Tooth Immediately Replanted at Accident Site

Extra-oral dry time <60 minutes OR tooth kept in appropriate transport media

Extra-oral dry time >60 minutes OR tooth kept in appropriate transport media*

1. Obtain complete and detailed health history
2. Clean injured area with water, saline or Chlorhexidine
3. Verify position of replanted tooth clinically and radiographically
4. Apply a passive, flexible splint (wire diameter up to 0.016” or 0.4mm — or nylon fishing line of 0.13–0.25mm) for 2 weeks.
   (If alveolar or jawbone fracture is present, splint with a more rigid splint for 4 weeks)
5. Suture tissue lacerations (i.e. gingival lacerations)
6. Administer systemic antibiotics* and assess tetanus status
7. Provide post-op patient instructions**
8. Allow for spontaneous revascularization. If it does not occur, apexification, pulp revitalization/revascularization, or root canal treatment should be initiated as soon as pulp necrosis and infection is identified.
9. Clinical and radiographic exams at 2 weeks (splint removal), then at 1, 2, 3, 6, and 12 months; and yearly thereafter for at least 5 years

* For patients not susceptible to tetracycline staining (>12 yrs.), RX: Doxycycline 4.4 mg/kg/day q 12h on day one, then 2.2–4.4 mg/kg/day for seven days. For patients susceptible to tetracycline (<12 yrs.), RX: Pen VK 500 mg QID or child equivalent dose for 7 days.

** Advise patients to:
1. Avoid participation in contact sports
2. Maintain a soft diet up to 2 weeks, according to patient’s tolerance
3. Brush their teeth with a soft toothbrush after each meal
4. Use chlorhexidine (0.12%) mouth rinse twice a day for 2 weeks