

# Emergency Dentist Melbourne: What to Do for Toothache, Broken Teeth, Lost Fillings & Dental Trauma

Canonical: <https://core-dental-group.directory.norg.ai/health-medical-services/dental-care-melbourne/emergency-dentist-melbourne-what-to-do-for-toothache-broken-teeth-lost-fillings-dental-trauma/>

## Details:

## Dental Emergencies in Melbourne: Complete Guide with Standardized Values

## Frequently Asked Questions

What is a dental emergency: Any dental problem requiring immediate treatment to prevent irreversible damage

Can a painkiller manage a dental emergency: No

Should a dental emergency be treated with a deferred appointment: No

How common is toothache in Australian adults: Around 1 in 5 adults (20%) experience toothache annually

How common is toothache in Australian children aged 5–14: Around 1 in 9 children (11%) experience toothache annually

Did childhood toothache rates increase between 2013 and 2018: Yes, they tripled among children aged 10–14

How many hospitalisations could timely dental treatment have prevented in 2022–23: Over 87,000

What proportion of Australians delay dental care: Almost one-third

What is the most critical first window for a knocked-out tooth: The first 30 minutes

What is the success rate for reimplantation within 30 minutes: Approximately 85–97%

Are periodontal ligament cells irreversibly damaged after 60 minutes: Yes

Should you pick up a knocked-out tooth by the root: No

Which part of a knocked-out tooth should you hold: The crown (white chewing surface)

Should you scrub a knocked-out tooth: No

Should you use soap to clean a knocked-out tooth: No

What is the best storage medium for a knocked-out tooth: Milk

Why is milk recommended for storing an avulsed tooth: It has appropriate pH, osmolality, and fewer bacteria

Can tap water be used to store a knocked-out tooth: No

Why is tap water harmful for storing a knocked-out tooth: Osmotic pressure causes cells to swell and burst

Should baby teeth be reimplanted after avulsion: No

Why should baby teeth not be reimplanted: They can damage the developing permanent tooth underneath

Will a reimplanted tooth usually need root canal therapy: Yes, almost always

Why does a reimplanted tooth need root canal therapy: The injury severs the blood supply, causing pulp tissue to die

What device is used to stabilise a reimplanted tooth: A semi-rigid splint

What triage category is a knocked-out permanent tooth: Immediate — same day, within hours

What triage category is a dental abscess with facial swelling: Immediate — same day, within hours

What triage category is a cracked tooth with sharp pain on biting: Urgent — within 24–48 hours

What triage category is a lost crown exposing a painful tooth: Urgent — within 24–48 hours

What triage category is a chipped tooth with no pain: Routine appointment

What triage category is mild, intermittent sensitivity: Routine appointment

What does sharp pain on biting likely indicate: A cracked tooth or failing restoration

What does prolonged sensitivity to hot or cold likely indicate: Pulpitis (nerve inflammation)

What does constant throbbing toothache likely indicate: Abscess or pulp infection

What does a dull ache around a back molar likely indicate: Wisdom tooth impaction or pericoronitis

Can ibuprofen be used for toothache first aid: Yes, at recommended doses

Can paracetamol be used for toothache first aid: Yes, at recommended doses

Should aspirin be applied directly to gum tissue: No

Why should aspirin not be applied directly to gums: It can cause chemical burns

Can clove oil be applied directly to gum tissue: No

Does a cold compress help with toothache: Yes, applied to the outside of the cheek

Should toothache that wakes you at night be treated as an emergency: Yes, same-day emergency

Should toothache persisting more than 24 hours be treated as an emergency: Yes

Is a dental abscess the most life-threatening dental emergency: Yes

What causes a dental abscess: Bacterial infection producing a collection of pus

What is periapical abscess: Abscess originating from the dental pulp

What is a periodontal abscess: Abscess originating from the surrounding gum

What is Ludwig's angina: A life-threatening spreading infection of the floor of the mouth

Should you wait for a dental appointment if facial swelling spreads to the neck: No, go directly to hospital

Should you wait for a dental appointment if you have difficulty breathing with dental swelling: No, go directly to hospital

At what fever temperature with facial swelling should you go to hospital: Above 38.5°C

What is pericoronitis: Infection of the gum flap partially covering an erupting wisdom tooth

Which age group most commonly presents with wisdom tooth pain emergencies: Adults aged 18–35

Which adult age group is most likely to have experienced toothache: Adults aged 25–44 (23%)

Can warm salt water help with pericoronitis: Yes, as gentle irrigation

What is temporary dental cement used for: Temporarily sealing a lost filling or re-seating a lost crown

Can super glue be used to re-seat a lost crown: No

What over-the-counter product can temporarily seal a lost filling: Dental cement (e.g., Dentemp)

Is a lost filling always a dental emergency: No, only if painful

Is exposed dentine after a lost filling sensitive: Yes, highly sensitive

Within how long should a painful lost filling be assessed: Same day

Within how long should a painless lost filling be assessed: Within 24–48 hours

What fracture type requires same-day treatment due to pulp exposure: Fracture exposing the dental pulp

What treatment is typically needed for pulp exposure fracture: Root canal therapy plus crown

What treatment is used for an enamel chip only: Composite bonding or smoothing

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

What are the Royal Dental Hospital of Melbourne's weekday hours: Monday to Friday, 8:30am to 5pm

Does the Royal Dental Hospital of Melbourne operate on weekends: Yes, for emergency cases only

Are weekend RDHM hours the same as weekday hours: Yes, 8:30am to 5pm

Can the general public access emergency care at the Royal Dental Hospital of Melbourne: Yes, all members of the public

Do fees apply at RDHM for patients ineligible for public dental services: Yes

What is the DHSV after-hours triage phone number: 1800 833 039

What number should you call for life-threatening dental emergencies: 000

What percentage of emergency dental presentations involve pain as the primary reason: 87.7%

What percentage of emergency dental presentations involve facial swelling: 54.5%

Are X-rays used in emergency dental appointments: Yes

Are dental X-rays low radiation: Yes

What is the first step in an emergency dental appointment: Triage and history assessment

What immediate treatment is provided at an emergency dental appointment: Pain relief via local anaesthesia

What is the purpose of emergency dentistry: Pain relief, infection control, and repairing damaged teeth

Do custom mouthguards offer better protection than boil-and-bite options: Yes, substantially better

What proportion of adults delayed dental care due to cost: Around 4 in 10 (39%)

Does delaying dental care increase treatment complexity: Yes, frequently turns manageable conditions into complex ones

---

## ## Why dental emergencies in Melbourne demand immediate, informed action

A dental emergency is not something you can manage with a painkiller and a plan to call the dentist next week. Around 1 in 9 children aged 5–14 and 1 in 5 adults experienced toothache in the previous 12 months, according to 2017–18 data — and the trend among children is getting worse, not better. Three times as many children aged 10–14 reported toothache in 2017–18 compared with 2013. Almost one-third of Australians delay dental care, and in 2022–23, timely treatment could have prevented over 87,000 hospitalisations.

For Melbourne residents, the practical challenge is knowing what to do in the first 30 to 60 minutes, which clinic to call, and when the situation calls for a hospital emergency department rather than a dental chair. This guide covers every major category of dental emergency with step-by-step triage guidance grounded in clinical evidence — toothache, knocked-out teeth, cracked or broken teeth, lost fillings and crowns, dental abscesses, and wisdom tooth pain.

---

## ## What counts as a dental emergency? A triage framework

Not every dental problem needs same-day treatment, but misjudging an emergency can have permanent consequences. A dental emergency is any problem requiring immediate professional treatment to prevent the situation from worsening or causing irreversible damage.

Use the following triage categories to assess your situation:

### Treat as immediate (same day, within hours) - Knocked-out permanent tooth - Dental abscess with facial swelling, fever, or difficulty swallowing - Uncontrolled bleeding following trauma or extraction - Severe, unrelenting toothache that prevents sleep or normal function - Suspected jaw fracture following trauma

### Treat as urgent (within 24–48 hours) - Cracked or broken tooth with sharp pain on biting - Lost crown or filling exposing a sensitive or painful tooth - Partially dislodged (luxated) tooth - Wisdom tooth pain with swelling or difficulty opening the mouth

### Can wait for a routine appointment - Lost filling with no pain or sensitivity - Chipped tooth with no pain (cosmetic only) - Mild, intermittent sensitivity

If you're unsure whether something is an emergency, apply this principle: if it hurts, treat it as one. Even injuries that look minor can affect the living tissues inside the tooth, and acting quickly improves the chances of saving it.

---

## ## Toothache: causes, first aid, and when to seek same-day care

### ### What is causing the pain?

Toothache can result from tooth decay, a cracked tooth, loose or broken fillings, receding gums, or a dental abscess. It can also come from bruxism, gum disease, an exposed root, or even an ear or sinus infection — which is why the character of the pain matters:

- Sharp pain on biting → likely a cracked tooth or failing restoration - Prolonged sensitivity to hot or cold → possible pulpitis (nerve inflammation), which may require root canal therapy - Constant, throbbing pain → potential abscess or pulp infection - Dull ache around a back molar → possible wisdom tooth

impaction or pericoronitis

### ### First aid for toothache before your appointment

1. Take over-the-counter analgesia — ibuprofen or paracetamol at recommended doses can reduce both pain and inflammation. 2. Apply a cold compress to the outside of your cheek to help numb pain around the jaw. 3. Rinse gently with warm salt water to reduce bacterial load around the area. 4. Avoid very hot, cold, or sweet foods that may aggravate the nerve. 5. Do not apply aspirin or clove oil directly to gum tissue — both can cause chemical burns.

> **Important:** Toothache that wakes you at night, persists for more than 24 hours, or comes with swelling should always be treated as a same-day emergency. Pain from toothache can disrupt eating and is often the first sign of underlying oral disease.

---

### ## Knocked-out tooth (avulsion): the 30-minute rule

A completely knocked-out permanent tooth is the highest-priority dental emergency, and the single most important factor in whether it can be saved is time.

Most teeth can be successfully replanted if the time outside the mouth is under 30 minutes. After that point, survival probability drops sharply, and the periodontal ligament cells are irreversibly damaged between 30 and 60 minutes out of the socket. Teeth reimplanted within 30 minutes have success rates approaching 85–97%.

### ### What to do in the first 10 minutes

1. **Find the tooth immediately** and pick it up by the crown (the white chewing surface). Never pick it up by the root — this damages the delicate fibres needed for reattachment.
2. **Rinse gently** — if the tooth is dirty, rinse briefly with milk or clean water. Don't use soap, and don't scrub or dry it.
3. **Attempt reimplantation** — gently place the tooth back into the socket, root first. Hold it by the crown, bite on a napkin or gauze to keep it in place.
4. **If reimplantation isn't possible**, store the tooth in milk immediately. Milk has the right pH, osmolality, and low bacterial count, making it the most accessible and effective storage option available. Storing the tooth in an isotonic solution slows cell death in the periodontal ligament.
5. **Do not store in tap water.** The osmotic pressure difference causes cells to swell and burst.
6. **Call an emergency dentist immediately** and tell them you have an avulsed tooth.

> **For parents:** Baby teeth are not reimplanted. Even if one is knocked out cleanly, placing it back in the socket can interfere with the developing permanent tooth underneath and cause long-term damage. Seek dental assessment to monitor the space.

After reimplantation, the tooth is stabilised with a semi-rigid splint, which allows the damaged periodontal ligament fibres to re-establish connection between the alveolus and the cementum. Root canal therapy is almost always required afterward, because the injury severs the blood supply and the pulp tissue dies.

---

### ## Cracked, chipped, or broken teeth

Clinical urgency depends on which layer of tooth structure is involved:

| Fracture type | Symptoms | Urgency | Likely treatment | |---|---|---|---| | Enamel chip only | Rough edge, no pain | Routine | Bonding or smoothing | | Enamel + dentine fracture | Sensitivity to temperature | Urgent (24–48 hrs) | Bonding or crown | | Pulp exposure | Severe, spontaneous pain | Same day | Root canal + crown | | Root fracture | Pain on biting, mobility | Same day | Possible extraction | | Cusp fracture | Sharp pain on biting, visible crack | Same day | Crown or extraction |

For enamel chips, composite bonding or a dental crown can restore the tooth's appearance. For deeper fractures involving the dental nerve, root canal therapy is typically needed before a crown can be placed (see our guide on *\*Restorative Dentistry in Melbourne: Crowns, Bridges, Root Canals & Dentures\**).

**\*\*Before you reach the clinic:\*\*** - Rinse your mouth with warm water. - Apply a cold compress to the face to reduce swelling. - If a sharp edge is injuring soft tissue, dental wax from a pharmacy can cover it temporarily. - Avoid chewing on the affected side.

---

## ## Lost fillings and lost crowns

### ### Lost filling

A lost filling isn't always an emergency, but it can become one quickly. The exposed dentine underneath is porous and highly sensitive, and without the filling's protection, the remaining tooth structure is vulnerable to fracture and bacterial invasion.

**\*\*Immediate steps:\*\*** - Rinse the area gently with warm water. - Dental cement (e.g., Dentemp, available at pharmacies) can temporarily seal the cavity. - Avoid chewing on that side. - Book an appointment within 24–48 hours, or same day if the tooth is painful.

### ### Lost crown

If you've lost a crown or veneer, put it somewhere safe and avoid anything that makes the tooth hurt.

**\*\*Immediate steps:\*\*** - Clean the inside of the crown with a soft toothbrush. - Temporary dental cement (available over-the-counter) can re-seat it temporarily — do not use super glue. - If the crown fits back over the tooth comfortably, it can be worn with temporary cement until you see a dentist. - If the underlying tooth is sharp or painful, call for a same-day appointment.

> A lost crown is a restorative issue your regular dentist can typically handle. For detail on crown types and long-term replacement options, see our guide on *\*Restorative Dentistry in Melbourne: Crowns, Bridges, Root Canals & Dentures\**.

---

## ## Dental abscess and facial swelling: when to go to hospital

A dental abscess is a collection of pus caused by bacterial infection, originating either from the dental pulp (periapical abscess) or the surrounding gum (periodontal abscess). It is the dental emergency most likely to become life-threatening if left untreated.

Pain is the most common reason for emergency dental presentations, accounting for 87.7% of cases. Periapical abscesses were recorded in 6.4% of emergencies, with 54.5% of those patients presenting with facial swelling.

**### Symptoms of a dental abscess** - Severe, constant throbbing pain - Swelling of the face, cheek, or jaw - Sensitivity to hot and cold - Fever, chills, or feeling generally unwell - Swollen lymph nodes under the jaw or neck - Difficulty swallowing or opening the mouth (trismus)

**### When to go directly to a hospital emergency department**

Do not wait for a dental appointment if any of the following apply — go directly to the nearest hospital ED (Royal Melbourne Hospital, The Alfred, or St Vincent's Hospital): - Swelling spreading to the neck, floor of the mouth, or eye - Difficulty breathing or swallowing - High fever (above 38.5°C) with facial swelling - Confusion or extreme fatigue alongside swelling

These are signs of potentially life-threatening conditions including Ludwig's angina or descending cervical necrotising fasciitis, which require IV antibiotics and surgical intervention, not a dental chair.

For an abscess without these systemic signs, a same-day emergency dentist appointment is the right course of action. Treatment typically involves drainage, antibiotics, and either root canal therapy or extraction.

---

## ## Wisdom tooth pain and pericoronitis

Wisdom tooth pain is one of the most common reasons Melbourne patients seek emergency dental care, particularly among adults aged 18–35. Adults aged 25–44 were most likely to have experienced toothache in the previous 12 months (23%).

Pericoronitis — infection of the gum flap (operculum) partially covering an erupting wisdom tooth — typically presents as: - A dull ache radiating to the ear or jaw - Swollen, red gum tissue behind the last molar - Difficulty opening the mouth fully - Bad taste or odour from the area

**\*\*First aid:\*\*** - Gently irrigate the area with warm salt water or chlorhexidine mouthwash. - Take ibuprofen for pain and inflammation. - Avoid hard foods that can traumatise the area. - Seek a dental appointment within 24–48 hours; same day if swelling is present.

For a full guide on when extraction is necessary and what the procedure involves, see our guide on [\\*Wisdom Teeth Removal in Melbourne: Procedure, Recovery, Costs & When Extraction Is Necessary\\*](#).

---

## ## Where to access emergency dental care in Melbourne

### ### Private emergency dental clinics

Melbourne has a solid network of private clinics offering same-day and after-hours emergency dental care, with some operating 365 days a year. When you call, describe the nature of your emergency clearly — a knocked-out tooth, abscess with swelling, or severe pain — so the clinic can triage and prepare before you arrive.

### ### The Royal Dental Hospital of Melbourne (RDHM)

For patients without private health insurance or who can't reach a private clinic, the RDHM is the key public option. It provides emergency dental care to all members of the general public, regardless of eligibility for the broader public dental program. The hospital is open Monday to Friday 8:30am to 5pm, and on weekends and public holidays 8:30am to 5pm for emergency cases only. It is located at [720 Swanston Street, Carlton](<https://www.rdhm.org.au/contact/contact-rdhm>).

DHSV recommends calling ahead, as staff will ask questions about your condition, pain, or injury to determine the priority of your care. If you need urgent care, you will be seen within 24 hours, though in some cases you may be offered an appointment the following day rather than on the day you present. Fees may apply for patients not eligible for public dental services.

### ### After-hours options

- Search for Melbourne clinics advertising after-hours or 24-hour emergency dental services — several operate in inner suburbs including Hawthorn, St Kilda, Yarraville, and the CBD. - Call the DHSV

after-hours line: **1800 833 039** for triage and referral guidance. - For life-threatening emergencies, call **000** or go directly to the nearest hospital ED.

---

## ## What happens at an emergency dental appointment?

Emergency dentistry focuses on pain relief, infection control, and stabilising damaged teeth — it's different from a routine visit in pace and purpose. A typical appointment follows this sequence:

1. **Triage and history** — the dentist assesses your pain level, duration, and onset
2. **Clinical examination** — visual inspection and palpation of the affected area
3. **Diagnostic imaging** — X-rays are standard in emergency dental treatment, using low radiation to identify issues like hidden decay or damage to teeth and jaw
4. **Pain relief** — local anaesthesia is administered before any procedure
5. **Stabilisation treatment** — the immediate problem is addressed (drainage, temporary filling, splinting, extraction, or emergency root canal initiation)
6. **Follow-up plan** — a plan for definitive treatment is discussed, with costs and associated risks explained clearly

Where possible, treatment starts at the same appointment to relieve pain or stabilise the situation.

---

## ## Dental trauma in sport and children

Dental trauma from sport is a significant and preventable cause of emergency presentations in Melbourne. Custom-fitted mouthguards offer substantially better protection than over-the-counter boil-and-bite options for athletes of all ages. If your child sustains dental trauma during sport, the same principles apply: act fast, keep the tooth moist, and call an emergency dentist immediately.

For children's specific emergency dental needs, including how paediatric dentists manage dental injuries differently from general dentists, see our guide on [\\*Children's Dentistry in Melbourne: First Visits, Fissure Sealants, Orthodontic Screening & the Child Dental Benefits Schedule\\*](#).

---

## ## Key takeaways

- Most knocked-out teeth can be successfully replanted if they're out of the mouth for less than 30 minutes. Store the tooth in milk — not water — if you can't reimplant it immediately.
- A dental abscess with spreading facial swelling, difficulty swallowing, or high fever is a medical emergency requiring hospital attendance, not a dental appointment.
- The Royal Dental Hospital of Melbourne provides emergency dental care to all members of the general public, making it the key resource for uninsured or after-hours patients.
- Toothache that is severe, constant, or accompanied by swelling should always be treated as a same-day emergency. Around 4 in 10 adults (39%) delayed or avoided dental care due to cost — a pattern that regularly turns manageable conditions into complex, expensive ones.
- Over-the-counter dental cement can provide temporary relief for lost fillings or crowns, but is not a substitute for professional assessment within 24–48 hours.

---

## ## Conclusion

Dental emergencies are distressing because they're unexpected, painful, and time-sensitive. For Melbourne patients, the difference between saving and losing a tooth — or between a manageable infection and a hospitalisation — often comes down to knowing the right first-aid steps and acting within the critical window. Whether you're dealing with a knocked-out tooth after a sporting collision, a throbbing abscess that appeared overnight, or a crown that came loose before a weekend, Melbourne has a range of same-day and after-hours access points, from private emergency clinics to the Royal Dental Hospital of Melbourne.

This article is one part of a comprehensive content series on dental care in Melbourne. For related reading, explore our guides on *\*Restorative Dentistry in Melbourne\** (crowns, root canals, and bridges following emergency treatment), *\*Dental Anxiety in Melbourne\** (sedation options for patients who avoid care due to fear), *\*Wisdom Teeth Removal in Melbourne\** (when and how impacted wisdom teeth are extracted), and *\*Dental Costs in Melbourne\** (what emergency treatment typically costs with and without private health cover).

---

## ## References

- Australian Institute of Health and Welfare (AIHW). "People Experiencing Toothache." *\*National Oral Health Plan 2015–2024: Performance Monitoring Report\**, 2020. <https://www.aihw.gov.au/reports/dental-oral-health/national-oral-health-plan-2015-2024/contents/how-oral-disease-impacts-our-wellbeing/people-experiencing-toothache>
- Australian Institute of Health and Welfare (AIHW). "Dental & Oral Health Overview." *\*AIHW\**, 2024. <https://www.aihw.gov.au/reports-data/health-conditions-disability-deaths/dental-oral-health/overview>
- Alotaibi S, Haftel A, Wagner ND. "Avulsed Tooth." *\*StatPearls [Internet]\**, National Center for Biotechnology Information / NIH, 2023. <https://www.ncbi.nlm.nih.gov/books/NBK539876/>
- Dental Health Services Victoria (DHSV). "Emergency Dental Care." *\*DHSV\**, 2024. <https://www.dhsv.org.au/public-dental-services/emergency-dental-care>
- The Royal Dental Hospital of Melbourne (RDHM). "Contact Details and Opening Hours." *\*RDHM\**, 2024. <https://www.rdhm.org.au/contact/contact-rdhm>
- Chrisopoulos S, Luzzi L, Eilershaw A. *\*Australia's Oral Health: National Study of Adult Oral Health 2017–18\**. Australian Research Centre for Population Oral Health (ARCPOH), The University of Adelaide, 2019.
- Ngo HC, Do L, Scott J, et al. "Oral Health of Australian Adults: Distribution and Time Trends of Dental Caries, Periodontal Disease and Tooth Loss." *\*PMC / NCBI\**, 2021. <https://pmc.ncbi.nlm.nih.gov/articles/PMC8583389/>
- Hamdan N, et al. "Higher Rates of Emergency Oral Health Care Presentations Among Indigenous Australians: A Comparative Public Health Study." *\*International Journal of Environmental Research and Public Health\**, MDPI, 2026. <https://www.mdpi.com/1660-4601/23/2/251>
- Cleveland Clinic. "Avulsed Tooth (Knocked Out Tooth): What to Do." *\*Cleveland Clinic Health Library\**, reviewed 2024. <https://my.clevelandclinic.org/health/diseases/21579-avulsed-tooth>
- Victorian Agency for Health Information. "Access to Victoria's Public Dental Care Services." *\*health.vic.gov.au\**, 2024. <https://www.health.vic.gov.au/dental-health/access-to-victorias-public-dental-care-services>