

Routine vs Urgent Care

The following document underpins current government guidelines as to what is considered to be a dental emergency or urgent dental care!

It can be found on the Faculty of General Dental Practitioners web site

Definitions of routine, urgent and emergency care are provided in the SDCEP guidance on emergency dental care and NHS England commissioning standard for urgent dental care:

Routine dental problems are those for which self-help advice and/or access to treatment within seven days would normally be required, and include:

- Mild or moderate 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
- Fractured or loose-fitting dentures and other appliances
- Fractured posts
- Fractured, loose or displaced fillings
- Treatments normally associated with routine dental care
- Bleeding gums

Urgent dental problems are those for which self-help and access to treatment within 24 hours would normally be required, and include:

- Dental and soft-tissue infections without a systemic effect
- Severe dental and facial pain: that is, pain that cannot be controlled by the patient following self-help advice
- Fractured teeth or tooth with pulpal exposure

Dental emergencies are those conditions that require contact with a dentist within an hour, and include:

- Trauma including facial/oral laceration and/or dentoalveolar injuries, for example avulsion of a permanent tooth
- Oro-facial 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 or raised temperature as a result of dental infection
- Severe trismus
- Oro-dental conditions that are likely to exacerbate systemic medical conditions such as diabetes (that is lead to acute decompensation of medical conditions such as diabetes)

The SDCEP guidance suggests that approximately 1% of 'emergency' phone calls are likely to fall into the 'emergency care' category.