

TRAUMA INSTRUCTIONS

- Swelling:** Apply ice to the area to reduce swelling and pain for 20 minutes on, 20 minutes off. Swelling may increase in appearance during the next 48 hours and then reduce in size. Other alternatives to ice are:
1) a bag of frozen peas or green beans which mold better to small faces; 2) sucking on a popsicle or eating ice cream; 3) a cold washcloth.
- Diet:** Eat soft foods for the first few days. Please encourage eating on the non-traumatized area. Some children avoid eating and drinking because of the discomfort and, as a result, are at risk of dehydration. Make sure your child drinks at least 28-32 oz of fluid per day to avoid dehydration.
- Pain:** Administer Tylenol at the dose and frequency recommended for your child. If they have a fever, please give the medication for the first day and after as needed.
- Brushing:** It is very important to keep the teeth and gums clean to promote healing. Parents should assist their child, using a soft toothbrush with a gentle scrubbing motion or wiping with a gauze pad or clean washcloth. If a splint is in place, you will need extra time to clean it and the teeth. Toothpaste is not important.
- Oral rinses:** Only use a warm saltwater rinse if the doctor has recommended it (1 tsp salt to ½ cup warm water).
- Bleeding:** Have your child continue to bite the gauze pads for 20 minutes. Replace them with the additional pads provided. If you run out of gauze pads, please use a clean washcloth or a damp tea bag (the tannic acid promotes clotting). A small amount of oozing may occur over the next few days as the area heals. Saliva in our mouths may make the bleeding look worse when it mixes with a small amount of blood.
- Antibiotics:** Are not always indicated. If they are prescribed, it is important to take all of them, even if the area appears healed.
- Tetanus:** If your child's immunizations are not up to date, please see your physician for a tetanus booster within the next 24 hours.
- Follow-up:** Your child should be re-evaluated in 5-10 days to monitor healing. In 6-7 weeks, a third appointment is necessary to determine the health of the tooth's nerve and blood supply. An x-ray will be taken at this appointment when the teeth are checked.
- Watch for:** Any signs of infection such as redness, swelling, pain, or a small "pimple" on the gums above the tooth. Call if any of these changes occur. Please check the area once a week.
- Color:** The tooth may change color from shades of gray to dark gray, yellowish, or pink. These are different signs of healing, bruising, or infection. Please call the office if this occurs.

Future Concerns for Injury to Primary Teeth: Studies show that 13-57% of injuries in primary teeth cause damage to the developing permanent teeth. The highest risk is in children under age 3. Often the damage is a spot (white, yellow, brown or pitted) which can be masked with cosmetic bonding when the permanent tooth has erupted. Some traumatized primary teeth may become over-retained (ankylosed) and do not shed normally. At the appropriate age, the teeth may need to be extracted.

Future Concerns for Injury to Permanent Teeth: Healing of injured permanent teeth depends on the age of the tooth, the extent of the injury and any complicating conditions such as accompanying bone fractures. The best prognosis is for an immature tooth (one whose root has not closed as found in children under age 10). The tooth may heal normally or may become infected (even after a period of apparent healing). Cosmetic bonding of fractured teeth will need to be replaced periodically.

If you have any questions, please call us. We will need to evaluate your child periodically, so to keep you informed of any developments.

INSTRUCTIONS CONCERNING HEAD INJURY

Although your child has been examined for possible head injury, there are certain signs of trouble which may appear in the next 48 hours. On the night following the head injury, or during any nap, it is advisable to awaken your child (every three hours) and look for any of these danger signs. Please observe your child and notify us should any of the following occur:

Excessive Drowsiness: Your child may be exhausted by the ordeal surrounding the injury but should be easily aroused by methods you would ordinarily employ to awaken your child from a deep sleep.

Persistent Vomiting: Children will, in most cases vomit one or more times following a severe head injury. Should vomiting recur more than once or twice, or should it begin after it has ceased.

Eyes: If one pupil appears larger than the other, or if the child complains of "seeing double" or should you detect any failure of the eyes to move together appropriately.

Mobility: If your child does not use either arm or leg as well as previously or is unsteady in walking.

Speech: If speech becomes slurred or your child is unable to talk.

Headache: If severe headache occurs, particularly if it increases in severity and is not relieved by aspirin or Tylenol.

Convulsion: Should a convulsion occur, place your child on one side and where he or she cannot fall, be sure there is ample room for him or her to breathe. Stay with your child until the convulsions begin to subside and notify your physician or emergency room as soon as possible.