

OKLAHOMA DEPARTMENT OF CORRECTIONS  
NURSING PRACTICE PROTOCOLS  
TOOTHACHE/BROKEN TOOTH (Dental)

MSRM 140117.01.14.1  
(R-2/20)

**Subjective Data:**

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

Chief complaint: \_\_\_\_\_

Location of tooth: \_\_\_\_\_

Onset: \_\_\_\_\_  New Onset  Constant  Intermittent

**Associated symptoms:**

<input type="checkbox"/> Jaw pain	<input type="checkbox"/> Earache	<input type="checkbox"/> Sore throat	<input type="checkbox"/> Sinus
<input type="checkbox"/> Pain: scale: (0-10) _____			

**Contributing Factors Related to Pain:**

<input type="checkbox"/> Eating	<input type="checkbox"/> Drinking	<input type="checkbox"/> Chewing	<input type="checkbox"/> Hot	<input type="checkbox"/> Cold	<input type="checkbox"/> Air
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**Objective Data:** (clinically indicated VS)

BP \_\_\_\_\_ Pulse \_\_\_\_\_ Resp. \_\_\_\_\_ Temp. \_\_\_\_\_ Wt. \_\_\_\_\_ O<sub>2</sub> sats. \_\_\_\_\_ FSBS: \_\_\_\_\_

<b>Visual evidence of tooth decay:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments: _____
<b>Redness surrounding affected tooth:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments: _____
<b>Swelling surrounding affected tooth:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments: _____
<b>Visual evidence of external swelling:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments: _____
<b>Pus surrounding affected tooth:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments: _____
<b>Evidence of trauma / injury to jaw:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments: _____
<b>Appearance:</b>	<input type="checkbox"/> No distress <input type="checkbox"/> Mild distress <input type="checkbox"/> Moderate distress <input type="checkbox"/> Severe distress	

**CONTACT DENTIST/HEALTH CARE PROVIDER IMMEDIATELY IF:** *Health care provider must be called if not on site or if after clinic hours.*

- Signs of infection (swollen gums and jaw, severe redness, isolated pain)
- Post extraction profuse bleeding the second day post extraction site pain
- Severe tooth pain that is not relieved by Ibuprofen or acetaminophen
- Accidents with painful / fractured teeth, bleeding, or if inmate cannot close mouth

**Dentist/Health Care Provider:** \_\_\_\_\_ **Time Notified:** \_\_\_\_\_ **Orders Received for Treatment:**  Yes  No

*If physical exam is negative for any of the above s/s and/or there is no need for additional medication/treatment, proceed with nursing interventions.*

**Plan: Interventions:** (Check all that apply)

- Check in assessment only for health care provider visit.
- Chief complaint resolved prior to appointment. Instructed inmate to follow-up sick call for signs/symptoms warranting
- Rinse mouth with warm salt water. Avoid extremes in temperature.
- Apply pressure with a piece of gauze on any bleeding areas for about 10 minutes or until the bleeding stops
- Apply a cold pack to the cheek or lips over the broken tooth. This will help reduce swelling and relieve pain.
- Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4 days PRN **OR**
- Ibuprofen 200 mg – 2 tablets p.o. three times a day for 4 days PRN
- Send request with documentation of assessment to Dentist
- Education/Intervention: Instructed on proper oral hygiene care, avoid very cold or hot foods because these may make the pain worse, medication use, follow-up sick call if no improvement. Inmate verbalizes understanding of instructions.

**Progress Note:** \_\_\_\_\_

**Health Care Provider Signature/Credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**RN/LPN Signature/Credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Inmate Name  
(Last, First)

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