

Dental trauma CHECKLIST

Checklists saves lives, let's save some teeth!

PRE-VISIT QUESTIONS /INSTRUCTIONS

- Rule out other serious injuries
- Re-implant tooth if possible (phone call)
- Place tooth or tooth fragments in milk / HBSS
- Retain and bring coronal fragments to dentist

AT VISIT QUESTIONS /EXAMINATION

- Medical / dental history /previous trauma
- Injury: How? When? Where? Pain?
- Tetanus vaccine status / Booster
- Neurological status – loss of consciousness, headache, amnesia, nausea, vomiting, disorientation, motor/sensory loss -seek medical assistance immediately
- Clean face and oral cavity (water/saline/mild detergent)
- Changes in occlusion -luxation/jaw fracture/condylar region fracture (chin injury)
- Avulsed tooth – storage status, place in physiologic medium as soon as patient arrives
- Extraoral examination - Soft tissue injuries (laceration, abrasion, contusion), TMJ examination
- Palpate facial skeleton - fractures
- Intraoral examination -Hard/soft tissue -palpate
- Tooth position / mobility /displacement
- Tooth status – structural loss/missing tooth fragments, direction of fracture line, pulp exposure, discoloration, pulp sensibility, percussion -check pitch, palpation, probings
- Check adjacent teeth and antagonist status

RADIOGRAPHIC EXAMINATION

- Steep occlusal radiograph (lateral luxation /apical or mid-root fractures/alveolar fractures + 3 films paralleling technique + CBCT)
- Lip laceration (Straight - 25% normal exposure time) detect foreign objects/ fractured tooth fragments (Lateral – 50% normal exposure time)
- Mature / Immature roots

- PDL status – Intact, Widened, Lateral or Apical radiolucency,
- Root fracture: location, direction, extent
- Pulp canal space: Obliteration, compare with adjacent teeth
- Root resorption: surface, inflammatory, replacement
- Alveolar bone fracture
- Radiographs: post re-positioning /replanting

PHOTOGRAPHIC EXAMINATION

- Extraoral injuries -extent of injury
- Intraoral injuries – structural loss, tooth position, discoloration

AVULSION SPECIFIC

- Duration of extra-alveolar time
- Storage-Transport media /status/contamination
- Root maturation status-timing of endo tx.
- LA without epinephrine for reimplantation

DIAGNOSIS

- Fractures – Infracrown, Enamel, Enamel-Dentin, Enamel-dentin-pulp
- Crown-Root fracture: Complicated /Uncomplicated (w or w/o pulp involvement)
- Luxations : Concussion, Subluxation, Extrusion, Lateral luxation, Intrusion, Avulsion

FOLLOW UP & CARE

- soft diet/soft brush/ Chlorhexidine 0.12%/avoid contact sports
- radiographic and clinical: 2 weeks/4 weeks/ 6-8 weeks/3 m./6 m./1 yr./yearly for 5 yr.
- Systemic Antibiotics -Avulsion, Penicillin preferred
- Flexible stabilization: 0.016-inch SS wire/ nylon fishing line (0.13-0.25 mm.) Titanium Trauma Splint