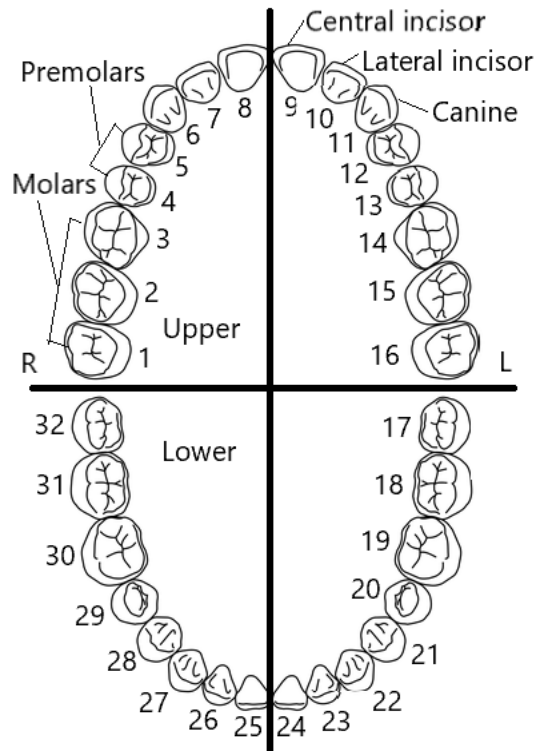


DENTAL BASICS FOR THE PCP

Teeth diagram and numbering

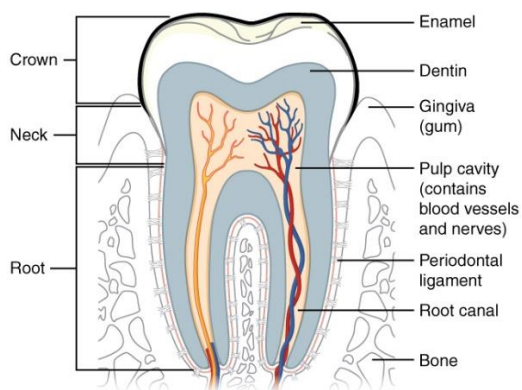
- Start numbering upper right, furthest tooth back



Teeth Numbering Diagram¹

Anatomy of a tooth

- Touch only the crown!



Anatomy of a tooth²

DENTAL PAIN:

Dental caries

- Bacteria--> carb fermentation-->acid production-->demineralization
- First appear as chalky white in enamel surface--> brown/black softening of tooth.
- Screen for dental hygiene practices, fluoride (well water), large sugar intake (ex. diabetes, baby bottle caries), poor saliva flow (xerostomia, medication effect, age), stimulant use/methamphetamines, frequent vomiting/GERD
- Management of painful caries: pain control, fill with dental paste or IRM
- In kids: Prevention with fluoride varnishes every 3-6 months. Well water—offer fluoride supplements or toothpaste (see link at end)



Severe Dental Caries³

Gingivitis/Periodontal disease

- Inflammation of the gums
- Prevent by flossing daily
- Untreated can form periodontal abscess or bone loss



Gingivitis⁴

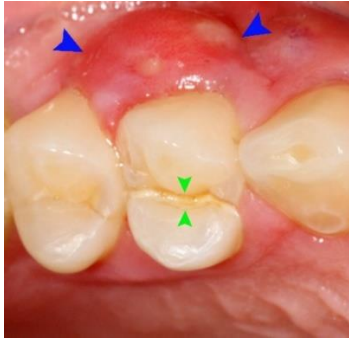
Pulpitis:

- Inflammation of pulp via caries or fractured tooth
- Pain triggered by hot/cold/sweet, worse lying down, may be poorly localized
- Tx: NSAIDs/acetaminophen, avoid triggers, **NO abx indicated**
- Refer to dentist (filling for cavity or possibly extraction/root canal)
- Untreated can form periapical abscess

Periapical abscess

- Infection from caries/fracture/periodontal disease→pulpitis→ pulp necroses, forming abscess at the apex of root
- Fluctuance and pain with percussion of tooth. Less pain if sinus tract develops

- Tx: if not already draining, incision and drainage for relief
 - Local anesthesia (2% lidocaine with epi) or dental nerve block
 - Small incision at region of greatest fluctuance. Probe and irrigate cavity. If large enough, pack with gauze or consider drain.
 - See links at end
- Warm saline mouth rinse every 2 hours
- Pain control, Soft foods only
- **No abx unless suspect cellulitis**, see below
- URGENT referral to dentist (24-48 hours) for possible root canal and extraction



Fractured tooth with abscess⁵

Cellulitis

- Can be emergent cause of airway compromise or spread to deeper structures/brain
- Abx:
 - **Amoxicillin** 1000 mg loading dose; 500mg q8h for 3-7 days
 - **Penicillin VK** 1000 mg loading dose; 500mg q4-6h for 3-7 days ⁶
 - Peds: 25-50mg/kg/day into TID
 - If toxic/complicated:
 - Augmentin** 1000 mg loading dose; 500/125mg q8h for 7 days
 - Peds: 35-50mg/kg/day divided TID
 - PCN allergic: **clindamycin** 600 mg loading dose; 300 mg q6h 3-7 days
 - Peds: 10-25 mg/kg/day TID
 - **Tetanus** if not in last 5 infectious years.
 - Admit/surgical consult if toxic/airway concerns
 - F/u dentist URGENTLY for root canal/extraction

Pericoronitis:

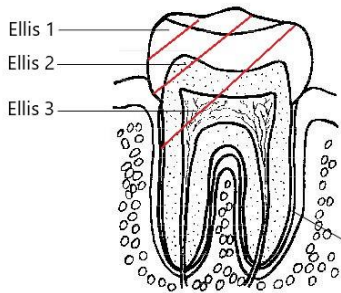
- Inflammation of gum flap covering erupting tooth (eg. wisdom).
- Irrigate under flap, analgesia.

DENTAL TRAUMA

Fracture

- *Ellis 1* only enamel
 - Non urgent referral
- *Ellis 2* to dentin (yellow exposed, painful--nerves)
 - Tx: clean, dental paste/IRM over exposed dentin/pulp (if available)

- URGENT referral 24 hours
- Prophylaxis with penicillin or doxy for 7days
- Tetanus if not in last 5 years
- *Ellis 3* to pulp (blue hue or bleeding)
 - Tx: clean, cover with moist cotton
 - EMERGENT referral for pulpectomy
 - Prophylaxis with penicillin or doxy for 7days
 - Tetanus if not in last 5 years



Ellis Fracture Classification⁷

Tooth Trauma (permanent teeth)

- *Tooth Concussion:*
 - Tender, non-mobile
 - NSAID, soft diet, f/u dentist
- *Subluxation:*
 - Loose. Splint with gauze bite or periodontal paste to brace to adjacent teeth.
 - NSAID, soft diet, f/u dentist URGENT <24
- *Lateral luxation:*
 - Splint with gauze bite or periodontal paste to brace to adjacent teeth.
 - NSAID, f/u EMERGENT dentist/oral surgeon may involve alveolar fracture
- *Extrusion:*
 - Dangling. Replace in socket and splint with periodontal paste
 - NSAID, f/u dentist URGENT <24 hours
- *Intrusion:*
 - Do NOT extract, will erupt on own.
 - Pain control
 - NSAID, f/u EMERGENT dentist/oral surgeon, may involve alveolar fracture or require extraction
- *Avulsion:*⁷
 - Have patient transport tooth in isotonic saline, or milk.
 - Hold by crown only, DO NOT touch periodontal ligament
 - Rinse gently in saline or water, DO NOT scrub tooth.
 - Immediate replacement--best chance of successful reimplant if done immediately. Even if >60 minutes especially if had been placed in solution.
 - Local anesthesia. Replace tooth in socket. Splint with gauze bite or periodontal paste to brace to adjacent teeth.
 - EMERGENT referral to dentist as may require Xray/repositioning
 - Prophylaxis with amoxicillin 50mg/kg/day q8h or doxycycline 2 mg/kg/day for 7 days⁸
 - Tetanus booster if not in last 5 years
 - Chlorhexidine mouth rinse, Soft diet

Fracture/Avulsions of primary teeth:

- As above, follow up 1-7 day depending on acuity.
- Intrusion may require extraction, risk of damage to permanent tooth
- Do NOT replaced avulsed primary teeth

Fluoride Varnishes:

- **MaineCare** (Medicaid) reimbursement: <https://www.fromthefirsttooth.org/by-state/maine/reimbursement-information/>
- How to apply varnish/more info: [Dr. Joanna Douglass: Fluoride Varnish Application](#)

Further learning:

Dental Box procedure videos

-Videos for: Nerve blocks, splinting loose/avulsed teeth, applying dental paste etc.

<https://www.thedentalbox.smartpractice.com/shop/category?id=3&m=SPDB>

****Nerve Block: push anesthetic SLOWLY**

Incision and drainage: <https://iits.dentistry.utoronto.ca/incision-and-drainage>

Smiles for Life Modules <https://www.smilesforlifeoralhealth.org/all-courses/>

Antibiotics for dental infection:

<https://www.augusta.edu/dentalmedicine/axium/documents/endo-antibiotic-update.pdf>

How to mix/place dental paste/IRM (Intermediate Restorative Material)

<https://www.youtube.com/watch?v=o4iue4qdJ-g>

****A great dental product for a PCP office:** sedative temporary restorative material, Note can be placed in open cavity with clean glove, finger pressure wiping excess off as best as possible

<https://www.dentalcompare.com/4434-Provisional-Cements/55758-IRM-ZOE-Intermediate-Restorative-Material/#productdetails>

Pain control:

- Ibuprofen (400mg) and Acetaminophen (1000mg) every 6-8 hours provides similar or greater pain control for dental pain than opioid prescriptions.

<https://www.sciencedaily.com/releases/2018/04/180417181101.htm>

EMRAP lectures and videos

- Dental Trauma: <https://www.emrap.org/episode/emrap20186/dentaltrauma>
- Dental Pain: <https://www.emrap.org/episode/ent/dentalpain>

From the First tooth

- When to refer and other resources:

<https://www.fromthefirsttooth.org/resource/pediatrics/pediatric-specialty-guideline-review/>

Lewiston Dental Resources

MaineCare only covers dental preventative care in patients <21 years old

Lewiston Community Dental Center

Accepts MaineCare, Medicare, Sliding Scale for those who qualify
Fill out intake paperwork online, appointments booking out 1-2 months
Takes urgent day of walk-ins

177 Main St, Lewiston, ME 04240
207-777-7442
www.communitydentalme.org

CCS Dental Services (FOHC)

Accepts MaineCare (Sliding Scale system for those who qualify)
**** Accepting only children <17 years old, waitlist is currently months long due to staff shortage**

CCS Second Street Health Center
60 Second Street Auburn, ME 04210
207-755-3456
www.communityclinicalservices.com

Portland Community Dental

Accepts MaineCare, Medicare, Sliding Scale for those who qualify (No HMOs)
Fill out intake paperwork online, appointments booking 1-2 months
Takes urgent day of walk-ins

640 Brighton Ave, Portland, ME 04102
+1 207-874-1028

190 Park Ave, Portland, ME 04102
+1 207-874-1028
www.communitydentalme.org

UNE Oral Health Center

Low fees (~30\$), accepts MaineCare,
Teaching Clinic: Performed by Supervised Dental/hygienist Students, Expect longer appointments

1 College St, Portland, ME 04103
1 207-221-4747
<https://www.une.edu/ohc>

The Root Cellar Dental Clinic

Sliding scale, MaineCare

94 Washington Ave #2630, Portland, ME 04101
+1 207-774-3197
therootcellar.org

Greater Portland Health

Sliding Scale; Accepts MaineCare, Medicare

180 Park Ave, Portland, ME 04102

+1 207-874-2141

greaterportlandhealth.org

Low Cost Dental Clinics (Interactive Map):

<https://www.google.com/maps/d/u/0/viewer?mid=149t-FWVM-kL44ht7bJpVc9LGJfXXb59v&ll=45.44356524649657%2C-68.89290319999999&z=6>

DOH Dental Resources and Map:

<https://www.maine.gov/dhhs/mecdc/population-health/odh/documents/directory.pdf>

Dental Information for Patients:

Oral hygiene is important for everyone

- Brush teeth for 2 minutes, twice a day
 - o Brush all surfaces: inside, outside, and tongue
 - o Use circular short back-and-forth motions
 - o Use a fluoride toothpaste and mouth wash
 - o Replace your tooth brush every 3 months
- Floss daily
- Eat a healthy diet and limit sugary food, drinks, soda, juice which are a risk for tooth decay and gum disease
- Visit your dentist every 6 months-1 year
- Avoid tobacco or work to cut down use
 - o Tobacco causes gum disease, cavities, discoloration, mouth cancer
- For more information see the American Dental Association
<https://www.mouthhealthy.org/en/oral-health-recommendations>

For Parents:

- When your baby' teeth come in gently brush with small amount of fluoride toothpaste
 - o To 3 years: size of **grain of rice**
 - o 3-6 years: **pea sized**
 - o Supervise teeth brushing until able to not swallow safely: 6-7 years old
- Bottles: use only formula, milk or water. **Do not put babies to bed with bottle.**
- Encourage use of a cup when able
- Children: limit juice 4-6 ounces
- More information: <https://www.2min2x.org/about-kids-teeth/index.html>

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