

Avulsed Tooth (Adult and Pediatric)

CRITERIA

- This protocol applies only for permanent teeth

CFR and All Provider Levels

1. ABCs and vital signs
2. Hold the tooth by the crown (not the root)
3. 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; and 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

CFR STOP

EMT

8. Transport

EMT STOP

Paramedic

Paramedic STOP

Medical Control Options

Key Points / Considerations

- Report to hospital staff that a tooth has been reimplanted
- As appropriate, the best transport medium for an avulsed tooth is in the socket
- Reimplantation is most successful when it occurs within five minutes of the injury
- Do not reimplant the tooth if the patient has any of the following conditions:
 - Altered mental status
 - Requires transportation in a supine position
 - Alveolar bone/gingiva are not present or if the root is fractured
 - Immunosuppression or if the patient has a cardiac condition requiring antibiotics prior to procedures
- If the patient is not a candidate for reimplantation and has 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. Do not allow the permanent tooth to dry, but avoid tap water as a storage medium if possible