SKILL GUIDE · MEDICAL CARE

Dental Emergencies & Basic Care

The Medical Care chapter's Tier 3 Suturing & Basic Dental item points to a dedicated reference and practice before you'd ever need this for real. This guide covers the actual technique: recognizing when a dental problem is a real medical emergency, pain management that works (and the one that doesn't), saving a knocked-out tooth, temporary filling material, and an honest look at DIY extraction as a genuine last resort.

WARNING

Read this before anything else on this page

A tooth infection can become a life-threatening emergency, not just a bad toothache. Facial or neck swelling, difficulty swallowing, difficulty opening your mouth, or any trouble breathing means get to real medical care immediately, regardless of what tier you're in or how far away it is. Everything else on this page assumes the problem is painful but not an airway emergency.

Recognizing a real emergency versus a manageable problem

An untreated dental abscess, an infection at a tooth's root, can spread into the floor of the mouth and neck, a condition called **Ludwig's angina**. It's rare, but it's the most common serious complication of a simple abscessed tooth (over 90% of cases start exactly that way), and it can progress from a bad toothache to airway obstruction and sepsis within hours, not days, even with antibiotics already started. Mortality with prompt treatment is around 8%; without it, it's substantially higher.

Sign	What it means
Swelling under the jaw or in the neck, not just the cheek	The infection may be spreading beyond the tooth itself
Difficulty swallowing or a change in your voice	Possible airway involvement, treat as an emergency
Trouble fully opening your mouth (trismus)	A sign of spreading infection, not just local pain
Fever, feeling generally ill, rapid heartbeat	Signs the infection may be systemic

Any of these means get to real medical care, a hospital emergency department, not just a dentist's office if one isn't reachable, regardless of tier. A tooth can be dealt with later; an airway can't.

Toothache pain management that actually works

- **Ibuprofen or acetaminophen**, taken as directed, is the real first line, an oral anti-inflammatory or analgesic actually gets into your bloodstream and reaches the source of the pain.
- **A warm salt water rinse** (half a teaspoon of salt in 8 oz of warm water, swished for 30 seconds) reduces swelling and cleans the area.
- **A cold compress** against the outside of the cheek reduces swelling and dulls pain.
- **Topical benzocaine gel** (an over-the-counter dental pain product) numbs the area directly for up to about 30 minutes at a time.
- **Clove oil** applied to the tooth with a cotton swab is a real, traditional remedy with genuine numbing properties (eugenol, its active compound, is itself a dental anesthetic ingredient), though it manages pain rather than treating the underlying cause.

WARNING

Never put aspirin directly on a tooth or gum

This is a real, common, and actively harmful myth. Aspirin only works once it's absorbed into your bloodstream, holding the tablet against a tooth or gum does nothing for the pain. What it does do is burn the tissue: aspirin is acidic, close to the acidity of stomach acid, and direct contact causes a real chemical burn, a white or gray patch that's painful in its own right and takes weeks to heal, on top of the toothache you already had. Swallow it as directed instead, or use one of the methods above.

A knocked-out tooth: the first 30 to 60 minutes actually matter

1. Pick the tooth up by the crown (the white, visible part), never the root.
2. If it's visibly dirty, rinse it briefly, no more than 10 seconds, under cold water or milk. Don't scrub it or wrap it in anything.
3. If you can, gently reinsert it into its socket and have the person bite down softly on gauze to hold it in place.
4. If reinsertion isn't possible, store it in milk (real dairy milk preserves the root's ligament cells far better than water or a dry container) or in the person's own saliva if milk isn't available.
5. Get to a dentist or emergency department as fast as possible. Reimplantation works best within the first 30 minutes, and the odds drop substantially, though real success is still possible up to about 60 minutes with correct handling and storage.

A lost filling or crown

An over-the-counter temporary filling kit (zinc oxide, calcium sulfate, or glass ionomer material, sold at any pharmacy) can plug the hole and seal the exposed area until real dental care is available. To actually use one: brush and rinse the mouth first so no food debris gets sealed into the cavity, dry the tooth as best you can, then mix the kit's material per its own package directions if it requires mixing. Roll a small amount into a ball, press it into the cavity with the applicator tool provided, and pack it in gradually rather than trying to fill the whole space in one push; don't overfill above the tooth's surface. Bite gently together to help seat it, then keep the area dry and avoid eating or drinking on that side for the time the package specifies, commonly 15 minutes to a few hours, while it sets. Orthodontic wax works as a stopgap if no kit is on hand: it won't restore the tooth, but it covers a sharp edge or exposed nerve enough to make eating and talking tolerable. Either is genuinely temporary, meant to bridge days, not a substitute for an actual filling.

DIY extraction: a genuine last resort, not a routine option

Pulling your own or a family member's tooth carries real, serious risks: incomplete removal leaving root fragments behind, uncontrolled bleeding, damage to the jaw or nerve, and introducing new infection into an already-compromised area, sometimes worse than the problem it was meant to solve. This is something to attempt only when every other option is genuinely exhausted, real medical or dental care isn't reachable in any realistic timeframe, and the tooth is causing real, worsening harm, not a routine Tier 3 skill to practice for its own sake.

The real reference for this, if it ever comes to it

Where There Is No Dentist (Hesperian Health Guides) is a legitimate, widely used, free reference specifically written for exactly this situation: real diagnostic and treatment guidance, illustrated for a reader with no dental training, including when and how extraction is actually done. It's already named in this chapter's own Medical Library item; read it before you need it, not during.

Prevention is still the highest-leverage move

The single best Tier 1 dental action is getting a real checkup and any needed work done now, while normal dental care is available, not stockpiling supplies for problems a checkup could prevent outright. Basic hygiene matters more, not less, when water is limited: brushing and rinsing still work with a cup of water rather than a running tap, covered in the Bathroom & Hygiene Without Running Water guide.

Sources

- Ludwig's angina, cause, progression, and mortality: Cleveland Clinic; StatPearls/NIH
- Toothache pain management, OTC options, and clove oil: Healthline; Colgate
- Aspirin-on-the-gum chemical burn risk: Carolina Smiles Family Dentistry; DentisX
- Knocked-out tooth first aid, reimplantation window, and milk storage: Cleveland Clinic; Mayo Clinic
- Temporary filling materials and orthodontic wax as a stopgap: NewMouth
- Temporary filling kit application technique (mixing, packing, setting time): Jackson Ave Dental; Sayva Dental
- *Where There Is No Dentist*, Hesperian Health Guides, free field-dentistry reference: Hesperian