padding: 10px;"> <p>Emergency care</p> <ul style="list-style-type: none"> • If bleeding is severe and will not stop within 15-30 minutes; there has been significant dento- alveolar trauma contact 0141-211 9607 for referral • If the patient has had a head injury or loss of consciousness refer immediately to A&E Dept/ phone 999 </div> <div data-bbox="683 618 1426 786" style="border: 2px solid orange; border-radius: 15px; padding: 10px; margin-top: 10px;"> <p>Urgent Care</p> <ul style="list-style-type: none"> • If permanent or deciduous teeth are displaced en bloc or dentures no longer meet together following traumatic injury, refer to PDS Special Care Hub for urgent care </div> <div data-bbox="683 831 1426 1003" style="border: 2px solid orange; border-radius: 15px; padding: 10px; margin-top: 10px;"> <p>Urgent care</p> <ul style="list-style-type: none"> • If the bleeding fails to stop, but is not brisk and persistent, refer to PDS Special Care Hub for management. </div> <div data-bbox="683 1037 1426 1406" style="border: 2px solid green; border-radius: 15px; padding: 10px; margin-top: 10px;"> <p>Advice and self help</p> <ul style="list-style-type: none"> • If the patient is not in need of emergency medical attention, advise them to: <ul style="list-style-type: none"> ◦ 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. </div>

Problem (symptoms)	Management
<p>Avulsed, displaced or fractured teeth</p> <ul style="list-style-type: none"> • 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 	<p>Follow advice for dento-alveolar injuries above and:</p> <div data-bbox="671 315 1417 864" style="border: 2px solid red; border-radius: 15px; padding: 10px; margin-bottom: 10px;"> <p>Emergency care</p> <ul style="list-style-type: none"> • If a permanent tooth has been knocked out, advise the patient to: <ul style="list-style-type: none"> ◦ handle the tooth by its crown (the white part), avoid touching the root; ◦ if the tooth is dirty, wash it briefly (10 seconds) under cold running water; ◦ try to re-implant the tooth in its socket and then bite gently on a handkerchief to hold it in position; ◦ 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 <p>contact 0141-211 9607</p> </div> <div data-bbox="679 891 1428 1043" style="border: 2px solid red; border-radius: 15px; padding: 10px; margin-bottom: 10px;"> <p>Emergency care</p> <ul style="list-style-type: none"> • If a permanent tooth (or teeth) has been moved out of its usual position, and is affecting the bite or ability to function significantly, contact 0141-211 9607 </div> <div data-bbox="683 1066 1423 1205" style="border: 2px solid red; border-radius: 15px; padding: 10px; margin-bottom: 10px;"> <p>Emergency care</p> <p>If a permanent tooth fracture involves the dental pulp, refer to contact 0141-211 9607</p> </div> <div data-bbox="689 1232 1426 1456" style="border: 2px solid green; border-radius: 15px; padding: 10px; margin-bottom: 10px;"> <p>Advice and self help</p> <ul style="list-style-type: none"> • 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. </div> <div data-bbox="692 1478 1426 1646" style="border: 2px solid orange; border-radius: 15px; padding: 10px; margin-bottom: 10px;"> <p>Urgent care</p> <ul style="list-style-type: none"> • If a primary tooth (or teeth) has been moved out of its usual position, and is affecting the bite or ability to function significantly, refer to PDS Special Care Hub </div> <div data-bbox="689 1668 1426 1832" style="border: 2px solid green; border-radius: 15px; padding: 10px; margin-bottom: 10px;"> <p>Advice and self help</p> <ul style="list-style-type: none"> • If a primary tooth has been knocked out, advise appropriate analgesia and a soft diet. N.B. primary teeth should not be re-implanted. </div> <div data-bbox="679 1863 1426 2056" style="border: 2px solid green; border-radius: 15px; padding: 10px;"> <p>Advice and self help</p> <ul style="list-style-type: none"> • 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. </div>