



DENTAL HEALTH INITIATIVE  
OF SAN DIEGO

(619) 692-8858  
[www.sharethedental.org](http://www.sharethedental.org)



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For more information visit  
[www.sharethecaredental.org](http://www.sharethecaredental.org) or  
Call Share the Care at (619) 692-8858

For information about children's  
medical and dental insurance, call  
(800) 675-2229.

Written material adapted from "Dental  
Emergencies What You Can Do" by  
Rose Clifford, RDH San Francisco DPH in  
collaboration with State/Local CHDP Dental  
Subcommittees

Photos courtesy of:  
-Guy Lichty, DDS  
-Bryan Williams, DDS  
-Crest website at: [www.dentalcare.com](http://www.dentalcare.com)  
-[www.orthodonticsolution.com](http://www.orthodonticsolution.com)

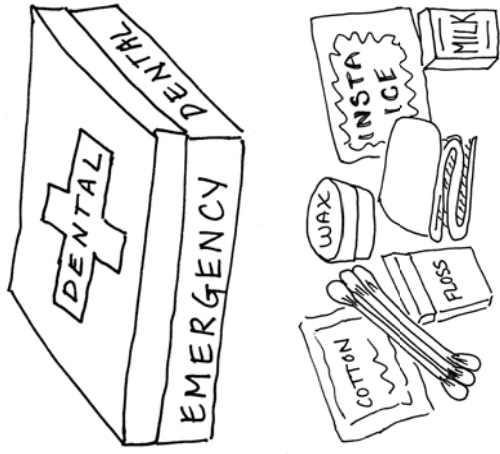
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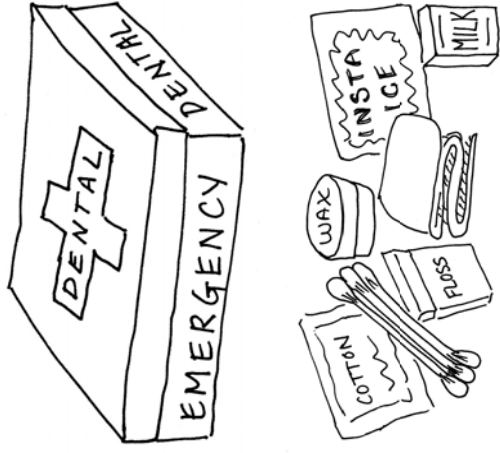
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Dental First Aid Kit



Dental First Aid Kit



**Make Your Own Dental First Aid Kit**

Be prepared. You never know when a tooth injury may occur.

Supplies and their use:

**Cotton balls, swabs, gauze, or wash cloth**—Clean injury

**Dental Floss, inter-dental cleaner, or toothpicks**—Remove objects caught between teeth

**Dental wax or paraffin**—Reduce irritation to cheek/gums when placed on broken tooth or orthodontic wire

**Dish towel, scarf, or tie**—Keep broken jaw from moving when tied around jaw and top of head

**Instant ice pack**—Help reduce swelling

**Exam gloves**—Infection control

**Non-refrigerated liquid milk in a box (ask your grocer), bottled water OR liquid tooth preserver (ask your pharmacist)**—Carry and protect knocked out tooth

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Toothache



Toothache



Photos courtesy of Bryan Williams, DDS



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## TOOTHACHE

- Apply ice pack against outside of cheek if swelling occurs
- **DO NOT** place aspirin on aching tooth or gum
- Go to the dentist as soon as possible



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**Knocked Out Tooth**



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## **KNOCKED OUT PERMANENT TOOTH**

- Find the tooth
- Handle the tooth only by the crown not the root
- If soiled, rinse gently with water. Do not scrub or remove any attached gum tissue
- If unable to reinsert, place tooth in milk, liquid tooth preserver or water
- Do not wrap tooth in tissue
- Take injured person and tooth to the dentist **IMMEDIATELY!**



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# Broken Tooth



Photos courtesy of Guy Lichly, DDS

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Photos courtesy of Guy Lichly, DDS

## BROKEN TOOTH

- Rinse mouth with warm water
- Apply ice pack against outside of cheek/lip if swelling occurs
- Call the dentist **IMMEDIATELY!**



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**Cut or Bitten Tongue,  
Lip or Cheek**



Photos courtesy of Guy Lichty, DDS

**Cut or Bitten Tongue,  
Lip or Cheek**



Photos courtesy of Guy Lichty, DDS

**CUT OR BITTEN TONGUE,  
LIP OR CHEEK**

- Bruise or Swelling—apply ice pack to area
- Bleeding—apply firm but gentle pressure with gauze or clean cloth
- If bleeding doesn't stop, take injured person to urgent care or emergency room



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LIP OR CHEEK**

- Bruise or Swelling—apply ice pack to area
- Bleeding—apply firm but gentle pressure with gauze or clean cloth
- If bleeding doesn't stop, take injured person to urgent care or emergency room



## Broken Braces and Wires



Photo courtesy of Guy Lichty, DDS



Photo courtesy of [www.orthodonticsolution.com](http://www.orthodonticsolution.com)

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Photo courtesy of Guy Lichty, DDS



Photo courtesy of [www.orthodonticsolution.com](http://www.orthodonticsolution.com)

**BROKEN BRACES  
AND WIRES**

- If broken brace/wire can be removed **EASILY**— take it out
- If unable to remove— cover sharp area with wax, cotton, gauze or soft chewing gum
- If wire is stuck into cheek, tongue or gum tissue— do not remove and GO TO DENTIST or ORTHODONTIST **IMMEDIATELY!**

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## Bleeding After Baby Tooth Falls Out



Photo courtesy of Guy Lichly, DDS



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**BLEEDING AFTER BABY  
TOOTH FALLS OUT**

- Apply gentle, firm pressure on the bleeding gum with clean gauze or cloth
- See a dentist if bleeding persists

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Broken Jaw



Broken Jaw



## BROKEN JAW

- Do not move the jaw—fasten towel, scarf, tie, etc. around jaw and over the top of head
- Apply ice pack to control swelling
- Go **IMMEDIATELY** to hospital emergency room



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(SAMPLE)  
Emergency Dental Information

Name: \_\_\_\_\_ (last) \_\_\_\_\_ (first)

Authorized Person to Contact:

Relationship: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (c) \_\_\_\_\_

Dentist: \_\_\_\_\_

Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

(SAMPLE)  
Emergency Dental Information

Name: \_\_\_\_\_ (last) \_\_\_\_\_ (first)

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Dentist: \_\_\_\_\_

Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_