

Emergency Dental Care Practice Guide

Prioritising Dental Emergencies

September 2026

This Practice Guide is intended for use by dental staff directly involved in responding to emergency calls within a dental practice setting.

The Practice Guide includes:

- information about the three categories of unscheduled care: emergency, urgent and non-urgent
- a simple method for prioritising emergency calls from patients to one of the three categories of care according to the assessed need of the patient
- advice on providing patients with self care instructions for managing pain, dental trauma and post-extraction bleeding

Dental practices need to conduct a basic form of triage on a daily basis in response to telephone calls from patients requesting emergency appointments. The term triage describes the process of sorting patients into groups based on their need for or likely benefit from immediate treatment. Telephone triage is an important element in the handling of emergency contacts. Not only can it identify those patients who are the highest priority, but the telephone contact itself provides an opportunity to reassure the patient and give advice.

This Practice Guide provides a simple method for use by dental practice teams, which might include non-clinical reception staff, to prioritise unscheduled dental care. Non-clinical staff should seek advice from a clinical colleague if unsure about any aspect of patient triage or advice. Note that the guide is not comprehensive but deals with common presenting conditions.

The SDCEP *Management of Acute Dental Problems* guidance (www.acutedentalproblems.sdcep.org.uk) provides more detailed decision support and advice about the initial management and subsequent care for a wide range of conditions that may present as acute dental problems. While this Practice Guide is aimed primarily at dental staff in a practice setting, the *Management of Acute Dental Problems* guidance is intended for use by staff in any healthcare setting who may be asked to advise or manage patients with acute dental problems, including non-dental professionals such as general medical practice, emergency department and pharmacy staff.

The advice presented in this Practice Guide does not override the individual responsibility of the health professional to make decisions appropriate to the individual patient. However, it is advised that significant departures from this advice are fully documented.

Categories of care

Emergency Care

Conditions include:

- trauma including facial/oral laceration (cuts to the face or mouth) and/or dentoalveolar injuries (e.g. a permanent tooth is knocked out)
- oro-facial (mouth and face) swelling that is significant and worsening
- post-extraction bleeding that the patient is not able to control with local measures
- dental conditions that have resulted in acute systemic illness (e.g. chills, extreme shivering, increasing temperature, dehydration, lethargy) as a result of dental infection
- severe trismus (restricted mouth opening)
- oro-dental (mouth and teeth) conditions that are likely to worsen existing medical conditions (e.g. increased risk of low blood sugar in patients with diabetes)

Timescale:

Provide immediate contact with a clinician, ideally within 60 minutes, and subsequent treatment within a timescale that is appropriate to the severity of the condition.

If the dental problem is resulting in severe or life-threatening symptoms (e.g. severe dehydration, signs of airway compromise or sepsis) or is secondary to a more significant problem (e.g. a significant facial injury) advise the patient to contact NHS24/NHS111 (Tel: 111) or call 999.

Urgent Care

Conditions include:

- dental and soft-tissue infections without a more widespread systemic effect
- severe dental and facial pain: that is, pain that cannot be controlled by the patient following self care advice (e.g. use of painkillers)
- fractured teeth; tooth with dentine/pulp exposure; teeth that have moved due to trauma

Timescale:

Provide self care advice. Provide dental care at the next available clinic, within 24 hours or as soon as practicable, unless the condition worsens.

Treatment should not be delayed if the patient can be seen sooner than 24 hours.

Non-urgent Care

Conditions include:

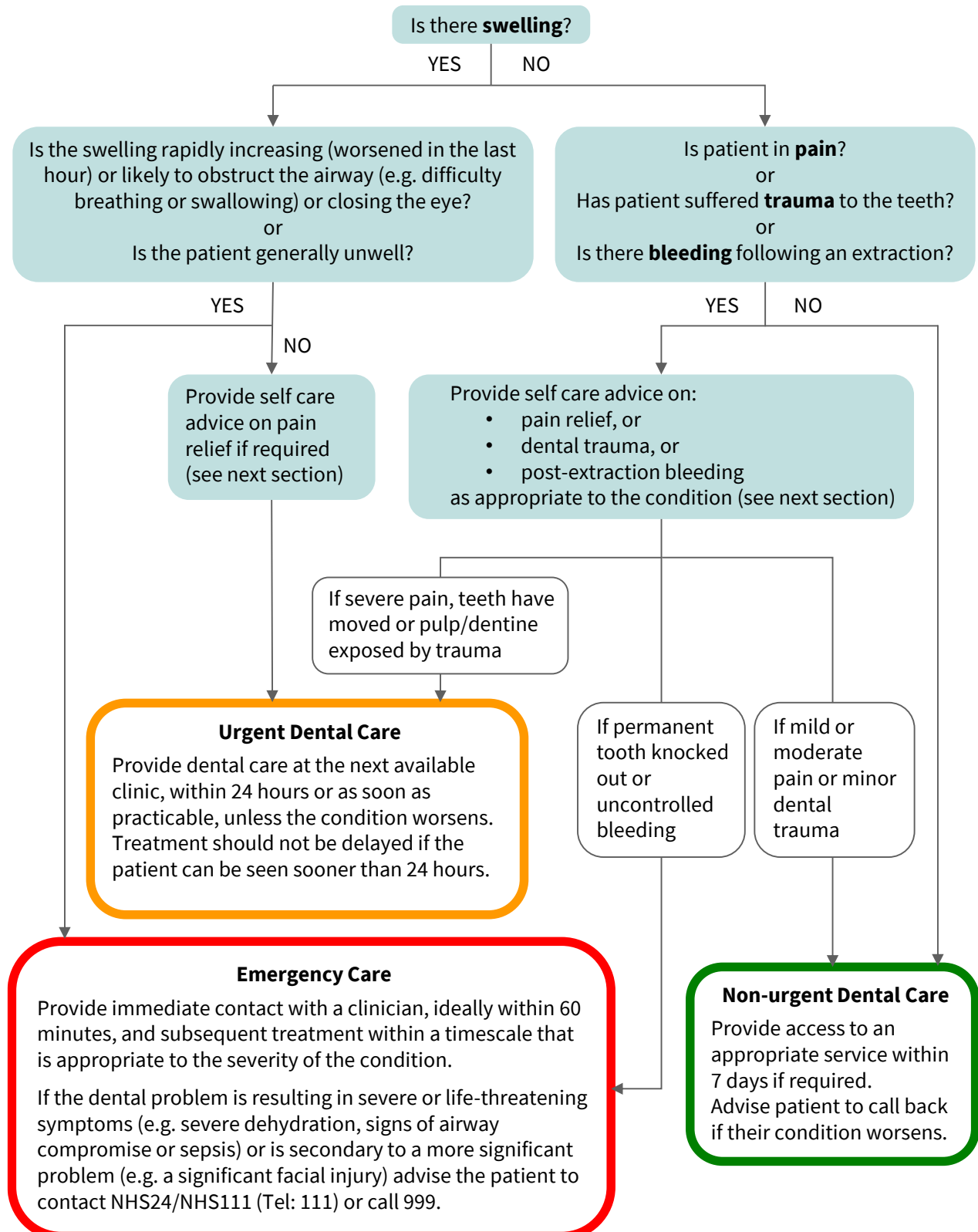
- mild or moderate dental pain: that is, pain not associated with an Urgent Care condition and that responds to pain-relief measures
- minor dental trauma
- post-extraction bleeding that the patient is able to control using self-help measures
- loose or displaced crowns, bridges or veneers, without pain or trauma
- fractured or ill-fitting dentures and other appliances; fractured posts; fractured, loose or displaced fillings
- bleeding gums

Timescale:

Provide self care advice. Provide access to an appropriate service within 7 days if required. Advise patient to call back if their condition worsens.

Prioritising dental emergencies

The following diagram illustrates a simple method for prioritising emergency calls from patients for use by dental staff in the practice setting. Note that this is not comprehensive but deals with common presenting conditions. See [Management of Acute Dental Problems](#) for more detailed advice.



Providing self care advice to patients

There is frequently a need for dental practice staff to advise patients on how to manage their symptoms prior to seeing a dentist. The following sections provide advice on managing a range of common conditions for which self care might be beneficial to the patient.

Pain

Patients who are waiting for dental appointments might require basic advice on the effective management of their dental pain.

Before providing a patient with advice on analgesia, it is essential to first establish what pain relief they have already taken, particularly paracetamol, to check for possible overdose. Overdose with paracetamol is dangerous because it can cause liver damage that is sometimes not apparent for 4-6 days and can be fatal. Paracetamol is present in many over-the-counter preparations and all paracetamol-containing medications that the patient has taken should be identified. For more information on paracetamol overdose see [Management of Acute Dental Problems](#) or the [British National Formulary](#).

- Assess whether the patient has exceeded the recommended dose of pain relief medication, and if signs of overdose advise the patient to seek emergency medical assessment.
- Give the patient the following advice on the use of self care measures.
 - Avoid stimuli that trigger or worsen the pain, such as hot or cold foods or cold air.
 - Holding cooled water or crushed ice around the tooth can help some types of dental pain.
 - Severe pain from the mouth or teeth sometimes feels worse when lying flat; therefore, try lying propped up as this might ease the pain.
 - Use painkillers that have successfully provided pain relief for you in the past without adverse effects (e.g. ibuprofen and/or paracetamol), but do not exceed the maximum daily dose.
 - Avoid taking aspirin or ibuprofen as a painkiller if there is bleeding.
 - Always follow the directions on the painkiller information leaflet for dosage and advice on precautions with some medical conditions.
- Advise the patient to call back if the advice provided proves inadequate to manage their dental pain.

Information for patients about painkillers including [paracetamol](#) and [ibuprofen](#) is available via the NHS Inform website.

If there is uncertainty regarding appropriate analgesia, the patient should be advised to seek advice from a community pharmacist, particularly in the context of existing medical conditions or medications.

Note that patients in Scotland can access analgesia, topical anaesthetics and mouthwashes, which may be helpful to manage pain from oral conditions, via the NHS Pharmacy First Scotland service available at community pharmacies that dispense NHS prescriptions.

Providing self care advice to patients

Dental trauma

Depending on the nature of the injury, patients who have experienced trauma to their mouth might require urgent or emergency dental care. Dental trauma exposing the pulp or dentine, or resulting in teeth that have moved requires an urgent appointment with a dentist. For an avulsed (knocked out) permanent tooth, prior to seeing a dentist, advice on immediate reimplantation or storage of the tooth to preserve the living cells on the root should be provided.

-  For **broken or fractured teeth**, determine whether the pulp/dentine has been exposed by asking the patient if the teeth are sensitive or painful. If they are, arrange an urgent appointment with a dentist to help avoid pulpal infection.
 - If the pulp/dentine has not been exposed, advise the patient that this does not require urgent care but that a non-urgent appointment might be necessary to restore aesthetics or to remove sharp edges.
-  For **teeth that have moved**, arrange an urgent appointment with a dentist for assessment.
-  For an **avulsed (knocked out) adult tooth**, advise immediate reimplantation of the tooth, if feasible, as follows:
 - handle the tooth by its crown (the white part), avoid touching the root
 - if the tooth is dirty, rinse it gently in milk, saline or in the patient's saliva
 - immediately reimplant the tooth in its original position in the jaw and then bite gently on a clean handkerchief or gauze to hold it in position
 - If available, a mouthguard, bleaching tray or bandage made from folded tin foil can be used to hold the tooth in place until the patient can be seen by a dentist.

If reimplantation is not feasible, advise the patient to:

- immediately place the tooth in milk, saliva (e.g. after spitting into a container) or saline for transportation to the dentist

Arrange for the patient to see a dentist as an emergency case as soon as possible.

-  For an **avulsed (knocked out) primary tooth**, advise the patient/carer that the tooth should not be reimplanted and arrange a non-urgent appointment. If there are other concerns, for example possible intrusion of tooth (i.e. the tooth cannot be located and may have been completely pushed back into the gum) or safeguarding concerns, arrange an urgent appointment.
-  In all cases, provide advice on the management of pain, if required (see previous section).

Providing self care advice to patients

Post-extraction bleeding

Patients who have had extractions during the past week might require basic advice on the management of bleeding from the extraction area.

-  Ascertain whether the patient is currently taking anticoagulant or antiplatelet medication (i.e. ‘blood thinners’ such as dabigatran, apixaban, rivaroxaban, edoxaban, warfarin, aspirin, clopidogrel, prasugrel, ticagrelor).
-  Give the patient the following advice on the use of self care measures to stop the bleeding:
 - place a rolled-up piece of cotton or a gauze swab moistened with saline or water over the socket and bite firmly on it
 - maintain the pressure for 20 minutes before checking whether the bleeding has stopped
 - if the bleeding stops, avoid drinking alcohol, smoking or exercising for 24 hours, keep head raised if possible and avoid disturbing the blood clot
-  For patients taking anticoagulant or antiplatelet medication, advise the patient to re-contact the practice for an emergency appointment if these self care measures do not control the bleeding, or call NHS24/111 (Tel: 111) if unable to contact the practice.
-  For patients who are not taking anticoagulant or antiplatelet medication, advise the patient that if the bleeding fails to stop or restarts, to repeat pressure once more, and re-contact the practice for an emergency appointment if these self care measures do not control the bleeding, or call NHS24/111 (Tel: 111) if unable to contact the practice.

This Practice Guide for prioritising dental emergencies is based on the first edition of the Practice Guide that accompanied the SDCEP *Emergency Dental Care* guidance. The *Emergency Dental Care* guidance, which was published in 2007, provided quality standards that specified the requirements of out-of-hours emergency dental services. As services have developed further since publication of the full guidance, this historic, strategy document is now archived.

This edition of the Practice Guide, which provides support for prioritising dental emergencies in a practice setting, has been updated to include information on the categories of care and to reflect the advice provided in the second edition of the SDCEP *Management of Acute Dental Problems* (MADP) guidance, published in 2026. The updated Practice Guide was reviewed by members of the Guidance Development Group for the MADP guidance and dental team members with experience of dental triage.

Scottish Dental Clinical Effectiveness Programme

Dundee Dental Education Centre, Frankland Building, Small's Wynd, Dundee DD1 4HN

Email: scottishdental.cep@nes.scot.nhs.uk

Website: www.sdcep.org.uk

SDCEP operates within Public Services Delivery (PSD) Scotland.

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