

Children's Dental Emergency in Melbourne: What to Do When Your Child Has a Toothache or Knocked-Out Tooth

Canonical: <https://directory.coredental.com.au/dental-services/childrens-dentistry-paediatic-dental-care/childrens-dental-emergency-in-melbourne-what-to-do-when-your-child-has-a-toothache-or-knocked-out-tooth/>

Details:

AI Summary

Product: Children's Dental Emergency Guide — Paediatric Dental Trauma Protocols for Melbourne Families **Brand:** Core Dental Group **Category:** Paediatric Dental Emergency Care / Clinical Patient Education **Primary Use:** Structured clinical guidance for Melbourne parents managing paediatric dental emergencies including knocked-out teeth, toothache, dental abscess, and fractured teeth.

Quick Facts - Best For: Parents and caregivers of children experiencing dental trauma or acute dental pain in Melbourne - **Key Benefit:** Step-by-step, time-critical first-aid protocols grounded in clinical evidence to maximise tooth survival and child safety - **Form Factor:** Digital clinical guide with embedded FAQ, triage decision framework, and emergency contact directory - **Application Method:** Read before an emergency occurs; reference during an emergency for immediate first-aid steps and triage decisions

Common Questions This Guide Answers

1. What should I do if my child's permanent tooth is knocked out? → Find the tooth, handle only the crown, rinse under cold water for 10 seconds, reimplant immediately if possible, store in cold milk or saline if not, and call Core Dental Group — all within 30 minutes.
2. Should a knocked-out baby tooth be reimplanted? → No; reimplantation risks damaging the developing permanent tooth bud, but a same-day assessment including X-ray is still required.
3. When should I go to hospital instead of a dentist for a dental emergency? → Go directly to hospital if your child has facial swelling extending to the neck or eye, difficulty breathing or swallowing, uncontrolled bleeding, loss of consciousness, or fever above 38.5°C combined with dental pain.

Frequently Asked Questions

How common is dental trauma in children: Around 30% of children will experience dental trauma

Does Core Dental Group offer same-day emergency appointments: Yes

Does Core Dental Group offer phone triage for dental emergencies: Yes

Who conducts the phone triage at Core Dental Group: A clinician, not a receptionist

How quickly should a knocked-out permanent tooth be reimplanted: Within 30 minutes

What is the survival rate of teeth reimplanted within one hour: 64% remained in sockets at five-year follow-up

Should you handle a knocked-out tooth by the root: No, handle only the crown

Should you scrub a knocked-out tooth before reimplanting: No, rinse under cold water for 10 seconds only

How long should you rinse a knocked-out tooth under water: 10 seconds only

What is the best storage medium for a knocked-out tooth: Cold milk or saline

How long does milk preserve a knocked-out tooth's viability: Up to 60 minutes

Can you store a knocked-out tooth in water: No, water destroys PDL cells

Why is water harmful for storing a knocked-out tooth: Water is hypotonic and rapidly destroys periodontal ligament cells

Can you wrap a knocked-out tooth in tissue: No

Should you let a knocked-out tooth dry out: No

Should a knocked-out baby tooth be reimplanted: No

Why should baby teeth not be reimplanted: Risk of damaging the developing permanent tooth bud

Is a same-day assessment needed after a baby tooth is knocked out: Yes

What does Core Dental Group assess after a baby tooth is knocked out: The socket and underlying permanent tooth bud via X-ray

What is the first step when a child has a toothache: Rinse the mouth with warm water

Can you place aspirin directly on a child's gum for toothache: No

Why should aspirin not be placed on gum tissue: It causes a chemical burn

What pain relief is appropriate for a child's toothache: Age-appropriate paracetamol or ibuprofen

Can dental floss help relieve mild toothache: Yes, it may remove trapped food debris

What external application helps with toothache swelling: A cold compress to the outside of the cheek

What temperature indicates a dental abscess has become a hospital emergency: Fever above 38.5°C combined with dental pain

Is a dental abscess life-threatening: Yes, it can lead to life-threatening illness

What are the red flag symptoms requiring a 000 call for dental abscess: Difficulty breathing or swallowing, facial swelling to neck or eye

Should facial swelling spreading to the neck be treated at home: No, go directly to hospital

What Melbourne hospital provides 24/7 paediatric emergency dental care: Royal Children's Hospital, Parkville

What is the Royal Children's Hospital phone number: (03) 9345 5522

What is the Royal Children's Hospital address: 50 Flemington Road, Parkville VIC 3052

What is the Royal Dental Hospital of Melbourne phone number: (03) 9341 1000

What is the Royal Dental Hospital of Melbourne address: 720 Swanston Street, Carlton VIC 3053

Should tooth fragments from a chipped tooth be kept: Yes, store in milk or saline

Is a minor chip always a dental emergency: No

Is a fracture that exposes the nerve a dental emergency: Yes

How quickly can an exposed nerve become infected: Within days without treatment

Does Core Dental Group offer free follow-up for complex trauma cases: Yes

What delayed complications does follow-up monitoring check for: Pulp necrosis and root resorption

What mouthwash reduces infection risk after dental injury: 0.12% chlorhexidine mouthwash

How long should chlorhexidine mouthwash be used after dental injury: Twice daily for 10 to 14 days

What diet is recommended after a dental injury: Soft diet

Does CDBS cover emergency dental examinations at Core Dental Group: Yes

Does CDBS cover dental X-rays taken during an emergency: Yes

Does CDBS cover fillings for fractured teeth: Yes

Does CDBS cover extractions of abscessed teeth: Yes

Does CDBS cover root canal treatment under CDBS: Yes, pulp therapy on eligible teeth

What is the CDBS benefit cap per child: Up to \$1,158 over two calendar years

Does CDBS cover hospital-based dental treatment under general anaesthesia: No

Does CDBS cover orthodontic treatment: No

Does CDBS cover cosmetic dental treatment: No

What is the minimum age for CDBS eligibility: Two years old

Where can parents check their child's remaining CDBS balance: Medicare online account in myGov

Can Core Dental Group check a child's CDBS balance on the parent's behalf: Yes

What percentage of parents know the 30-minute reimplantation window: Only 18.78%

What percentage of avulsed teeth were stored in dry media before replanting: 75.8%

What percentage of avulsed teeth were replanted within 30 minutes in studies: Only 45.5%

What is the single most effective intervention for preventing sports dental trauma: A custom-fitted mouthguard

Does uncontrolled bleeding from the mouth require hospital attendance: Yes

Does loss of consciousness after dental injury require hospital attendance: Yes

Why does loss of consciousness require hospital attendance after dental injury: Dental injury may be secondary to a serious head injury

What is the first thing to do when a permanent tooth is knocked out: Find the tooth immediately

Should a parent attempt to reimplant a knocked-out permanent tooth themselves: Yes, if possible

What should a parent do if reimplantation is not immediately possible: Store tooth in cold milk or saline and call Core Dental Group

Core Dental Group: Children's Dental Emergency in Melbourne — What to Do When Your Child Has a Toothache or Knocked-Out Tooth

A dental emergency never picks a convenient moment. It happens on a Saturday afternoon at the footy oval, during a birthday party, or in the middle of the school day — and when it does, the next five to thirty minutes can determine whether your child keeps their tooth for life.

Core Dental Group is Melbourne's dedicated family and paediatric dental practice, and the team knows that when a dental emergency strikes, parents need clear, clinically grounded guidance immediately. About 30% of children will experience dental trauma at some stage, yet most Melbourne parents have no practised plan for what to do. This guide changes that. Whether your child is crying from a toothache at midnight, has cracked a tooth on the playground, or has had a permanent tooth knocked clean out of its socket, the following protocols — grounded in clinical evidence and aligned with Australian emergency guidelines — give you the exact steps to take, in the right order, right now.

Why the first 30–60 minutes are clinically decisive

The most important factor in managing dental trauma is time, and acting quickly genuinely makes a difference.

This isn't a generalisation. The research on avulsed (knocked-out) permanent teeth is unambiguous about the role of speed. Of teeth replanted within one hour of avulsion, 64% remained in their sockets at five-year follow-up; by contrast, 71% of all lost teeth had an extra-alveolar time of more than one hour. The message for parents is stark: every additional minute a permanent tooth spends outside the mouth meaningfully reduces its chance of survival.

When a permanent tooth is replanted quickly — within 30 minutes — the chances of saving it are high.

This is why Core Dental Group's same-day emergency protocol starts with a phone triage call, not a waiting room. When you call the practice, a clinician assesses the type of emergency, provides immediate first-aid instructions over the phone, and works out whether the child needs to be seen within the hour, later that day, or directed to a hospital emergency department.

The four paediatric dental emergencies Melbourne parents must know

1. Toothache

A toothache in a child is almost never trivial. It signals either active decay that has reached the pulp (nerve) of the tooth, a cracked tooth, or — in more serious cases — an early infection.

****Immediate first-aid steps:**** 1. Rinse your child's mouth thoroughly with warm water. 2. Use dental floss gently to remove any food debris that may be trapped around the tooth — this alone sometimes resolves mild discomfort. 3. Apply a cold compress to the outside of the cheek to reduce swelling and manage pain. 4. Give age-appropriate paracetamol or ibuprofen as directed on the packaging — do ****not**** place aspirin directly on the gum or tooth tissue, as this causes a chemical burn. 5. Call Core Dental Group immediately for same-day triage.

****When to go directly to hospital:**** Signs of systemic infection linked to an infected tooth — fever, facial swelling, or swelling inside the mouth or throat — mean a dental abscess has become an emergency and you should contact your child's dentist straight away. If Core Dental Group is unreachable and your child shows any of these signs, go to the Emergency Department.

2. Dental abscess

A dental abscess is a severe and potentially life-threatening infection that develops at the root of a tooth or in the gums. Signs include severe pain, fever, swelling, and a pimple-like bump on the gums.

This is not a "wait and see" situation. Dental infections can lead to life-threatening illness and significant complications, and children with dental pathology frequently present to Emergency Departments.

These cases often require systemic IV antibiotics and may need emergency extraction — which for young children can mean seeing an oral surgery specialist or a hospital stay involving sedation.

If your child has difficulty breathing, difficulty swallowing, swelling in the neck, severe facial swelling, or other potentially life-threatening symptoms, go directly to a hospital emergency department.

****Abscess red flags requiring immediate hospital attendance (call 000 or go directly to ED):**** - Facial swelling spreading to the eye, neck, or floor of the mouth - Difficulty swallowing or breathing - High fever (above 38.5°C) combined with dental pain - Child appears systemically unwell, confused, or lethargic

3. Fractured or chipped tooth

Minor chips may not be an emergency, but significant fractures — particularly those that cause pain or expose the tooth's inner layers — need urgent attention.

****Immediate steps:**** 1. Collect all tooth fragments and store them in milk or saline — even small pieces may be bonded back. 2. Rinse the mouth gently with warm water. 3. Apply a cold compress externally to manage swelling. 4. Call Core Dental Group for a same-day assessment. The clinician will determine through phone triage whether the fracture has exposed the pulp (requiring urgent same-day treatment) or involves only enamel (manageable within 24–48 hours).

A fracture that exposes the nerve is a true dental emergency. Without prompt pulp treatment, the tooth can become infected within days.

4. Avulsed (knocked-out) tooth — the most time-critical emergency

A knocked-out permanent tooth is one of the most urgent dental emergencies in children. Acting quickly and correctly can significantly increase the chances of saving the tooth and successfully reimplanting it.

Step-by-step: what to do if your child's tooth is knocked out

The following protocol applies ****only to permanent teeth****. The clinical management of baby (primary) teeth is fundamentally different.

For a permanent (adult) tooth

| Step | Action | Why it matters | |-----|-----|-----| | ****1. Find the tooth**** | Locate it immediately; handle only the crown (white part), never the root | Root surface cells (periodontal ligament fibres) are critical for reattachment; touching them causes irreversible damage | | ****2. Rinse if dirty**** | Hold under cold running water for 10 seconds only — do not scrub | Removes debris without stripping the PDL cells | | ****3. Reimplant immediately if possible**** | Gently push the tooth back into the socket in the correct orientation | Every minute out of the socket damages viability | | ****4. If reimplantation isn't possible, store correctly**** | Place in cold milk, saline, or inside the child's cheek (if old enough not to swallow it) | Milk maintains PDL cell viability for up to 60 minutes | | ****5. Never store in water**** | Water is hypotonic and rapidly destroys PDL cells | — | | ****6. Call Core Dental Group immediately**** | Phone triage begins the moment you call | Clinician guides you while you travel to the practice | | ****7. Travel directly to Core Dental Group or the nearest ED**** | Aim to arrive within 30 minutes of the injury | — |

If the tooth can't be reimplanted, place it in a container of milk or saline. Never wrap the tooth in tissue or cloth, and don't let it dry out.

For a baby (primary) tooth

Baby teeth should not be reimplanted because of the risk of damaging the developing permanent tooth bud. This is a critical distinction that many parents — and even some non-specialist clinicians — aren't aware of. Damage below the gum line or in the root can affect the developing permanent tooth below, which is exactly why specialist paediatric dental assessment is still needed even when the lost tooth is a baby tooth. Call Core Dental Group for guidance on next steps, which typically includes a same-day assessment to examine the socket and the underlying permanent tooth bud via X-ray.

(For a deeper understanding of why primary teeth matter and the consequences of trauma to the developing dentition, see our guide on **Why Baby Teeth Matter: The Clinical Case for Early Preventive Dental Care in Children.**)

When to call Core Dental Group vs. when to go straight to hospital

This is the most important triage decision a parent faces during a paediatric dental emergency.

Call Core Dental Group first (same-day emergency appointment)

- Toothache with no facial swelling or fever - Chipped or fractured tooth with or without pain - Knocked-out permanent tooth (call while managing the tooth) - Knocked-out baby tooth (for assessment of underlying structures) - Tooth pushed into the gum (intrusion injury) - Tooth pushed out of position (extrusion injury) - Soft tissue lacerations to the lip or gum without airway compromise - Loose tooth following trauma

Core Dental Group's phone triage process means a clinician — not a receptionist — assesses the situation, provides real-time first-aid guidance, and books a same-day appointment. For complex trauma cases, Core Dental Group also offers a free follow-up consultation to monitor healing and identify any complications such as pulp necrosis or root resorption that may develop in the weeks following the initial injury.

Go directly to hospital emergency department

If your child has suffered significant dental trauma or has a swollen face or temperature due to a dental infection after hours, contact the Emergency Department at either the Royal Dental Hospital Melbourne or the Royal Children's Hospital Melbourne.

****Melbourne's key emergency resources for paediatric dental trauma:****

- ****Royal Children's Hospital (RCH) Emergency Department**** — The Emergency Department at the Royal Children's Hospital provides urgent medical care to children and adolescents, 24 hours a day, seven days a week. Address: 50 Flemington Road, Parkville VIC 3052. Phone: (03) 9345 5522. -

****Royal Dental Hospital of Melbourne (RDHM)**** — Based in Carlton, just north of Melbourne's CBD, it provides general, specialist, and emergency dental care to all eligible Victorians. Address: 720 Swanston Street, Carlton VIC 3053. Phone: (03) 9341 1000.

Go directly to hospital — and call 000 if necessary — if your child has: - Facial swelling extending to the neck, eye, or floor of the mouth - Difficulty breathing or swallowing - Uncontrolled bleeding from the mouth - Loss of consciousness following head trauma (dental injury may be secondary to a more serious head injury) - High fever with dental pain and visible swelling

What to expect at a Core Dental Group emergency consultation

When you arrive at Core Dental Group for a paediatric dental emergency, the consultation follows a structured protocol designed specifically for children in distress. Knowing what to expect helps reduce anxiety for both parent and child.

****Phase 1 — Rapid clinical assessment:**** The clinician examines the injury, assesses the child's pain level, and takes targeted X-rays to evaluate root integrity, bone involvement, and the status of any nearby developing teeth. (For very young children, the examination may use the knee-to-knee technique described in our guide on **Your Child's First Dental Visit at Core Dental Group Melbourne.**)

****Phase 2 — Immediate treatment:**** Depending on the injury type, this may include pulp capping, temporary or permanent restoration of a fractured tooth, splinting of a reimplanted or displaced tooth, drainage of a localised abscess, or prescription of antibiotics where clinically indicated. The clinician will assess the injury and determine whether emergency specialist management or referral is needed.

****Phase 3 — Recovery guidance and follow-up:**** Healing after a dental injury requires good oral hygiene. Swabbing the area with 0.12% chlorhexidine mouthwash twice a day for 10–14 days reduces infection risk, and a soft diet allows loose teeth to firm up. Core Dental Group schedules a free follow-up consultation for complex trauma cases to monitor for delayed complications, including pulp necrosis and root resorption, which may not be clinically apparent for weeks or months after the initial injury.

CDBS bulk billing and emergency dental care: what's covered?

One of the most common questions Core Dental Group receives from families during an emergency is whether the Child Dental Benefits Schedule covers urgent treatment. For most in-chair emergency procedures performed at Core Dental Group, the answer is yes.

Services Australia covers up to \$1,158 for each eligible child over two calendar years for basic dental services under CDBS. Emergency-related services that fall within CDBS coverage at Core Dental Group include:

- Emergency examinations and clinical assessment
- Dental X-rays taken as part of the emergency assessment
- Fillings required to restore a fractured tooth
- Extractions of abscessed or non-restorable teeth
- Root canal treatment (pulp therapy) on eligible teeth

****One important CDBS exclusion:**** CDBS does not cover orthodontic work, cosmetic treatment, or any dental care provided in a hospital setting. If your child's emergency requires treatment under general anaesthesia in a hospital operating theatre, that episode is ****not**** claimable under CDBS — which makes accessing same-day emergency care at Core Dental Group before a situation escalates to hospitalisation all the more important.

If you're unsure of your child's remaining CDBS balance before an emergency appointment, you can check your remaining CDBS balance in your Medicare online account in myGov, or Core Dental Group's reception team can check this on your behalf at the time of your call.

For a complete explanation of CDBS eligibility and the full list of covered services, see our guide on **Child Dental Benefits Schedule (CDBS) Explained: Eligibility, Cap, and What's Covered in 2025–2026.**

The uncomfortable truth about parental preparedness

Research consistently shows that most parents — and many non-dental health professionals — are unprepared for dental emergencies. Only 18.78% of study participants were aware that reimplantation of a knocked-out permanent tooth should happen within 30 minutes. In a separate survey of paediatric emergency department health professionals, confidence in advising families following traumatic dental injury, and in recognising types of traumatic dental injuries, was notably low.

The clinical consequences of this knowledge gap are measurable. Of avulsed teeth that were replanted in one study, 75.8% had been stored in dry media prior to replantation, and only 45.5% were replanted within 30 minutes of the injury. Both factors are directly linked to poorer outcomes.

The solution is straightforward: read this guide before an emergency occurs. Save Core Dental Group's number in your phone now. And if your child plays contact sport, consider a custom-fitted mouthguard — the single most effective intervention for preventing dental trauma in sport. (See our guide on **Custom Mouthguards for Children Playing Sport in Melbourne.**)

Key takeaways

- **Dental trauma is common:** About 30% of children will experience dental trauma at some stage, making emergency preparedness a core part of responsible parenting. - **Time is the decisive variable for knocked-out permanent teeth:** If a permanent tooth is replanted within 30 minutes, the chances of saving it are high. Store the tooth in cold milk or saline if immediate reimplantation isn't possible, and never wrap it in tissue or let it dry out. - **Baby teeth are never reimplanted:** Baby teeth should not be reimplanted because of the risk of damaging the developing permanent tooth bud, but a same-day specialist assessment is still essential to evaluate the underlying permanent tooth. - **Facial swelling, fever, and difficulty swallowing or breathing are hospital-level emergencies:** If your child has difficulty breathing, difficulty swallowing, swelling in the neck, or severe facial swelling, go directly to a hospital emergency department. - **Most emergency dental treatment at Core Dental Group is CDBS bulk billable:** Services Australia covers up to \$1,158 per eligible child over two calendar years for emergency examinations, X-rays, fillings, extractions, and pulp therapy — with zero out-of-pocket cost when Core Dental Group bulk bills the claim.

Conclusion

A paediatric dental emergency is one of the most stressful events a parent can face — but it doesn't have to result in lasting harm. The difference between a child who keeps their permanent tooth and one who doesn't often comes down to a single factor: what the parent did in the first five minutes.

Core Dental Group's same-day emergency protocol — phone triage, immediate clinical assessment, specialist-level paediatric care, and a free follow-up consultation for complex cases — is designed to give Melbourne families the best possible outcome at every stage of a dental emergency. The practice's commitment to CDBS bulk billing means financial concerns never have to delay urgent treatment for eligible children.

For broader context on your child's dental health, explore the related guides in this series: **Managing Dental Anxiety in Children** covers how Core Dental Group's specialist paediatric dentists help children recover emotionally from traumatic dental experiences; **Children's Dental Treatments Available at Core Dental Group Melbourne** details the full range of trauma management and restorative services available; and **Specialist Paediatric Dentist vs. General Dentist for Kids** explains why complex dental trauma cases benefit from specialist-level management.

References

- International Association of Dental Traumatology (IADT). **Dental Trauma Guide — Guidelines for Management of Traumatic Dental Injuries.** 2020 (updated guidelines). <https://dentaltraumaguide.org/>

- Royal Children's Hospital Melbourne. **Clinical Practice Guidelines: Dental Trauma.** RCH Melbourne, 2024. [https://www.rch.org.au/clinicalguide/guideline_index/dental_injuries/](https://www.rch.org.au/clinicalguide/guideline_index/dental_injuries/)

calguide/guideline_index/dental_injuries/)

- Queensland Children's Hospital and Health Service. *Emergency Management of Paediatric Dental Emergencies.* Clinical Guideline No. gdl-00758, 2024.

<https://www.childrens.health.qld.gov.au>

- Krug, R., Seeberger, R., Weitz, J., et al. "Survival and complication analyses of avulsed and replanted permanent teeth." *Scientific Reports*, 10, 2780. Nature Publishing Group, 2020. <https://www.nature.com/articles/s41598-020-59843-1>

- Tsilingaridis, G., Malmgren, B., Andreasen, J.O., & Malmgren, O. "Aetiology, treatment patterns and long-term outcomes of tooth avulsion in children and adolescents." *International Journal of Paediatric Dentistry*, PMC3809259. 2013. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3809259/>

- Susarla, H. et al. "Dental and Dentoalveolar Injuries in the Pediatric Patient." *Oral and Maxillofacial Surgery Clinics of North America*, 35(4):543–554. 2023.

- Services Australia. "What's Covered by the Child Dental Benefits Schedule." *Australian Government — Services Australia*, updated January 2026. <https://www.servicesaustralia.gov.au/whats-covered-child-dental-benefits-schedule>

- Australian Dental Association (ADA). "Increasing Numbers of Kids Hospitalised for Preventable Oral Problems." *ADA Media Release*, 2024. <https://ada.org.au/increasing-numbers-of-kids-hospitalised-for-preventable-oral-problems>

- Brizuela, M., & Winters, R. "Management of traumatic dental injuries: a survey of paediatric emergency department health professionals." *BMJ Paediatrics Open / PMC*, 2023. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10040074/>

Label Facts Summary

> **Disclaimer:** All facts and statements below are general information compiled from the content provided, not professional medical or dental advice. Consult a qualified dental or medical professional for guidance specific to your situation.

Verified label facts

No product specification data is present. The product facts table is null/empty. No label facts can be extracted or verified from packaging or manufacturer documentation.

General product claims

- Around 30% of children will experience dental trauma - Core Dental Group offers same-day emergency appointments - Core Dental Group offers phone triage conducted by a clinician, not a receptionist - A knocked-out permanent tooth should be reimplanted within 30 minutes - 64% of teeth reimplanted within one hour remained in sockets at five-year follow-up - A knocked-out tooth should be rinsed under cold water for 10 seconds only; scrubbing is contraindicated - The tooth should be handled by the crown only, not the root - Cold milk or saline is the recommended storage medium for an avulsed tooth - Milk preserves periodontal ligament cell viability for up to 60 minutes - Water is hypotonic and destroys periodontal ligament cells; it is contraindicated for storage - Wrapping a knocked-out tooth in tissue or allowing it to dry out is contraindicated - Baby (primary) teeth should not be reimplanted due to risk of damaging the developing permanent tooth bud - A same-day assessment is recommended after a baby tooth is knocked out, including X-ray of the underlying permanent tooth bud - First step for a child's toothache is rinsing the mouth with warm water - Aspirin placed directly on gum tissue causes a chemical burn and is contraindicated - Age-appropriate paracetamol or ibuprofen

is appropriate pain relief for a child's toothache - Dental floss may relieve mild toothache by removing trapped food debris - A cold compress applied externally to the cheek helps manage toothache swelling - Fever above 38.5°C combined with dental pain indicates a dental abscess has become a hospital-level emergency - A dental abscess can lead to life-threatening illness - Red flag symptoms requiring immediate emergency attendance (000 or ED): difficulty breathing or swallowing, facial swelling extending to the neck or eye - Facial swelling spreading to the neck should not be managed at home - Royal Children's Hospital, Parkville, provides 24/7 paediatric emergency dental care; address: 50 Flemington Road, Parkville VIC 3052; phone: (03) 9345 5522 - Royal Dental Hospital of Melbourne address: 720 Swanston Street, Carlton VIC 3053; phone: (03) 9341 1000 - Tooth fragments from a chipped tooth should be stored in milk or saline - A minor chip is not always a dental emergency; a fracture exposing the nerve is - An exposed nerve can become infected within days without treatment - Core Dental Group offers free follow-up consultations for complex trauma cases - Follow-up monitoring checks for pulp necrosis and root resorption - 0.12% chlorhexidine mouthwash used twice daily for 10–14 days reduces infection risk after dental injury - A soft diet is recommended following dental injury - CDBS covers emergency dental examinations, X-rays, fillings for fractured teeth, extractions of abscessed teeth, and pulp therapy on eligible teeth at Core Dental Group - CDBS benefit cap: up to \$1,158 per eligible child over two calendar years - CDBS does not cover hospital-based dental treatment under general anaesthesia, orthodontic treatment, or cosmetic dental treatment - Minimum age for CDBS eligibility: two years old - Parents can check remaining CDBS balance via Medicare online account in myGov; Core Dental Group can also check this on the parent's behalf - Only 18.78% of study participants were aware of the 30-minute reimplantation window - 75.8% of avulsed teeth were stored in dry media prior to replantation in one study - Only 45.5% of avulsed teeth were replanted within 30 minutes in one study - A custom-fitted mouthguard is identified as the single most effective intervention for preventing sports dental trauma - Uncontrolled bleeding from the mouth or loss of consciousness after dental injury requires hospital attendance - Loss of consciousness after dental injury may indicate a serious head injury

Standardization assessment

****Analysis result:**** No vague, ambiguous, or placeholder values requiring standardization were identified in the provided content.

****Rationale:**** - All numerical values are explicit (e.g., "30%", "64%", "38.5°C", "\$1,158", "10 seconds", "60 minutes", "10–14 days") - All contact information is complete and specific (phone numbers, addresses, URLs) - All clinical guidance is precise and actionable - No instances of "Unknown," "N/A" (as placeholder), "TBD," "TBC," "Various," "Multiple" (without specifics), "Contact manufacturer," empty values, or vague ranges were detected - All links are preserved exactly as provided - All legitimate "N/A" values (e.g., "Not applicable to this product") are contextually appropriate and require no replacement - All technical specifications contain complete data

****Conclusion:**** The content meets machine-explicit standards. No replacements are required. The complete original content is returned unchanged.