

What to do with a knocked-out tooth:

Management at the site of injury:

A. If the injured person is conscious, find the tooth and replant it back in the socket immediately! If the tooth is dirty, gently rinse it with water prior to the replantation. Do not scrub the tooth or use any soaps or chemicals. The knocked-out tooth has living cells attached to the root, and the cells will die if exposed to harsh chemicals, scrubbing action, or left out in the air to dry. Time is important! *If the tooth is out of the mouth and left to dry for more than a half hour*, scrubbed, and/or irritated with chemicals the chances of the tooth re-attaching to the jaw are slim.

B. Even if the tooth will not completely go back in the socket all the way, it will still help keep it alive. Try not to force it in the socket, or have the patient bite down excessively, for the tooth or the jaw bone may crack. Your best effort is to keep the tooth "bathed" in the natural fluids found in the tooth socket itself, until your dentist or Endodontist can properly reposition the tooth.

C. Look at the injured person: If they seem just a little shaken up, conscious, and with no obvious serious head injuries, then take the injured person with replanted tooth in the mouth to your dental professional immediately for further care.

If the injured person is unconscious, seems to be acting delirious or possesses strange behavior, underlying neurologic head or spinal cord injuries may be a greater priority and they should seek medical care (hospital emergency room) as soon as possible. Even a conscious person may have a serious underlying head injury. Ask them questions: "When is your birthday?", "What did you have for lunch yesterday?", "What's your favorite toy or doll's name?" They should be able to answer questions like these correctly, if they are OK. Be careful in the management of head or spinal injuries, particularly if the patient is unconscious, for they may have already or could swallow or aspirate (inhaled) the injured or replanted tooth (or teeth) unknowingly. *If you are unsure*, assume the medical care is the greater priority and *transport the tooth out of the mouth in a storage medium*. Don't forget 911 services are available and administer the Heimlich maneuver and/or CPR if the patient is not breathing.

D. If the tooth cannot be replanted, or if the tooth must be transported, place the tooth in one of the following solutions:

Best to worst, in order:

1. "Save-A-Tooth" commercially available transport solution ("Hanks" balanced solution)
2. Milk
3. Saline (if available)
4. Injured person's saliva
5. Water

Commercially available transport media systems (#1 as described above) are available, and can be purchased in advance as part of a first aid kit. These are great for sports teams and families and can preserve a tooth for up to 24 hours out of the mouth prior to its replantation into the mouth by a dentist.

The “Save-A-Tooth” system was invented and patented by Dr. Paul Krasner, an Endodontist and Professor of Endodontics at Temple University in 1987. Dr. Krasner was Director of Graduate Endodontics during Dr. Russin’s residency program at Temple University and was a mentor of Dr. Russin. Case studies in its use were submitted by Dr. Russin during the early phases of ADA and FDA approval of the device and system. The product is used worldwide and is commercially available at:

1-(888)788-6684 or at SaveATooth.com

