**Subjective Data:**

- **Chief complaint:** 
- **Location of tooth:** 
- **Onset:**
  - New Onset
  - Constant
  - Intermittent

**Associated symptoms:**

- Jaw pain
- Earache
- Sore throat
- Sinus
- Pain: scale (0-10) ___________

**Contributing Factors Related to Pain:**

- Eating
- Drinking
- Chewing
- Hot
- Cold
- Air

**Objective Data:** 

<table>
<thead>
<tr>
<th>BP</th>
<th>Pulse</th>
<th>Resp.</th>
<th>Temp.</th>
<th>Wt.</th>
<th>O₂ sats.</th>
<th>FSBS:</th>
</tr>
</thead>
</table>

**Visual evidence of tooth decay:**

- Yes
- No

**Redness surrounding affected tooth:**

- Yes
- No

**Swelling surrounding affected tooth:**

- Yes
- No

**Visual evidence of external swelling:**

- Yes
- No

**Pus surrounding affected tooth:**

- Yes
- No

**Appearance:**

- No distress
- Mild distress
- Moderate distress
- Severe distress

**CONTACT DENTIST/HEALTH CARE PROVIDER IMMEDIATELY IF:** 

- Signs of infection (swollen gums and jaw, severe redness, isolated pain)
- Post extraction profuse bleeding the second day post extraction site pain
- Severe tooth pain that is not relieved by Ibuprofen or acetaminophen
- Accidents with painful / fractured teeth, bleeding, or if inmate cannot close mouth

**Plan: Interventions:**

- Check in assessment only for health care provider visit.
- Chief complaint resolved prior to appointment. Instructed inmate to follow-up sick call for signs/symptoms warranting
- Rinse mouth with warm salt water. Avoid extremes in temperature.
- Apply pressure with a piece of gauze on any bleeding areas for about 10 minutes or until the bleeding stops
- Apply a cold pack to the cheek or lips over the broken tooth. This will help reduce swelling and relieve pain.
- Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4 days PRN OR
- Ibuprofen 200 mg – 2 tablets p.o. three times a day for 4 days PRN
- Send request with documentation of assessment to Dentist
- Education/Intervention: Instructed on proper oral hygiene care, avoid very cold or hot foods because these may make the pain worse, medication use, follow-up sick call if no improvement. Inmate verbalizes understanding of instructions.

**Progress Note:** 

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Health Care Provider Signature/Credentials: ___________________________ Date: ______ Time: ______

RN/LPN Signature/Credentials: ___________________________ Date: ______ Time: ______

Inmate Name (Last, First) DOC #

(R-2/20)