

Avulsed Tooth (Adult and Pediatric)

CFR AND ALL PROVIDER LEVELS

Criteria: Applies to permanent teeth only.

1. ABCs and vital signs.
2. Hold the tooth by the crown (not the root).
3. Quickly rinse the tooth with saline before reimplantation, but do not brush off or clean the tooth of tissue.
4. Remove the clot from the socket; suction the clot, if needed.
5. Reimplant the tooth firmly into its socket with digital pressure.
6. Have the patient hold the tooth in place using gauze and bite pressure.
7. Report to hospital staff that a tooth has been reimplanted.

● CFR STOP

EMT

8. Transport.

● EMT STOP

Paramedic

● Paramedic STOP

Key Points / Considerations

1. The best transport medium for an avulsed tooth is in the socket, in the appropriate situation.
 - a. The best chance for success is when reimplantation occurs within five minutes of the injury.
 - b. If the patient has altered mental status, do not reimplant.
 - c. If the patient must be transported in a supine position, do not reimplant.
 - d. Do not reimplant if the alveolar bone/gingiva are missing, or if the root is fractured.
 - e. Do not reimplant if the patient is immunosuppressed, or reports having cardiac issues that require antibiotics prior to procedures.
2. If the patient is not a candidate for reimplantation and avulsed a permanent tooth, place the avulsed tooth in interim storage media (commercial tooth preservation media, low fat milk, patient's saliva, or saline) and keep cool. Avoid tap water storage, if possible, but do not allow the permanent tooth to dry.