

## **Primary Dentition**

### **I. Crown Fx**

CI I – smooth; watch for abcess/dicolor/pain, F/U 4wks

CI II - comp “bandaid” (not emerg); watch for abcess/dicolor/pain, F/U 4wks

CI III - FeSO<sub>4</sub> pulpotomy ASAP (not emerg); watch for abcess/dicolor/pain

CI IV – extract

II. **Concuss** – no emerg tx; watch for abcess/dicolor/pain, F/U 4wks; may need pulp tx

III. **Sublux** - no emerg tx; tooth will tighten; watch for abcess/dicolor/pain, F/U 4wks; may need pulp tx

IV. **Lux/Extrusion** – eval alveolar fx/occl. Interference; PA radiograph; reposition if minor displacement, extract if interfering/aspiration risk; F/U 2wks

V. **Intrusion** – lateral radiograph; if no perm tooth impingement, allow re-eruption (depends on root developmt; may take 6 months); if perm tooth impingement then extract; F/U 4wks

VI. **Root Fx** – if dx of root fx on occlusal film, do not take more radiographs; eval coronal segmt for mobility, if aspiration risk (class III+) then extract; o.w. F/U 4wks; no splint indicated

VII. **Alveolar Fx** – reposition segmts, assess laceration/mobility (do not splint);F/U 1wk

VII. **Avulsion** – do not reimplant; assess for laceration/alveolar fx; F/U 2wks

## **PERMANENT DENTITION**

### **I. CROWN FX**

CI I - smooth; restore if large fx

CI II - comp bandaid (not emerg); F/U 4wks; may need RCT

CI III – NO composite bandaid; F/U next day

If Pulp vital - Cvek or full CaOH pulpotomy (not emerg)

If Pulp necrotic – CaOH apexification or MTA (not emerg)

CI IV – composite bandaid or pulpectomy; F/U next day

If restorable – RCT (not emerg)

If non-restorable – Decoronate, extrude or extract (not emerg)

II. **CONCUSS** - no emerg tx; F/U 4wks; may need pulp tx

III. **SUBLUX** - no emerg tx; do not splint; F/U 4wks; may need pulp tx

IV. **LUX/EXTRUSION** – reposition ASAP, Rx Periogard, flex. splint 1-2wks, F/U 2wks

Apex OPEN - monitor for healing/necrosis/obliteration (not emerg)

Apex CLOSED - CaOH pulpect w/in 2wks, then RCT (not emerg)

V. **INTRUSION** – if open apex, ortho. repos.; if closed apex and >6mm intrusion, surg. repos.(will need CaOH pulpect w/in 2wks); if closed apex and <6mm intrusion, ortho. repos. (will need CaOH pulpect w/in 2wks); Rx Periogard

VI. **ROOT FX** – multiple radiograph angles; if not mobile, no other Tx; if mobile, approximate segments and flexible splint at least 3-4wks; F/U 4wks

VII. **ALVEOLAR FX** – consider Oral Surg consult; reposition segmts, rigid splint 4wks, suture soft tissue lacerations, F/U 4wks

VIII. **AVULSION** - (*see flowchart*)

### Post-Op Instructions

Splint: Rx Periogard\*10d, soft food\*10-14d, OHI, avoid contact, FU 10-14d

Crown Fx: soft food\*10-14d, avoid contact