INTRODUCTION

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Managing dental and oral presentations in community pharmacy

These factsheets have been developed jointly by pharmacists and dentists to support community pharmacy teams to manage urgent dental and oral symptoms and to signpost patients to other services where indicated.

A survey in 2014 of unscheduled dental services, highlighted that at least 40% of patients accessed out of hours dental services via NHS 111, with many patients visiting emergency departments who could be managed in other services including community pharmacies

Dental symptoms are one of the most common symptom groups for callers to NHS 111, particularly at weekends. The 2014/15 Learning and Development pilots utilised pharmacists to provide advice for patients with dental symptoms whilst waiting for an appointment at a dental service.

Community pharmacy teams can offer patients advice about suitable pain relief, promote good basic oral hygiene and provide ongoing support to patients once the acute problem has resolved. These factsheets cover a range of dental and oral conditions where pharmacies can meet urgent care needs through providing advice on oral health and signposting to dental and other urgent and emergency care services.

The factsheets cover the following dental and oral conditions:

- Oral ulcers
- Teething
- Muscular (myofascial) pain / jaw joint pain
- Dry mouth
- Lost fillings or crowns
- Pericoronitis – gum inflammation surrounding and erupting wisdom tooth
- Bleeding and swollen gums
- Fractured dental appliances
- Chipped or fractured teeth
- Bleeding after tooth extraction
- Toothache
- Oral Fungal Infections
- Oral Hygiene Advice

For more information on the role of pharmacy in meeting people's urgent care needs, please access the CPPE distance learning programme "Urgent Care – A Focus for Pharmacy".

ORAL ULCERS

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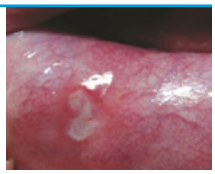
ASK



- How long has the ulcer been present?
- Ascertain if an ulcer has been **persistent for more than 2 weeks and is not painful** - See Alert
- Do you suffer with mouth ulcers regularly?
- Have you traumatised the skin or gum in the mouth by?
  - » Biting or burning yourself
  - » Eating sharp food
  - » Broken or sharp tooth
  - » Broken appliance (denture or orthodontic)
- What provokes and relieves the symptoms?
- Do you have anaemia, gastro- intestinal symptoms or skin conditions or take any medication?

ADVICE

- Reassure - ulcers caused by trauma are usually sore, but will resolve in a week or two
- Other causes include anaemia, gastro-intestinal disorders, iron and vitamin deficiencies, immune conditions, dermatoses, stress and medication
- Oral hygiene advice – tooth brushing twice a day; using mouthwashes (e.g. Chlorhexidine)
- Local pain relief using mouthwashes or topical gels e.g. benzydamine hydrochloride or topical anaesthetic gels
- Avoid precipitating factors e.g. spicy foods
- Avoid smoking

FOLLOW UP

- Recurrent mouth ulcers require dental assessment for possible referral to specialist
- Broken/sharp teeth require dental assessment and treatment
- Patients with systemic symptoms or regular mouth ulcers should be directed to their GP for further investigation
- **ANY non-healing, non-painful ULCER present for 2 weeks or more, that has no obvious repeat trauma to the area requires URGENT Dental Assessment** - See Alert

ALERT

- If the patient feels unwell in themselves or unable to eat or drink, they should seek medical or dental attention
- ANY non-healing and non-painful ULCER present for 2 weeks or more requires URGENT Dental Assessment to exclude oral cancer

PHARMACY PRODUCT

- Topical anaesthetic mouthwashes e.g. benzydamine hydrochloride
- Topical anaesthetic gels
- Chlorhexidine mouthwash
- Paracetamol, ibuprofen (if required for pain relief)

TEETHING

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ASK

- Age of child?
- Have you noticed a tooth erupting?
- Can you feel this with your finger?
- Is the child eating and taking in fluids?
- Is the child able to sleep at night?
- Does the child have a fever?
- Has the child been given pain relief?

ADVICE

- Teething begins **around age 6 months**. Variations may be between **3 months** and **12 months** of age. Adult teeth begin to erupt around the age of 6 years
- Children can experience pain in the mouth during teething, this may affect sleeping and eating
- It is important the child is adequately hydrated
- Liquid paracetamol or ibuprofen to relieve symptoms of pain relief and pyrexia
- Pureed food, cool liquids and teething aids can be helpful
- Reassure parents/guardians that symptoms related to teething are self-limiting
- Note – regular pureed sweet food such as fruit purees can lead to decay

FOLLOW UP

- When the first tooth erupts, parents/carers should brush the child's teeth twice daily, using a small headed toothbrush with a smear or pea size amount of toothpaste
- Toothpaste fluoride content for children:
  - 6years up to 1000ppm fluoride
  - 7years+ 1350-1500ppm fluoride
- Spit after brushing and do not rinse
- Advise dental examination as soon as the first tooth erupts for oral hygiene and diet advice

ALERT

- Awareness of the **risk of serious illness in children with fever**
  - Refer to NICE Guideline (**CG160**): Fever in under 5s: assessment and initial management
  - **NICE traffic light system for identifying the risk of serious illness in children with feverish illness**
  - Child under 3 months with a temperature of 38°C or higher is in a high-risk group for serious illness
  - A child aged 3–6 months with a temperature of 39°C or higher is at an intermediate-risk group for serious illness
- Awareness of the signs and symptoms of **Meningitis** and dehydration for patients with a temperature of 38°C and above
- Signs and symptoms suggesting an immediate life-threatening illness should be referred immediately for emergency medical care
- Any concerns as to the child's general health, the GP or NHS 111 should be contacted as appropriate

PHARMACY PRODUCT

- Liquid paracetamol (sugar free)
- Liquid ibuprofen (sugar free)
- Pureed foods (sugar free or low sugar)
- Teething aids - cooling toys
- Lidocaine topical gel
- Teething granules

MUSCULAR (MYOFASCIAL) PAIN/TEMPORO-MANDIBULAR JOINT PAIN (TMJ)

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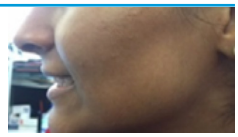
ASK

- Do you have chest and jaw pain, worse on exertion?
- Is there loss of vision?
- SEE ALERT



Signs /symptoms TMJ pain:

- Have you been particularly stressed lately?
- Are you conscious of grinding or clenching your teeth?
- Do you have multiple teeth pain?
- Is the pain worse around the jaw joint or temples?
- Have you noticed clicking/crunching /pain in your jaw joint when opening or closing your mouth?
- What provokes and relieves the pain?
- Do you take any antidepressants or antipsychotic medication?

ADVICE

- Reassure - Clenching/ grinding of teeth (bruxism) is common in periods of stress or due to some medications (as above)
- Soft diet for 2 weeks (and cut food into smaller pieces)
- Limit opening of the mouth when yawning or eating (place fist under chin)
- Avoid recurrent chewing habits e.g. chewing gum, finger nail biting
- Ibuprofen (gel rubbed onto the skin of the face or taken in tablet form), if not contraindicated
- Warm or cold compress over affected area
- Massaging sore areas of the face e.g. temples

FOLLOW UP

- If dental/jaw symptoms persist – seek dental assessment

ALERT

- Awareness of the symptoms and **management of angina**
- Loss of vision with temple pain may be at risk of **giant cell (temporal)arteritis**. Risk of vision loss. Seek urgent medical care
- If symptoms worsen, seek dental assessment as other interventions may be indicated e.g. bite guard

PHARMACY PRODUCT

- Paracetamol
- Ibuprofen
- Hot/cold compress
- Sugar free oral suspension analgesics

DRY MOUTH

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ASK

Cause

- Anxiety
- Diabetes
- Dehydration
- Head & Neck Radiotherapy or Chemotherapy
- Sjögren's syndrome (Dry eyes and dry mouth)
- Diuretics
- Antihistamines
- Antidepressants
- Diet - High sugar or salty diet
- Change of medication

Ask

- Dry mouth – how long?
- Affecting eating?
- What have you done to relieve symptoms?

ADVICE

Suggest

- Regular sips of water
- Saliva stimulants
- Sugar free gum
- Artificial saliva substitutes
- If cause is due to medications – then a medical consultation is required

- Chronic dry mouth is a risk factor for tooth decay – brush twice daily with fluoride toothpaste (sodium lauryl sulphate free) and use fluoride mouthwash after meals
- Seek advice from a dentist for long term oral care management

FOLLOW UP

- Regular dental checks-ups
- Practice self-care by brushing twice daily and interdental cleaning
- Patient may require high fluoride toothpaste as prescribed by the dentist

- Persistent symptoms may require referral to a specialist via the dentist to exclude other causes such as Sjögren's syndrome

ALERT

- Patients with dry mouth who are unable to function (eat, drink, speak) properly require an urgent dental assessment

PHARMACY PRODUCT

- Saliva substitutes
- Saliva stimulants (sugar free and non-acidic if natural teeth present)

- Sugar free chewing gum

LOST FILLINGS OR CROWNS

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ASK

- Can the crown be placed back on the tooth comfortably without falling off?
- Has the tooth broken inside the crown?
- Is the remaining tooth sharp and causing soreness to soft tissues resulting in an ulcer?
- Have you taken pain relief?

ADVICE

- Analgesic advice if required
- A dental assessment is required
- The crown (if stable) can be re-cemented with a temporary crown cement kit, or the remaining tooth sealed with a temporary filling kit, this would be the least preferable option as a dental assessment is the best option in all cases for further assessment, especially if there is associated pain from the tooth
- Refer to **Ulcer Factsheet** if ulcer developing

FOLLOW UP

- Risk of pain, swelling and infection -arrange dental assessment as soon as possible

ALERT

- Severe pain, swelling or infection - needs urgent dental assessment

PHARMACY PRODUCT

- Temporary crown repair kit
- Temporary filling repair kit
- Paracetamol
- Ibuprofen
- Sugar free oral suspension analgesics

PERICORONITIS: GUM INFLAMMATION SURROUNDING AN ERUPTING WISDOM TOOTH

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ASK

- Is there swelling at the back of the mouth in the wisdom tooth region?
- Are you experiencing any bad taste?
- Is there difficulty and pain on mouth opening?
- Have you had previous wisdom tooth symptoms?
- Is there swelling of the cheek or face?
- Do you find it difficult to swallow?
- How are you managing the pain?

ADVICE

- Keep the area clean with a small toothbrush or interspace brush
- Use chlorhexidine on a cotton bud to clean the area
- Rinse 2-3 time a day with warm salt mouth rinses or chlorhexidine mouth wash
- Use analgesia (ibuprofen, paracetamol) if required
- If obvious facial/neck swelling develops, severe pain (unmanaged by analgesics) or symptoms worsen seek urgent dental assessment

FOLLOW UP

- See a dentist for assessment and advice on long term treatment options especially if it reoccurs
- Antibiotics may be prescribed by the dentist for severe infection and swelling

ALERT

- If the patient feels unwell in themselves and has limited mouth opening (less than 2 fingers' width) and difficulty swallowing they should seek urgent medical or dental attention

PHARMACY PRODUCT

- Cotton buds
- Interspace or single tufted toothbrush
- Chlorhexidine mouthwash or gel
- Paracetamol
- Ibuprofen
- Oral syringe for irrigation
- Sugar free oral suspension analgesics

BLEEDING & SWOLLEN GUMS

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ASK

Causes

- Diabetes (poorly controlled)
- Pregnancy
- Smoking
- Poor oral hygiene

Ask

- Is the bleeding localised or generalised?
- Do you have a bad taste?
- Are there any ulcers?
- Do you have any signs of systemic symptoms e.g. high temperature, nausea or vomiting?

ADVICE

- Sore gums can be a symptom of many different conditions as well as poor oral hygiene
- Gums can bleed more if pregnant or diabetic
- Reassure patients – thorough brushing twice daily is required and can initially exacerbate bleeding
- The use of interdental brushes or floss to clean space in between the teeth
- If bleeding is frequent and there is a bad taste or bad smell, rinse with a chlorhexidine based mouthwash after brushing and seek dental assessment
- Smoking contributes to gum disease

FOLLOW UP

- See a dentist for assessment and advice
- Pregnancy, diabetes and smoking can affect gums
- Brushing twice daily and interdental cleaning can help maintain gum health
- Smoking cessation

ALERT

- Seek dental assessment for elimination of other causes especially if systemic signs and ulceration

PHARMACY PRODUCT

- Toothbrush
- Inter space toothbrush and interdental brushes
- Floss
- Fluoride toothpaste
- Chlorhexidine mouth wash

FRACTURED DENTAL APPLIANCES (INCLUDING ORTHODONTIC APPLIANCES)

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ASK

- What is the appliance?
- Is it causing pain or soft tissue trauma) when worn (e.g. ulceration)?
- Is there anything that makes the pain worse or better?

ADVICE

- Fractured orthodontic appliances - patient should contact their orthodontist at the earliest opportunity
- If the patient cannot contact their orthodontist, then contact their usual dentist or NHS 111, especially if affecting the roof of the mouth
- If there are sharp wires from an appliance traumatising the inside of mouth, try mouldable wax to cover them
- If it is a denture, advise to see a dentist for repair or remake of denture
- Do not 'glue' the broken parts as this can degrade the plastic
- Dental Technicians can also provide assistance for broken dentures
- Temporary denture repair kits are available for the short term
- If ulcers occur, avoid wearing appliance. Saltwater rinses or topical anaesthetic gels will help relieve symptoms

FOLLOW UP

- For orthodontic appliances, seek advice from an orthodontist at earliest opportunity
- For all other fractured appliances e.g. dentures, seek dental assessment

ALERT

- It is unlikely that the patient will experience severe pain with a fractured appliance, but if in pain to seek urgent dental assessment

PHARMACY PRODUCT

- Paracetamol, ibuprofen (for pain relief)
- Sugar free oral suspension analgesics
- Orthodontic wax (mouldable wax)
- Temporary denture repair kit
- Topical anaesthetic gels

CHIPPED OR FRACTURED TEETH

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ASK

- If trauma, enquire if any vomiting or loss of consciousness (if yes, to attend A&E urgently)
- Do you have dental pain (no triggers) or sensitivity (air, cold, hot or sweet)?
- Is there anything that makes the pain worse or better?
- Do you have any broken fragments of tooth?
- Is there any trauma to the lips or inside of mouth?

ADVICE

- Analgesia if required
- Avoid provoking factors i.e. hot or cold drinks and food
- Use a straw to drink
- Soft diet
- Soft toothbrush if very sore/sensitive
- If sensitive, use a desensitizing toothpaste
- Arrange to see a dentist as soon as possible for an assessment
- If cuts /abrasions in the mouth – use chlorhexidine mouthwash, salt water or topical anaesthetic mouthwashes/gels to prevent infection and aid with oral hygiene
- Keep fragments of tooth as these may be of use to the dentist
- If the tooth has a hole this may be sealed using a temporary filling kit

FOLLOW UP

- See a dentist for assessment and treatment
- If further fractures or pain occurs, seek a dental assessment sooner
- Dental trauma will need dental assessment. Further information on www.dentaltrauma.co.uk

ALERT

- If the pain progresses to affect sleep and is poorly controlled with analgesics, seek urgent dental assessment

PHARMACY PRODUCT

- Topical anaesthetics e.g. benzocaine
- Desensitizing toothpaste
- Chlorhexidine mouthwash
- Paracetamol, ibuprofen (if required)
- Sugar free oral suspension analgesics
- Temporary filling kit
- Soft toothbrush

BLEEDING AFTER TOOTH EXTRACTION

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ASK

- When did you have tooth removed?
- How much blood? Blood stained saliva or more? Constant oozing?
- Have you tried any measures as advised by the dentist to stop the bleeding?
- Are you taking any anticoagulant medication?
- Do you have any underlying bleeding conditions (e.g. haemophilia)

ADVICE

- Blood stained saliva is normal – reassure
- If active bleeding - advise the patient to sit upright and apply pressure to the extraction site by biting on a clean cotton handkerchief or a rolled up piece of gauze for 20 minutes
- Press firmly if there is no opposing tooth
- Check and repeat if required
- Avoid spitting or rinsing the mouth for 24 hours
- If bleeding does not stop after 3 attempts of pressure placement as above, refer to dentist or call NHS 111

FOLLOW UP

- Do not disturb the blood clot (with toothbrush, sharp food or tongue)
- Gently brush adjacent teeth to keep surrounding area to socket clean
- Eat soft foods
- Avoid hot drinks and exercise
- Take painkillers if required
- Seek dental advice if associated with prolonged pain or bleeding
- Avoid alcohol and smoking

ALERT

- If bleeding persists even after self–help measures contact a dentist or NHS 111
- If the patient is on anticoagulants or haematologically compromised, the socket may continually ooze blood and will require urgent dental assessment

PHARMACY PRODUCT

- Pain Relief: Paracetamol, ibuprofen (if required for pain relief)
- Gauze swabs

TOOTHACHE

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ASK

- Is the pain a constant dull ache or a short sharp pain?
- Have you got a:
  - » Hole in your tooth?
  - » Broken tooth?
- Lost a filling or crown?
- Is your mouth or face swollen?
- What triggers the pain?
- What relieves the pain?
- What analgesics help?
- Have you had cold/sinus symptoms recently?

ADVICE

- Short sharp pain can be triggered by hot/cold/ sweet and acidic food. A desensitising toothpaste can help relieve pain temporarily
- Constant dull ache can be related to tooth or gum infection - advise analgesia
- The most effective analgesics are paracetamol and ibuprofen taken as an alternate dose every 4-6 hours (dependant on the analgesic dose and contraindications)
- A swollen gum adjacent to the painful tooth indicates possible infection-advise patient to seek urgent dental assessment
- Temporary relief of broken teeth or lost filling can be managed with a temporary dental filling kit
- Sinus symptoms can impersonate toothache of upper teeth, provide analgesia and advise dental assessment
- Maintain oral hygiene

FOLLOW UP

- Seek dental assessment and treatment even if the problem resolves as this is a temporary solution and the problem will often reoccur much more severely in the future
- Avoid pain triggers and seek dental assessment
- Dental assessment is required if pain cannot be managed by analgesics or self-measures

ALERT

- Patients who have dental pain associated with a decayed or fractured tooth may develop a dental swelling or abscess, this can occur inside the mouth and on the face
- If a swelling develops this requires urgent dental assessment

PHARMACY PRODUCT

- Paracetamol, ibuprofen (as required for pain relief)
- Desensitising toothpaste
- Temporary dental filling kit
- Topical sinus agents

ORAL FUNGAL INFECTIONS (thrush)

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ASK

- When did you notice the coating on your tongue?
- Does it wipe off or brush away?
- Have you had this before?
- Do you use inhalators, wear a denture or wear braces?
- Do you smoke?
- Do you have diabetes?
- Have you recently take antibiotics or are you on long term steroids?
- Do you have any signs of systemic symptoms e.g. high temperature, nausea or vomiting?

Fungal infections can present in babies, children and adults. Be aware that it may not always appear white; other symptoms may include redness, altered taste, soreness and this may lead to difficulty eating and drinking.

ADVICE

- Re-assure – this condition is usually harmless and easily treated
- See a doctor or dentist who can diagnose and prescribe an antifungal if necessary
- Even if you have no teeth, use a soft toothbrush to brush gums and tongue
- Sterilise bottles for children after use, and sterilise dummies regularly
- If using an inhaler, use a spacer device and rinse out with water after using this
- Visit the dentist regularly
- Change the toothbrush after having oral thrush to prevent reinfection

FOLLOW UP

- Long term oral fungal infection may be an indication of underlying infection which will need further investigation by a doctor

ALERT

- If the patient has a non-diagnosed white patch in their mouth that cannot be wiped away and has been present for over 2 weeks, this required URGENT dental assessment to exclude oral cancer

PHARMACY PRODUCT

Maintaining a clean mouth is very important if a person has a fungal infection
A person with thrush may be prescribed any of the following for oral candida:

- Nystatin (antifungal mouthwash) - Should be held in the mouth for a minute for maximum topical effect
- Fluconazole - A systemic medication, generally for more severe cases

ORAL HYGIENE ADVICE

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ASK

Ask:

- How often do you brush your teeth?
- What toothpaste do you use?
- What other dental aids do you use to clean your teeth (floss/interdental brushes?)

Explain:

Poor oral hygiene can lead to:

- Bleeding gums (gum disease)
- Toothache
- Caries (dental decay)
- Tooth loss

Smear of toothpaste verses pea sized amount

ADVICE

- Brushing twice daily is important to maintain good oral hygiene and removing bacterial plaque
- Brush all surfaces of the teeth and where the teeth meets the gums in small circular motions
- Use a toothpaste with at least 1450ppm of fluoride for children aged 3+ and adults
- Use a smear amount of toothpaste for children up to the age of 3 and pea sized amount of 3+
- Use interdental aids, such as interdental brushes and floss to clean daily in-between teeth
- Use mouthwashes as advised by a dental professional
- It is important to brush the tongue
- Dentures should be cleaned daily and ideally not worn overnight

FOLLOW UP

- Visit a dentist regularly to check the teeth and the health of the mouth. The dentist will advise on follow up dental visits.

ALERT

- Seek help from dental professional if unsure

PHARMACY PRODUCT

- Over the counter fluoridated toothpaste 1350-1500ppm Ages 3-6+
- Prescribed toothpaste
  - 5000ppm sodium fluoride Age 16+/high caries risk
  - 2800ppm sodium fluoride Age 10+/high caries risk
- Over the counter fluoridated mouthwashes
- Prescribed mouthwashes
  - 0.2% sodium fluoride mouth rinse Age 8+

Reference

- Department of health delivering better oral health toolkit https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention
- NICE oral health promotion in general dental practice https://www.nice.org.uk/guidance/ng30
- SDCEP Guidance prevention and management of dental decay in children https://www.scottishdental.org/sdcep-prevention-and-management-of-dental-caries-in-children-2nd-ed/