Therapeutic Guidelines

A guide to differentiating and managing acute dental pain

Description of pain and associated features	Likely cause and suggested management
intermittent dental pain that is experienced when the tooth is exposed to a stimulus (eg hot, cold or sweet food or drinks) and resolves once the stimulus is removed	**Likely cause** reversible pulpitis **Initial management by medical practitioners** advise the patient to avoid food or drink that provokes pain cover any obvious cavity with an inert material (eg chewing gum, Blu Tack) advise the patient to see a dentist as soon as possible analgesics and antibiotic therapy are **not** indicated **Dental treatment** simple restoration or desensitisation treatment is required
severe dental pain that is experienced when the tooth is exposed to a stimulus (eg hot, cold or sweet food or drinks) pain persists as a dull throbbing ache after the stimulus is removed, and can become continuous	**Likely cause** irreversible pulpitis **Initial management by medical practitioners** advise the patient to avoid food or drink that provokes pain offer analgesics—NSAIDs are preferred if the patient can use them cover any obvious cavity with an inert material (eg chewing gum, Blu Tack) if symptoms are severe, consider local anaesthesia of the affected tooth for temporary pain relief (see 'Local anaesthetics in dentistry' in *eTG complete*) advise the patient to see a dentist as soon as possible antibiotic therapy is **not** indicated **Dental treatment** endodontic treatment (root canal) or extraction is usually needed
dental pain that presents as a dull throbbing ache, and is not triggered by a stimulus such as hot, cold or sweet food or drinks tooth may be sore to bite on	**Likely cause** infected root canal system with acute periapical inflammation (apical periodontitis) **Initial management by medical practitioners** offer analgesics—NSAIDs are preferred if the patient can use them advise the patient to see a dentist urgently antibiotic therapy is **not** indicated for a localised odontogenic infection; however, if dental treatment is not likely to be received within 24 hours, start antibiotic therapy as for 'Spreading odontogenic infection without severe or systemic features' in *eTG complete* **Dental treatment** endodontic treatment (root canal) or extraction is needed
tenderness of the tooth to pressure and on biting	**Likely cause** fractured or cracked tooth, or localised odontogenic infection **Initial management by medical practitioners** advise the patient to see a dentist urgently; it is difficult for medical practitioners to differentiate a fractured tooth from a localised odontogenic infection (even with imaging) without a visible abscess or pus to indicate infection offer analgesics—NSAIDs are preferred if the patient can use them antibiotic therapy is only indicated if a localised odontogenic infection is confirmed and dental treatment is not likely to be received within 24 hours—see 'Spreading odontogenic infection without severe or systemic features' in *eTG complete* for a suggested regimen **Dental treatment** restoration, endodontic treatment (root canal) or extraction is needed
facial swelling and pain following a toothache **without** any of the following: significant facial swelling and pain, trismus, neck swelling, difficulty swallowing, difficulty breathing, airway compromise or systemic features of infection	**Likely cause** spreading odontogenic infection without severe or systemic features **Initial management by medical practitioners** offer analgesics—NSAIDs are preferred if the patient can use them if dental treatment is not likely to be received within 24 hours, start antibiotic therapy (see 'Spreading odontogenic infection without severe or systemic features' in *eTG complete*); otherwise antibiotic therapy is **not** indicated advise the patient to see a dentist urgently **Dental treatment** endodontic treatment (root canal) or extraction is needed

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A guide to differentiating and managing acute dental pain (cont.)

Description of pain and associated features	Likely cause and suggested management
swelling and pain following a toothache **with** any of the following: significant facial swelling and pain, trismus, neck swelling, difficulty swallowing, difficulty breathing, airway compromise or systemic features of infection	**Likely cause** spreading odontogenic infection with severe or systemic features **Initial management by medical practitioners** provide appropriate support of airway, breathing and circulation arrange urgent transfer to a hospital with an oral and maxillofacial surgeon or other appropriate expert **Dental treatment** surgical intervention and intravenous antibiotic therapy is needed—see 'Spreading odontogenic infection with severe or systemic features' in *eTG complete*
dental pain that worsens when the head is tilted forward	**Likely cause** maxillary sinusitis **Initial management by medical practitioners** symptomatic therapy is recommended and antibiotics are rarely needed—see 'Acute rhinosinusitis' in *eTG complete* **Dental treatment** dental treatment is not required
dental pain worsening 1 to 4 days after tooth extraction	**Likely cause** alveolar osteitis (dry socket) **Initial management by medical practitioners** flush the socket with warm sterile saline until all debris is removed from the socket offer analgesics—NSAIDs are preferred if the patient can use them advise the patient to see the practitioner who performed the extraction urgently antibiotic therapy is **not** indicated **Dental treatment** further socket irrigation and analgesia may be needed an obtundent dressing may relieve pain
acute onset of severe pain throughout the mouth associated with gingival bleeding and necrosis or ulcers of the interdental papillae halitosis is usually present	**Likely cause** necrotising gingivitis (previously known as acute necrotising ulcerative gingivitis) **Initial management by medical practitioners** offer analgesics chlorhexidine mouthwash or hydrogen peroxide solution may be used if pain limits the patient's ability to mechanically clean their teeth advise the patient to see a dentist urgently see also 'Management of necrotising gingivitis' in *eTG complete* **Dental treatment** thorough local debridement of the gingiva, local irrigation and antibiotic therapy are needed
acute unilateral or bilateral pre-auricular pain mouth opening may be restricted	**Likely cause** temporomandibular disorders **Initial management by medical practitioners** advise the patient to rest the jaw (eg eat only soft foods) and avoid extreme jaw movements (eg yawning) advise the patient to apply cold or warm compresses, as indicated offer analgesics—NSAIDs are preferred if the patient can use them advise the patient to see a dentist as soon as possible see 'Temporomandibular disorders' in *eTG complete* for further advice **Dental treatment** if conservative measures fail, referral to an oral medicine specialist or oral and maxillofacial surgeon may be required

NSAIDS = nonsteroidal anti-inflammatory drugs

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