

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 molds 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 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 wash cloth 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. Additional follow-up appointments will be recommended by your child's dentist.

WATCH FOR: Any signs of infection such as redness, swelling, pain, or 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.



Amy Maxwell, DDS, MS
Swati Rastogi, DDS, MS
Ranya Al-Hadidi, DDS, MS
Hunter Hazle, DMD
Jashleen Bedi, DMD, MS

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.