

Managing dental and oral presentations in community pharmacy

These factsheets have been developed jointly by pharmacists and dentists to support community pharmacy teams to manage urgent dental and oral symptoms and to signpost patients to other services where indicated.

Community pharmacy teams can offer patients advice about suitable pain relief, promote good basic oral hygiene, and provide ongoing support to patients once the acute problem has resolved. These factsheets cover a range of dental and oral conditions where pharmacies can meet urgent care needs through providing advice on oral health and signposting to dental and other urgent and emergency care services.

The factsheets cover the following dental and oral conditions:

- Oral ulcers
- Teething
- Muscular (myofascial) pain / jaw joint pain
- Dry mouth
- Lost fillings or crowns
- Pericoronitis – gum inflammation surrounding an erupting wisdom tooth
- Bleeding and swollen gums
- Fractured dental appliances
- Chipped or fractured teeth
- Bleeding after tooth extraction
- Toothache
- Oral Fungal Infections
- Oral Hygiene Advice
- Medication Related Osteonecrosis of the Jaw (MRONJ)
- Tooth Whitening



ASK



ADVICE



FOLLOW UP



ALERT



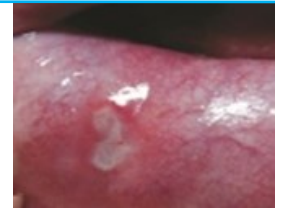
**PHARMACY
PRODUCT**

PHARMACY DENTAL FACT SHEET



ASK

- How long has the ulcer been present?
 - ⇒ Eating sharp food
 - ⇒ Broken or sharp tooth
 - ⇒ Broken appliance (denture or orthodontic)
- Ascertain if an ulcer has been persistent for more than 2 weeks - **See Alert**
- Do you suffer with mouth ulcers regularly?
- Have you traumatised the skin or gum in the mouth by the following?
 - ⇒ Biting or burning yourself
- What provokes and relieves the symptoms?
- Do you have anaemia, gastro-intestinal symptoms, skin conditions or take any medication?



ADVICE

- Reassure - ulcers caused by trauma are usually sore, but will resolve in a week or two
- Other causes include anaemia, gastro-intestinal disorders, iron and vitamin deficiencies, immune conditions, dermatoses, stress and medication
- Oral hygiene advice - tooth brushing twice a day using mouthwashes (e.g. Chlorhexidine)
- Local pain relief using mouthwashes or topical gels e.g., Benzylamine Hydrochloride or topical anaesthetic gels
- Avoid precipitating factors e.g., spicy foods
- Avoid smoking
- Removing ulcer-causing dentures may provide short-term relief



FOLLOW UP

- Recurrent mouth ulcers require dental assessment for possible referral to specialist
- Broken/sharp teeth require dental assessment and treatment
- Patients with systemic symptoms or regular mouth ulcers should be directed to their GP for further investigation
- If able, ill-fitting dentures should be re-worn before visiting a dentist to allow them to see the exact location and reason for the sore area
- **ANY non-healing ulcer present for 2 weeks or more, that has no obvious repeat trauma to the area requires URGENT Dental Assessment - See Alert**



ALERT

- If the patient feels unwell or unable to eat or drink, they should seek medical or dental attention
- ANY non-healing ulcer present for 2 weeks or more requires URGENT Dental Assessment to exclude oral cancer



PHARMACY PRODUCT

- Topical anaesthetic mouthwashes e.g., Benzylamine Hydrochloride
- Topical anaesthetic gels
- Chlorhexidine mouthwash
- Paracetamol, ibuprofen (if required for pain relief)

PHARMACY DENTAL FACT SHEET



ASK

- What is the age of the child?
- Have you noticed a tooth erupting?
- Can you feel this with your finger?
- Is the child eating and taking in fluids?
- Is the child able to sleep at night?
- Does the child have a fever?
- Has the child been given pain relief?



ADVICE

- Teething begins around age 6 months. Variations may be between 3 months and 12 months of age. Adult teeth begin to erupt around the age of 6 years
- Children can experience pain in the mouth during teething, this may affect sleeping and eating
- It is important the child is hydrated
- Liquid paracetamol or ibuprofen to relieve symptoms of pain relief and pyrexia
- Pureed food, cool liquids and teething aids can be helpful
- Reassure parents/guardians that symptoms related to teething are self-limiting
- Note – regular pureed sweet food such as fruit purees can lead to decay



FOLLOW UP

- When the first tooth erupts, parents/carers should brush the child's teeth twice daily, using a small headed toothbrush with a smear or pea size amount of toothpaste
- Spit after brushing and do not rinse
- Advise dental examination as soon as the first tooth erupts for oral hygiene and diet advice
- Toothpaste fluoride content for children:
 - ⇒ Under 3 years: smear of fluoridated toothpaste containing no less than 1,000 ppm fluoride
 - ⇒ 3-6 years: pea sized amount of fluoridated toothpaste containing more than 1,000 ppm fluoride
 - ⇒ 6 years: up to 1000ppm fluoride
 - ⇒ 7 years+: 1350-1500ppm fluoride

toothbrush with a smear of toothpaste



toothbrush with a pea size amount of toothpaste



ALERT

- Awareness of the risk of serious illness in children with fever
 - ⇒ Refer to NICE Guideline ([CG160](#)): Fever in under 5s: assessment and initial management
 - ⇒ A Child under 3 months with a temperature of 38°C or higher is in a high-risk group for serious illness
 - ⇒ A child aged 3–6 months with a temperature of 39°C or higher is at an intermediate-risk group for serious illness
- Awareness of the signs and symptoms of [Meningitis](#) and dehydration for patients with a temperature of 38°C and above
- Signs and symptoms suggesting an immediate life-threatening illness should be referred immediately for emergency medical care
- Any concerns as to the child's general health, the GP or NHS 111 should be contacted as appropriate



PHARMACY PRODUCT

- Liquid paracetamol (sugar free)
- Liquid ibuprofen (sugar free)
- Pureed foods (sugar free or low sugar)
- Teething aids - cooling toys
- Lidocaine topical gel
- Teething granules

PHARMACY DENTAL FACT SHEET

MUSCULAR (MYOFASCIAL) PAIN/TEMPORO-MANDIBULAR JOINT PAIN (TMJ)

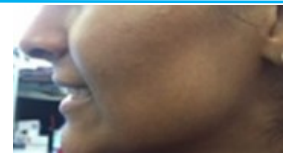


ASK

- Do you have chest and jaw pain, which is worse on exertion?
- Is there a loss of vision?
- **SEE ALERT**

Signs/symptoms of TMJ pain:

- Have you been particularly stressed lately?
- Are you conscious of grinding or denching your teeth?
- Do you have pain from multiple teeth?
- Is the pain worse around the jaw joint or temples?
- Have you noticed clicking/crunching/pain in your jaw joint when opening or closing your mouth?
- What provokes and relieves the pain?
- Do you take any antidepressants or antipsychotic medication?



ADVICE

- Reassure - Clenching/grinding of teeth (bruxism) is common in periods of stress or due to some medications (as above). This can be subconscious; a nightguard from the dentist may help if this occurs during sleep
- Relaxation therapy (e.g., yoga, meditation) can help with reducing stress
- Soft diet for 2 weeks (and cut food into smaller pieces)
- Limit opening of the mouth when yawning or eating (place fist under chin for support)
- Avoid recurrent chewing habits e.g., chewing gum, fingernail biting
- Ibuprofen (gel rubbed onto the skin of the face or taken in tablet form), if not contraindicated
- Warm or cold compress over affected area (but not at the same time as ibuprofen gel as this can affect absorption of the medicine)
- Jaw exercises can help with improving symptoms (e.g. <https://tinyurl.com/mwwn8f8y> from King's College Hospital)
- Massaging sore areas of the face e.g., temples



FOLLOW UP

- If dental/jaw symptoms persist – seek dental assessment



ALERT

- Awareness of the symptoms and [management of angina](#)
- Loss of vision with temple pain may be at risk of [giant cell \(temporal\) arteritis](#). Risk of vision loss. Seek urgent medical care
- If symptoms worsen, seek dental assessment as other interventions may be indicated e.g., bite guard



PHARMACY PRODUCT

- Paracetamol
- Ibuprofen
- Hot/cold compress
- Sugar free oral suspension analgesics

PHARMACY DENTAL FACT SHEET



ASK

Cause

- Anxiety
- Diabetes
- Dehydration
- Head & Neck Radiotherapy or Chemotherapy
- Sjögren's syndrome (Dry eyes and dry mouth)
- Diuretics
- Antihistamines
- Antidepressants
- Diet - High sugar or salty diet
- Change of medication

Ask

- How long have you had dry mouth for?
- Is it affecting eating?
- What have you done to relieve symptoms?



ADVICE

Suggest

- Regular sips of plain water (try to avoid sugar-containing drinks or sweets due to caries risk)
- Saliva stimulants
- Sugar free gum to stimulate saliva production
- Artificial saliva substitutes
- If the cause is due to medications – then a medical consultation is required

- Chronic dry mouth is a risk factor for tooth decay – brush twice daily with fluoride toothpaste (try sodium lauryl sulphate free if the toothpaste is a possible cause of soreness) and use fluoride mouthwash after meals
- Seek advice from a dentist for long term oral care management



FOLLOW UP

- Regular dental check-ups
- Practice self-care by brushing twice daily and use interdental cleaning aids

- Patients may require high fluoride toothpaste as prescribed by the dentist
- Persistent symptoms may require referral to a specialist via the dentist to exclude other causes such as Sjögren's syndrome



ALERT

- Patients with a dry mouth who are unable to function (eat, drink, speak) properly require an urgent dental assessment



PHARMACY PRODUCT

- Saliva substitutes
- Saliva stimulants (sugar free and non-acidic if natural teeth present)
- Sugar free chewing gum
- Fluoride mouthwash

PHARMACY DENTAL FACT SHEET



ASK

- Can the crown be placed back on the tooth comfortably without falling off?
- Has the tooth broken off inside the crown?
- Is the remaining tooth sharp and causing soreness to soft tissues resulting in an ulcer?
- Have you taken pain relief?



ADVICE

- Analgesic advice if required
- A dental assessment is required
- The crown (if stable) can be re-cemented with a temporary crown cement kit, or the remaining tooth sealed with a temporary filling kit, this would be the least preferable option as a dental assessment is the best option in all cases for further assessment, especially if there is associated pain from the tooth
- Refer to Ulcer Factsheet if ulcer developing



FOLLOW UP

- Risk of pain, swelling and infection - arrange dental assessment as soon as possible



ALERT

- Severe pain, swelling or infection - needs urgent dental assessment



PHARMACY PRODUCT

- Temporary crown repair kit
- Temporary filling repair kit
- Paracetamol
- Ibuprofen
- Sugar free oral suspension analgesics

PHARMACY DENTAL FACT SHEET

PERICORONITIS: GUM INFLAMMATION SURROUNDING AN ERUPTING WISDOM TOOTH



ASK

- Is there swelling or pain at the back of the mouth in the wisdom tooth region?
- Are you experiencing any bad taste?
- Is there difficulty in opening the mouth?
- Have you had previous wisdom tooth symptoms?
- Is there swelling of the cheek or face?
- Do you find it difficult to swallow?
- How are you managing the pain?



ADVICE

- Keep the area clean with a small toothbrush, single tufted brush or interspace brush after food, this may feel painful but is important
- Use chlorhexidine mouthwash or gel on a cotton bud to clean the area
- Rinse 3-4 times a day with warm salt-water mouth rinses or chlorhexidine mouth wash
- Use analgesia (ibuprofen, paracetamol) if required
- If obvious facial/neck swelling develops, severe pain (unmanaged by analgesics) or symptoms worsen, seek urgent dental assessment



FOLLOW UP

- See a dentist for assessment and advice on long term treatment options especially if it reoccurs
- Antibiotics may be prescribed by the dentist for severe infection and swelling



ALERT

- If the patient feels unwell and has limited mouth opening (less than 2 fingers' width) and difficulty swallowing they should seek urgent medical or dental attention



PHARMACY PRODUCT

- Cotton buds
- Interspace or single tufted toothbrush
- Chlorhexidine mouthwash or gel
- Paracetamol
- Ibuprofen
- Oral syringe for irrigation
- Sugar free oral suspension analgesics

PHARMACY DENTAL FACT SHEET



ASK

Causes

- Poor oral hygiene
- Diabetes (poorly controlled)
- Pregnancy
- Smoking

Ask

- Is the bleeding localised or generalised?
- Do you have a bad taste?
- Are there any ulcers?
- Do you have any signs of systemic symptoms e.g., high temperature, nausea or vomiting?



ADVICE

- Sore gums can be a symptom of many different conditions as well as poor oral hygiene
- Gums can bleed more if pregnant or diabetic
- Reassure patients – thorough brushing twice daily (with one of the times being last thing at night) is required and can initially exacerbate bleeding
- The use of interdental brushes or floss to clean space in between the teeth at least once a day
- If bleeding is frequent and there is a bad taste or a bad smell, rinse with a chlorhexidine-based mouthwash after brushing and seek dental assessment
- Smoking contributes to gum disease



FOLLOW UP

- See a dentist for assessment and advice
- Pregnancy, Diabetes, and smoking can affect gum health
- Brushing twice daily and interdental cleaning can help maintain gum health
- Smoking cessation



ALERT

- Seek dental assessment for elimination of other causes especially if systemic signs and ulceration



PHARMACY PRODUCT

- Toothbrush
- Inter space and single tufted toothbrushes
- Floss
- Fluoride toothpaste
- Chlorhexidine mouthwash

PHARMACY DENTAL FACT SHEET



ASK

- What is the appliance?
- Is it causing pain or soft tissue trauma when worn (e.g., ulceration)?
- Is there anything that makes the pain worse or better?



ADVICE

- Fractured orthodontic appliances - patients should contact their orthodontist at the earliest opportunity, as teeth can move back to their original position quickly. If possible, keep wearing the current aligner
- If the patient cannot contact their orthodontist, then contact their usual dentist or NHS 111, especially if affecting the roof of the mouth
- If there are sharp wires from an appliance traumatising the inside of mouth, try moldable wax to cover them. If none is immediately available, the wax covering hard cheese (e.g., Babybel™) may help
- Do not 'glue' the broken parts as this can degrade the plastic
- Clinical Dental Technicians can also help with broken dentures
- Temporary denture repair kits are available for the short term
- If ulcers occur, avoid wearing appliances. Saltwater rinses or topical anaesthetic gels will help relieve symptoms
- If it is a denture, advise to seek dentist for repair or a remake of the denture



FOLLOW UP

- For orthodontic appliances, seek advice from an orthodontist at earliest opportunity
- For all other fractured appliances e.g., dentures, seek dental assessment



ALERT

- It is unlikely that the patient will experience severe pain with a fractured appliance, but if in pain to seek urgent dental assessment



PHARMACY PRODUCT

- Paracetamol, ibuprofen (for pain relief)
- Sugar free oral suspension analgesics
- Orthodontic wax (moldable wax)
- Temporary denture repair kit
- Topical anaesthetic gels

PHARMACY DENTAL FACT SHEET



ASK

- If trauma, enquire if there is any vomiting or loss of consciousness (if yes, to attend A&E urgently)
- Do you have dental pain (no triggers) or sensitivity (air, cold, hot or sweet)?
- Is there anything that makes the pain worse or better?
- Do you have any broken fragments of tooth?
- Is there any trauma to the lips or inside of mouth?
- Has a tooth come out completely, and if so is this an adult tooth?



ADVICE

- Analgesia if required
- Avoid provoking factors i.e., hot, or cold drinks and food
- Use a straw to drink
- Soft diet
- Soft toothbrush if very sore/sensitive
- If sensitive, use a desensitising toothpaste
- Arrange to see a dentist as soon as possible for an assessment
- If cuts /abrasions in the mouth – use chlorhexidine mouthwash, salt water or topical anaesthetic mouthwashes/gels to prevent infection and aid with oral hygiene
- Keep fragments of tooth as these may be of use to the dentist
- If the tooth has a hole this may be sealed using a temporary filling kit
- If an adult tooth has been avulsed (has come out completely from its socket), keep it in milk or saliva, do not let it dry or wrap it in gauze
- Touching only the crown, reinsert into the socket as soon as possible and see a dentist URGENTLY. Baby teeth should not be reinserted



FOLLOW UP

- See a dentist for assessment and treatment
- If further fractures or pain occurs, seek a dental assessment sooner
- Dental trauma will need dental assessment. Further information on dentaltrauma.co.uk



ALERT

- If the pain progresses to affect sleep and is poorly controlled with analgesics, seek urgent dental assessment
- For an avulsed tooth, follow the advice above and see a dentist URGENTLY. Typically, only teeth treated within one hour have the best chance of being saved



PHARMACY PRODUCT

- Topical anaesthetics e.g., Benzocaine
- Desensitizing toothpaste
- Chlorhexidine mouthwash
- Paracetamol, ibuprofen (if required)
- Sugar free oral suspension analgesics
- Temporary filling kit
- Soft toothbrush

PHARMACY DENTAL FACT SHEET



ASK

- When did you have your tooth removed?
- How much blood? Blood-stained saliva or more? Constant oozing?
- Have you tried any measures as advised by the dentist to stop the bleeding?
- Are you taking any anticoagulant medication?
- Do you have any underlying bleeding conditions (e.g., haemophilia)



ADVICE

- Let your dentist know before the extraction if you are taking anticoagulant medication
- Blood-stained saliva is normal – reassure
- If there is active bleeding, sit upright and apply pressure to the extraction site by biting on a clean slightly damp cotton handkerchief or a rolled-up slightly damp piece of gauze for 20-30 minutes
- Press firmly if there is no opposing tooth
- Check and repeat if required
- Avoid spitting or rinsing the mouth for 24 hours-this can trigger fresh bleeding
- If bleeding does not stop after 3 attempts of pressure placement as above, refer to a dentist or call NHS 111



FOLLOW UP

- Do not disturb the blood clot (with toothbrush, sharp food or tongue)
- Gently brush adjacent teeth to keep surrounding area to socket clean
- Eat soft foods
- Avoid hot drinks and exercise
- Take painkillers if required
- Seek dental advice if associated with prolonged pain or bleeding
- Avoid alcohol and smoking



ALERT

- If bleeding persists even after self-help measures, contact a dentist or NHS 111
- If the patient is on anticoagulants or haematologically compromised, the socket may continually ooze blood and will require urgent dental assessment



PHARMACY PRODUCT

- Pain Relief: Paracetamol, ibuprofen
- Gauze swabs

PHARMACY DENTAL FACT SHEET



ASK

- Is the pain a constant dull ache or a short sharp pain?
- Have you got a:
 - ⇒ Hole in your tooth?
 - ⇒ Broken tooth?
- Lost a filling or crown?
- Is your mouth or face swollen?
- What triggers the pain?
- What relieves the pain?
- What analgesics help?
- Have you had cold/sinus symptoms recently?



ADVICE

- Short sharp pain can be triggered by hot/cold/sweet and acidic food. A desensitising toothpaste can help relieve pain temporarily (do not rinse after application)
- Constant dull ache can be related to tooth or gum infection - advise analgesia
- The most effective analgesics are paracetamol and ibuprofen taken as an alternate dose every 4-6 hours (dependent on the analgesic dose and contraindications)
- A swollen gum adjacent to the painful tooth indicates possible infection - advise patient to seek urgent dental assessment
- Temporary relief of broken teeth or lost filling can be managed with a temporary dental filling kit
- Sinus symptoms can impersonate toothache of upper teeth, provide analgesia and advise dental assessment
- Maintain oral hygiene



FOLLOW UP

- Seek dental assessment and treatment even if the problem resolves as this is a temporary solution and the problem will often reoccur much more severely in the future
- Avoid pain triggers and seek dental assessment
- Dental assessment is required if pain cannot be managed by analgesics or self-measures



ALERT

- Patients who have dental pain associated with a decayed or fractured tooth may develop a dental swelling or abscess, this can occur inside the mouth and on the face
- If a swelling develops this requires urgent dental assessment



PHARMACY PRODUCT

- Paracetamol, ibuprofen (as required for pain relief)
- Desensitising toothpaste
- Temporary dental filling kit
- Topical sinus agents

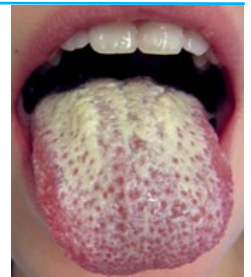
PHARMACY DENTAL FACT SHEET

ORAL FUNGAL INFECTIONS (thrush)



ASK

- When did you notice the coating on your tongue?
- Does it wipe off or brush away?
- Have you had this before?
- Do you use inhalators, wear a denture or wear braces?
- Do you smoke?
- Do you have diabetes?
- Have you recently taken antibiotics or are you on long term steroids?
- Do you have any signs of systemic symptoms e.g., high temperature, nausea, or vomiting?



Fungal infections can be present in babies, children, and adults. Be aware that they may not always appear white; other symptoms may include redness, altered taste, soreness and this may lead to difficulty eating and drinking.



ADVICE

- Reassure – this condition is usually harmless and easily treated
- Sterilise bottles for children after use, and sterilise dummies regularly
- See a doctor or dentist who can diagnose and prescribe an antifungal if necessary
- Even if you have no teeth, use a soft toothbrush to brush gums and tongue
- Remove dentures overnight and store in plain water to avoid warping
- If using an inhaler, use a spacer device and rinse mouth with water after using this
- Visit the dentist regularly
- Change your toothbrush more often to prevent reinfection



FOLLOW UP

- Long term oral fungal infection may be an indication of underlying infection which will need further investigation by a doctor



ALERT

- If the patient has a non-diagnosed white patch in their mouth that cannot be wiped away and has been present for over 2 weeks, this requires URGENT dental assessment to exclude oral cancer



PHARMACY PRODUCT

Maintaining a clean mouth is especially important if a person has a fungal infection. A person with thrush may be prescribed any of the following for oral candida:

- Nystatin (antifungal mouthwash) - Should be held in the mouth for a minute for maximum topical effect
- Miconazole Oral Gel – use in the mouth four times a day
- Fluconazole - A systemic medication, for more severe cases

PHARMACY DENTAL FACT SHEET



ASK

- How often do you brush your teeth?
- What toothpaste do you use?
- What other dental aids do you use to clean your teeth (floss/interdental brushes?)

Explain:

Poor oral hygiene can lead to:

- Bleeding gums (gum disease)
- Toothache
- Caries (dental decay)
- Tooth loss

Smear of toothpaste
verses pea sized



ADVICE

- Brushing twice daily (especially last thing at night) is important to maintain good oral hygiene and remove bacterial plaque
- Use mouthwashes as advised by a healthcare professional
- Brush all surfaces of the teeth and where the teeth meet the gums in small circular motions
- See teething factsheet for specific age-related guidance on how much/which toothpaste to use
- Use interdental aids, such as interdental brushes and floss to clean in-between teeth daily
- It is important to also brush the tongue
- Dentures should be cleaned daily with a denture brush and mild soapy water (toothpaste can be abrasive) and ideally not worn overnight
- Thoroughly rinse dentures after cleaning with denture-cleansing solutions before reinserting into the mouth



FOLLOW UP

- Visit a dentist regularly to check the teeth and the health of the mouth. The dentist will advise on follow-up dental visits.



ALERT

- Seek help from dental professional if unsure
- Denture tablets/cleaning solutions should be kept away from children/vulnerable groups to avoid accidental ingestion



PHARMACY PRODUCT

- Over the counter fluoridated toothpaste 1350-1500ppm ages 3-6+
- Prescribed toothpaste
 - ⇒ 2800ppm sodium fluoride age 10+/high caries risk
 - ⇒ 5000ppm sodium fluoride age 16+/high caries risk
- Over the counter fluoridated mouthwashes
- Prescribed mouthwashes
- 0.2% sodium fluoride mouth rinse age 8+

PHARMACY DENTAL FACT SHEET

MEDICATION RELATED OSTEONECROSIS OF THE JAW (MRONJ)



ASK

- Have you had an area of exposed bone in your mouth for more than 8 weeks (about 2 months)?
- Have you recently had a tooth extracted or do you have a denture that rubs?
- Do you take anti-resorptive medications (e.g., bisphosphonates such as Alendronic Acid), anti-angiogenic drugs (e.g. sunitinib) or the RANKL inhibitor denosumab
- Are you taking any of the medicines referred to above for the management of cancer? (Higher risk of MRONJ)
- How long have you been taking bisphosphonates for? (>5 years = higher risk of MRONJ)
- Do you also take any steroids? (Higher risk of MRONJ)



ADVICE

- These medications carry a small increased risk of MRONJ
- See a dentist for a check-up ideally before starting any of the relevant medications
- Tell your dentist if you are taking any of these medications
- Regular dental check-ups are advised to help prevent the need for future dental treatment
- Do not hold the tablet in your mouth due to risk of damage to the oral mucosa
- MRONJ can happen after a dental extraction, spontaneously, or sometimes from ill-fitting dentures
- If MRONJ is suspected, keep the area clean, leave the denture out if rubbing and see your dentist



FOLLOW UP

- The individual may require high fluoride toothpaste as prescribed by the dentist
- Antibiotics may be prescribed by the dentist for any associated infection
- SDCEP guidelines: <https://www.sdcep.org.uk/published-guidance/medication-related-osteonecrosis-of-the-jaw/>



ALERT

- Advise people to see their dentist urgently if symptoms are concerning or a non-healing ulcer is present



PHARMACY PRODUCT

- Chlorhexidine mouthwash
- Analgesia advice including paracetamol and ibuprofen

PHARMACY DENTAL FACT SHEET



ASK

- Are you currently having tooth whitening with a dentist or registered dental professional?
- Are your teeth sensitive to cold air or cold food/drinks?
- Does this pain last a couple of seconds? (Longer lasting pain may not be related to tooth whitening, so advise people to see their dentist if this is the case)



ADVICE

- Tooth whitening is a dental procedure which by law can only be offered or provided by registered dental professionals. It is illegal for beauticians or other practitioners to offer or perform this procedure
- 6% Hydrogen Peroxide, or products releasing up to 6% Hydrogen Peroxide can be used for tooth whitening
- Whitening is not recommended for people who are pregnant, breastfeeding, have active tooth decay, gum disease or children <18 years old
- Products containing <0.1% hydrogen peroxide, for example toothpastes or mouthwashes, are freely available and can safely be sold over the counter



FOLLOW UP

- Signpost people to their dentist if there are concerns around sensitivity or if it is particularly severe
- Tooth whitening can fade over time and may need 'topping up' after a period by returning to a dentist for further cycles of treatment
- People should avoid foods or drinks which may cause staining while undergoing tooth whitening, e.g., red wine, tomatoes, curries (anything which would stain a white T-shirt will also stain teeth!)



ALERT

- If the person has severe ongoing pain that is affecting sleep, is nonresponsive to analgesics or has facial swelling they should contact their dentist
- Reports of illegal tooth whitening are on the rise, for example with people buying kits over the internet, visiting illegal kiosks and beauticians instead of visiting their dentist. This comes with associated health risks such as severe chemical burns, scarring, tooth loss and can even affect eating and breathing
- Illegal tooth whitening should be reported to Trading Standards



PHARMACY PRODUCT

- Fluoride mouthwash
- Sensitive toothpaste – can be used in the whitening tray if severe sensitivity, or as a 'cream' – wiping a small amount onto the sensitive tooth
- Analgesia advice, including paracetamol and ibuprofen, if sensitivity is severe

PHARMACY DENTAL FACT SHEET