**DENTAL PAIN**  
Level II (no Level I)

**Skill Level:** RN  
**Definition:** Severe discomfort associated with the teeth. A severe toothache usually involves one tooth. It is unusual to have several teeth causing extreme pain at once.

<table>
<thead>
<tr>
<th>Subjective:</th>
<th>Assessment:</th>
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| • “I have a toothache.”  
• “I broke my tooth.”  
• “My gums hurt.”  
• “I cannot sleep.”  
• “My tooth throbs.” | • Alteration in comfort.  
• Potential alteration in nutrition. |

<table>
<thead>
<tr>
<th>Objective:</th>
<th>Plan:</th>
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<tbody>
<tr>
<td>Any of the following may be present:</td>
<td>For Complaints of pain from cavities, broken teeth and sore gums that are not causing immediate extreme distress, instruct patient to send kyte to dental.</td>
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| • Lost fillings or caps.  
• Broken teeth.  
• Inflamed gums.  
• There may be no obvious clinical findings.  
• Mild localized intraoral swelling may be present.  
• No swelling or redness outside the mouth.  
• No fever (Temperature over 100.5 degrees) or any evidence of infection. | • If visible swelling or fever, suspect infection. Refer to oral infection protocol.  
• If trauma, see appropriate protocol.  

At nursing discretion may use any of the following:  
• After checking for allergies to medications may suggest:  
  --Ibuprofen 200mg 1-2 4 times a day prn from unit.  
  --Acetaminophen or ASA 2 4 times a day prn from unit if intolerant to Ibuprofen.  
  --If available meds not effective, may use Naprosyn 500 mg 2 times a day prn for pain for 5 days instead. *(Always second line, not for pregnant patients)*  

Naprosyn, aspirin, and ibuprofen are not recommended for pain management for pregnant patients, please instruct all pregnant patient to use acetaminophen (available in housing units) for minor pain management.  

• Instruct patient to keep any stimuli away from painful area.
Nursing education:

1. Naprosyn is not recommended for minor pain management for pregnant patients, please instruct all pregnant patients to use Acetaminophen (available in housing units) for minor pain management.

APPROVED:

Medical Services Manager ___________________________ Date ________________

Dental Director ___________________________ Date 1/31/2018

Clinical Medical Director ___________________________ Date 1/31/2018

Effective Date: ___________________________
Revised: January 2018
Supersedes: February 2015