Diagram of the Tooth Numbering System (viewed as if looking into the mouth)

Maxillary Arch (Upper Jaw)

Central Incisor
Lateral Incisor
Cuspid
1st Bicuspid (Bi-Rooted)
2nd Bicuspid (Single Rooted)
1st Molar
2nd Molar
3rd Molar

Mandibular Arch (Lower Jaw)

3rd Molar
2nd Molar
1st Molar
2nd Bicuspid
1st Bicuspid
Cuspid
Lateral Incisor
Central Incisor

Adult Dentition = Permanent teeth 1-32
Child Dentition = Primary teeth A-T
Wisdom Teeth = 1, 16, 17, and 32
<table>
<thead>
<tr>
<th>Normal Tooth Eruption Dates</th>
<th>Deciduous</th>
<th>Permanent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Maxillary Arch:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central Incisor</td>
<td>8-12 Months</td>
<td>7-8 Years</td>
</tr>
<tr>
<td>Lateral Incisor</td>
<td>9-13 Months</td>
<td>8-9 Years</td>
</tr>
<tr>
<td>Cuspid</td>
<td>16-22 Months</td>
<td>11-12 Years</td>
</tr>
<tr>
<td>Bicuspids</td>
<td>----</td>
<td>10-12 Years</td>
</tr>
<tr>
<td>First Molar</td>
<td>13-19 Months</td>
<td>6-7 Years</td>
</tr>
<tr>
<td>Second Molar</td>
<td>25-33 Months</td>
<td>12-13 Years</td>
</tr>
<tr>
<td>Third Molar</td>
<td>----</td>
<td>17-22 Years</td>
</tr>
<tr>
<td><strong>Mandibular Arch:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central Incisor</td>
<td>6-10 Months</td>
<td>6-7 Years</td>
</tr>
<tr>
<td>Lateral Incisor</td>
<td>10-16 Months</td>
<td>7-8 Years</td>
</tr>
<tr>
<td>Cuspid</td>
<td>17-23 Months</td>
<td>9-11 Years</td>
</tr>
<tr>
<td>Bicuspids</td>
<td>----</td>
<td>10-12 Years</td>
</tr>
<tr>
<td>First Molar</td>
<td>14-18 Months</td>
<td>6-7 Years</td>
</tr>
<tr>
<td>Second Molar</td>
<td>23-31 Months</td>
<td>11-13 Years</td>
</tr>
</tbody>
</table>

Common Rx for Dental Problems

**Abscessed Tooth or Periodontal Abscess:**
- Pen-VK 500mg, #28, 1 cap q6h x 7 days
- Clindamycin 300mg, #21, 1 cap q8h x 7 days
  - Add 1 g Rocephin IM to above if facial swelling or fever

**Necrotizing Ulcerative Gingivitis (“trench mouth”):**
- Any of above regimens for tetracycline allergic patients
- Doxycycline 20mg BID, 1-9 months
- Chlorhexidine Oral Rinse 0.12%, NPO 30 min.

**Patients with Xerostomia:**
- Neutral Sodium Fluoride Gel or Paste, 1.1%
- Stannous Fluoride Gel, 0.4%
  - Sig: Use paste in place of toothpaste OR brush on gel after brushing.
  - Do not swallow NPO 30 min.

Oral and Head/Neck Cancer Examination

1. Have patient remove dentures or appliances
2. Head in normal posture: Palpate cervical lymph nodes
3. Tilt head back: Inspect for masses or asymmetry
4. Lips: Palpate inside/outside with thumb and forefinger
5. Gingiva: Reflect lip and examine visually, buccal and lingual sides
6. Buccal mucosa: With mouth half-closed, use tongue blade to reflect lips, and otoscope for better visibility
7. Palate: Tip head back, patient says “ahh”; note uvula & tonsils
8. Lateral borders of tongue: Have patient extend tongue, wrap 2”x2” gauze around anterior third, move tongue to one side to visualize entire lateral border, then repeat other side - most oral cancer occurs here
9. Floor of mouth: Have patient touch tip of tongue to palate - check underside of tongue and floor of mouth
10. Palpate mandible and maxilla, then check the bite

Antibiotics for Abscesses

**For Patients with Dental Abscesses, the indications for giving antibiotics are:**
- Fever >100°F
- Malaise
- Lymphadenopathy
- Trismus
- Increased swelling
- Cellulitis
- Osteomyelitis
- Persistent infection

**For Patients with Dental Abscesses, Antibiotics are NOT indicated for:**
- Pain without signs and symptoms of infection
- Teeth with a sinus tract
- Localized fluctuant swellings

Treatment for Avulsed Permanent Teeth

- Timing is critical – re-implant quickly
- Rinse off debris; do not touch root surface (will damage it)
- Tooth must be kept moist – use saliva, milk, water
- After re-implanted, referral to dentist for splinting & follow-up

American Dental Association Pain Management

<table>
<thead>
<tr>
<th>Pain Severity</th>
<th>Analgesic Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild</td>
<td>Ibuprofen (200-400 mg) q 4-6 hrs.: prn for pain</td>
</tr>
<tr>
<td>Mild-Moderate</td>
<td>Ibuprofen (400-600 mg) q 6 hr. fixed interval for 24 hrs. then Ibuprofen (400 mg) q 4-6 hrs.: prn for pain</td>
</tr>
<tr>
<td>Moderate-Severe</td>
<td>Ibuprofen (400-600 mg) with APAP (500 mg) q 6 hrs.: fixed interval for 24 hrs. then Ibuprofen (400 mg) with APAP (500 mg) q 6 hrs.: prn for pain</td>
</tr>
<tr>
<td>Severe</td>
<td>Ibuprofen (400-600 mg) with APAP (650 mg) with hydrocodone (10mg) q 6 hrs.: fixed interval for 24-48 hrs. then Ibuprofen (400-600 mg) with APAP (500 mg) q 6 hrs: prn for pain</td>
</tr>
</tbody>
</table>

American Heart Association S.B.E. Prophylaxis

- Amoxicillin: Adults, 2.0 g (children, 50 mg/kg) orally one hour before procedure
- OR
- Clindamycin: Adults, 600 mg (children, 20 mg/kg) given orally one hour before procedure

Community Health Association of Mountain/Plains States (CHAMPS)
www.CHAMPSonline.org
2015