

Alert: Provision of Dental Emergency Services in Saskatchewan

Update

March 30, 2020 Level 3, N95, SHA PPE

A dental emergency exists if professional judgement indicates that a person needs immediate attention to address oral trauma, pain, infection, bleeding or other associated medical complications. Emergency cases should be managed via telephone screening risk assessment by taking a verbal history of the patient's condition and providing appropriate pharmacotherapy. Attached for reference are **Adult** and **Pediatric** Pharmacologic Management Resources adapted from ADA&C.

CDSS members are not to provide routine or urgent care to patients. CDSS members are strongly recommended to only provide emergency dental care that fits within the above description.

Level 3 - The SHA, in collaboration with CDSS, has established two SHA Emergency Dental Clinics, one in Saskatoon and one in Regina, to provide emergency dental care. These two clinics will be operational by the end of the week of March 30, 2020. Referral portals will be established at that time. SHA will support these two clinics with all the appropriate PPE/ N95 masks and training with a focus on keeping dental emergencies out of hospital emergency rooms.

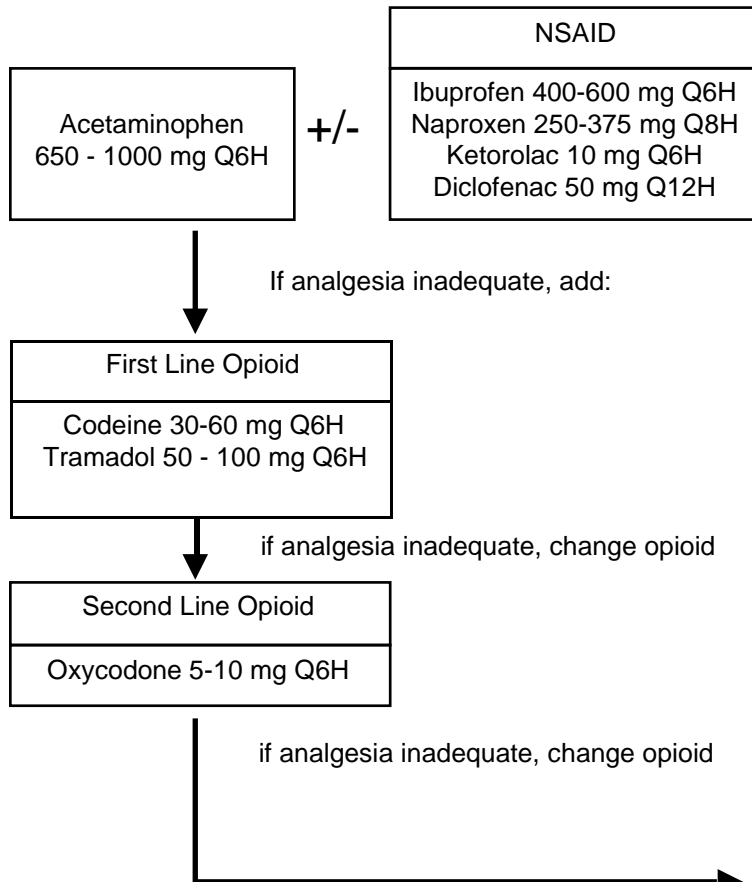
Due to the current shortage of N95 and PPE in Saskatchewan, please do not contact SHA or SHA facilities for N95 supplies or fittings.

SHA Request for Donations – Click [HERE](#)

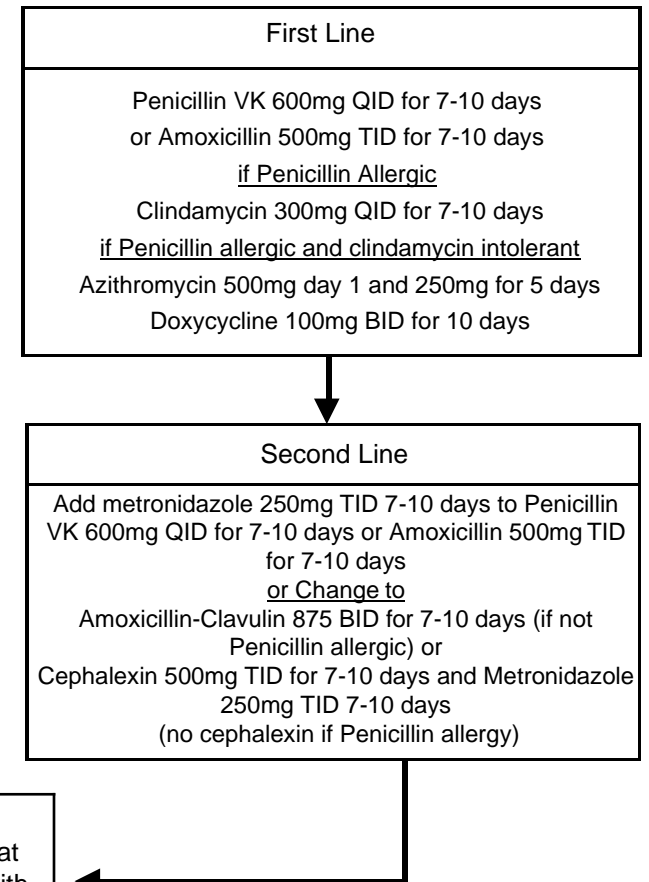
Further communications will be provided to all CDSS members.

Adult Pharmacologic Management (CDSS Adaptation from ADA&C)

Pain Management Algorithm



Antibiotic Algorithm



If large facial swelling develops **INCLUDING** signs of airway threat (trismus, dysphagia, odynophagia, dyspnea, hoarseness, etc) or mid face swelling (eye swollen shut), direct patient to nearest emergency department.

DO NOT REFER TO HOSPITAL UNLESS IT IS A CLINICAL SCENARIO WHICH WOULD NORMALLY REQUIRE HOSPITAL BASED TREATMENT (JAW FRACTURE, DEEP NECK INFECTION)

Pediatric Pharmacologic Management (CDSS Adaptation From ADA&C)

Analgesia Algorithm

Acetaminophen		Ibuprofen
<p>< Age 12: 10-15 mg/kg/dose Q6H</p> <p>12 or older: 325-600 mg Q6H</p>	+/-	<p><50 kg: 4-10 mg/kg/dose Q6H</p> <p>12 or older: 200 mg Q4-6H</p>

Antibiotic Algorithm

First Line
<p>Amoxicillin</p> <p>< Age 12: 40 mg/kg/day divided into 3 doses</p> <p>12 or older: 250 - 500 mg Q8H</p>

or

Penicillin Allergy
<p>Clindamycin</p> <p>< Age 12: 15 mg/kg/day divided into 3 doses</p> <p>12 or older: 150 mg Q6H</p>

Alternatives

<p>Cephalexin</p> <p>50 mg/kg/day divided into 3 doses (if no Penicillin Allergy)</p> <p>or</p> <p>Azithromycin</p> <p>12 mg/kg on day one. single dose then 6 mg/kg once daily x 4 days</p>
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If symptom management inadequate at
this point, discuss with a specialist such
as an endodontist, pediatric dentist, oral
& maxillofacial surgeon, or hospital
dentist

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