

## Avulsed Tooth – Level II

### AVULSED TOOTH Level II

Skill Level: RN

Definition: A tooth which is totally dislodged from its socket.

<p><b>Subjective:</b></p> <ul style="list-style-type: none"><li>• "I knocked my tooth out."</li><li>• Elicit history of trauma; when and how.</li></ul>	<p><b>Assessment:</b></p> <ul style="list-style-type: none"><li>• Alteration in oral mucosa.</li><li>• Potential alteration in nutrition.</li><li>• Alteration in comfort.</li></ul>
<p><b>Objective:</b></p> <ul style="list-style-type: none"><li>• Tooth is intact and is totally separated from the socket.</li><li>• Elicit length of time since trauma.</li></ul>	<p><b>Plan:</b></p> <p><b>Call the Dental Clinic and send the patient immediately to the dentist if possible. Check other institutions, if possible, to see if a dentist is available.</b></p> <p>At nursing discretion may use any of the following:</p> <ul style="list-style-type: none"><li>• Check for allergies to medications.</li><li>• If more than 8 hours since trauma, no treatment is indicated, tooth will not re-attach.</li><li>• If patient cannot be seen by a dentist within 45 minutes, have patient place tooth back into socket. <b>FIRST</b>, if tooth is dirty, gently clean as best as possible. <b>DO NOT SCRUB.</b></li><li>• Align inserted tooth as best as possible with the adjacent teeth.</li><li>• Instruct the patient to keep fingers and tongue away from the injured area.</li><li>• Inform dental department of the condition, and suggest an urgent appointment with the dentist.</li><li>• Soft diet.</li><li>• Have patient use meds available on the housing unit to treat pain (handout).</li><li>• If available meds not effective, may use Ketoprofen 75 mg TID for 5 days instead. (Always second line.)</li><li>• Check the need for Tetanus vaccine.</li></ul>

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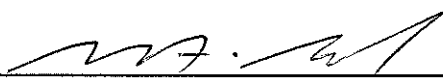
### Nursing Education:

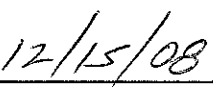
1. Once the tooth is replaced in the socket, further treatment is not an emergency.
2. If the patient is unable to hold tooth in his/her mouth, put tooth in cool tap water.


### APPROVED:

\_\_\_\_\_  
Health Service Manager

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Dental Director

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Medical Director

  
\_\_\_\_\_  
Date

Rev: September 2008