DOI: https//doi.org/10.13037/ras.vol20n71.8168

Review Article

Received: 18/11/2021 | Accepted: 12/04/2022

Use of urgency and emergency terminologies in dentistry in the context of the covid-19 pandemic: a scope review

Utilização das terminologias urgência e emergência em odontologia no contexto da pandemia da covid-19: uma revisão de escopo

Gabriela Fernanda Schiochet[1]
Orcid: https://orcid.org/0000-0001-7377-1445

Gabrielle Jagas Neves[2]
Orcid: https://orcid.org/0000-0003-3973-7213

Jessica Galvan[3]
Orcid: https://orcid.org/0000-0002-3261-8521

Alessandra de Souza Martins[4]
Orcid: https://orcid.org/0000-0001-6345-8412

Fabiana Bucholdz Teixeira Alves[5]
Orcid: https://orcid.org/0000-0001-9955-1811

Cristina Berger Fadel[6]
Orcid: https://orcid.org/0000-0002-7303-5429

Abstract

Introduction: After the outbreak of COVID-19, the dentistry field, known by the close professional-patient contact, was soon acknowledged as a high potential setting for Sars-CoV-2 contamination. As a result, governments of different countries decided to halt routine oral health services; however, urgent and emergency dental care was still maintained. Thus, the interpretation of what could or could not be performed in dental care raised doubts among oral health professionals, considering the context of the COVID-19 pandemic. **Objective:** To relate the use of the terms dental urgency and dental emergency in the context of the COVID-19 pandemic. **Materials and Methods:** A scoping review was carried out following the Joanna Briggs Institute (JBI) methodology. Articles published in Portuguese, English and Spanish on the MEDLINE/PubMed, SCOPUS (Elsevier), Web of Science and EMBASE (Elsevier) platforms were considered. **Results:** 959 studies were located and 48 of them were included. Findings demonstrate frequent misconceptions in the use of the terms dental urgency and dental emergency by many authors. **Conclusion:** The concept and application of the terminologies dental urgency and dental emergency are not yet fully consolidated by academics and oral health professionals. They are often used as synonyms, which hinders interpretation and standardization in scientific studies, in addition to triggering possible harm to services that adopt classification of cases according to a severity scale, recommended by various health agencies, especially the Ministry of Health in Brazil.
Keywords: dentistry; ambulatory care; covid-19.

Resumo

Introdução: Após o surto da COVID-19, a área odontológica conhecida pelo contato próximo profissional-paciente, logo foi identificada como um cenário de alto potencial de contaminação pelo Sars-CoV-2. Com isso, decisões governamentais foram tomadas com vistas à paralisação dos serviços de rotina de saúde bucal em diversos países. No entanto, as necessidades odontológicas de atendimento de urgência e emergência puderam ser mantidas. Assim, a interpretação dos conceitos do que poderia ou não ser realizado no atendimento

[1] Universidade Estadual de Ponta Grossa. Ponta Grossa/Paraná, Brasil. E-mail: gschiochet@hotmail.com
[2] Universidade Estadual de Ponta Grossa. Ponta Grossa/Paraná, Brasil. E-mail: gabriellejagasneves@hotmail.com
[3] Universidade Estadual de Ponta Grossa. Ponta Grossa/Paraná, Brasil. E-mail: jegalvan21@gmail.com
[4] Universidade Estadual de Ponta Grossa. Ponta Grossa/Paraná, Brasil. E-mail: alessandraphn@hotmail.com
[5] Universidade Estadual de Ponta Grossa. Ponta Grossa/Paraná, Brasil. E-mail: fabi.bucholdz@gmail.com
[6] Universidade Estadual de Ponta Grossa. Ponta Grossa/Paraná, Brasil. E-mail: cbfadel@gmail.com

odontológico, gerou dúvidas entre os profissionais da saúde bucal no contexto da pandemia do COVID-19. **Objetivo:** Relacionar o modo de utilização dos termos urgência e emergência odontológica no contexto da pandemia da COVID-19. **Materiais e Métodos:** Foi realizada uma revisão de escopo seguindo a metodologia do Joanna Briggs Institute (JBI). Foram considerados artigos publicados em português, inglês e espanhol, nas plataformas MEDLINE/PubMed, SCOPUS (Elsevier), Web of Science e EMBASE (Elsevier). **Resultados:** Foram localizados 959 estudos e incluídos 48 destes. Os resultados encontrados demonstram que muitas definições se repetem pelos autores nas utilizações dos termos urgência odontológica e emergência odontológica. **Conclusão:** O conceito e aplicação das terminologias urgência odontológica e emergência odontológica ainda não se encontram totalmente consolidados por acadêmicos e profissionais da saúde bucal, sendo muitas vezes utilizadas como sinônimos. Tal fato dificulta a sua interpretação e padronização em estudos científicos, além de desencadear possíveis prejuízos aos serviços que adotam classificação de casos segundo escala de gravidade, preconizadas por diversos órgãos de saúde, em especial o Ministério da Saúde do Brasil.
Palavras-chave: odontologia; assistência ambulatorial; covid-19.

Introduction

Since December 2019, the emergence of severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) and its associated disease (COVID-19) have caused a global public health crisis[1], classified as a pandemic on March 11, 2020, by the World Health Organization(WHO)[2]. The dentistry field, known for its close professional-patient contact, was soon acknowledged as a high potential setting for Sars-CoV-2 contamination[3]. According to Gamio[4], dentists have a higher risk of contamination due to exposure than nurses, doctors and pharmacists. This risk in dental practice results from direct contact with the patient's saliva and blood, in addition to the contact with aerosols resulting from rotatory equipment, and droplets from infected patients that easily remain on the entire clinic area[5].

As a result, governments of different countries decided to halt routine oral health services; however, urgent and emergency dental care was still maintained. Thus, the interpretation of what could or could not be performed in dental care raised doubts among oral health professionals, considering the context of the COVID-19 pandemic.

In Brazil, against this background,the Federal Council of Dentistry (Conselho Federal de Odontologia/CFO) presented specific guidelines for urgent and emergency dental care, in order to guide the adequate performance of dental professionals. The content of this document was technically based on the Regional Council of Dentistry of the State of São Paulo (Conselho Regional de Odontologia de São Paulo/CROSP) and on the American Dental Association (ADA)[6]. Basically, urgency demands rapid care, in proportion to the severity of the clinical picture, but does not expose the patient to the potential risk of death[6]. The most relevant symptomatology for urgency cases is pain; by contrast, emergencies are all life-threatening situations[6].

Despite the ambiguity of the meaning of each of the terms, dental urgencies and dental emergencies constitute a large part of the care in the health care network, and therefore their differentiation is crucial for the dental surgeon. Thus, the elucidation of this terminology in the practice of oral health professionals aims at guiding health services, especially those that use risk stratification strategies to optimize response time in clinical care.

Consequently, the ability to resolve the health situations presented by individuals will be greater, and each case can be received and directed with maximum agility, efficiency, and humanization. In this sense, methods that enable the organization of health services and provide the patient with the best care in the shortest possible time have been improved all over the world[7, 8 , 9, 10].

Notwithstanding the recurrent use of the terminology "urgency"and "emergency" in the health field, its concept and application are not yet fully consolidated by the world literature in dentistry. Dental urgency and dental emergency are terms often used synonymously or erroneously employed in national and international publications. In systems such as Health Sciences Descriptors (DescritoresemCiência da Saúde/DECs) and Medical Subject Headings (MeSH), whose purpose is to serve as a single language for indexing and information retrieval among the components of the Latin American and Caribbean System on Health Sciences Information, urgency and emergency are also defined as “situations or conditions that require immediate intervention to avoid serious adverse outcomes”[11,12].

Given the information above and due to the importance of knowing the profile of scientific production on the use of the terms dental “urgency” and “emergency” in the context of the COVID-19 pandemic, this study is justified. Moreover, it also aims to evaluate the information regarding the subject among academics and oral health professionals from public and private services.

Materiais e Métodos

The present scoping review is based on the Joanna Briggs Institute (JBI) Scoping Reviews methodology, which has specific methods for evaluating and extracting relevant data on a topic of interest[13]. To this end, an *a priori* protocol specific for scoping reviews, called *Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews* (PRISMA-ScR)[14] was used in order to standardize the steps related to the method. Because of the breadth of their nature, scoping reviews are particularly useful for aggregating evidence from varied and heterogeneous sources, done through a standardized peer-reviewed search strategy and auditable data extraction. For this reason, the scoping review does not aim to qualitatively assess the scope of a study, but to investigate the occurrence of concepts in the available literature. The theoretical and methodological framework used is based on the model that describes the process of preparing a scoping review in the following phases[14]:

Search Strategy

The review was conducted from January to March 2021, through a survey of published scientific material and aimed to answer the research guiding question: in what ways are the terms dental urgency and dental emergency found in the worldwide scientific production in the context of the COVID-19 pandemic? The research main focus was any context related to urgent and emergency dental care during the period of the COVID-19 pandemic. We chose to use only descriptors listed as MeSH Terms, which were: dentistry, “dental care”, urgenc*, emergenc*, “dental urgenc*”, “dental emergenc*”, and “COVID-19”.

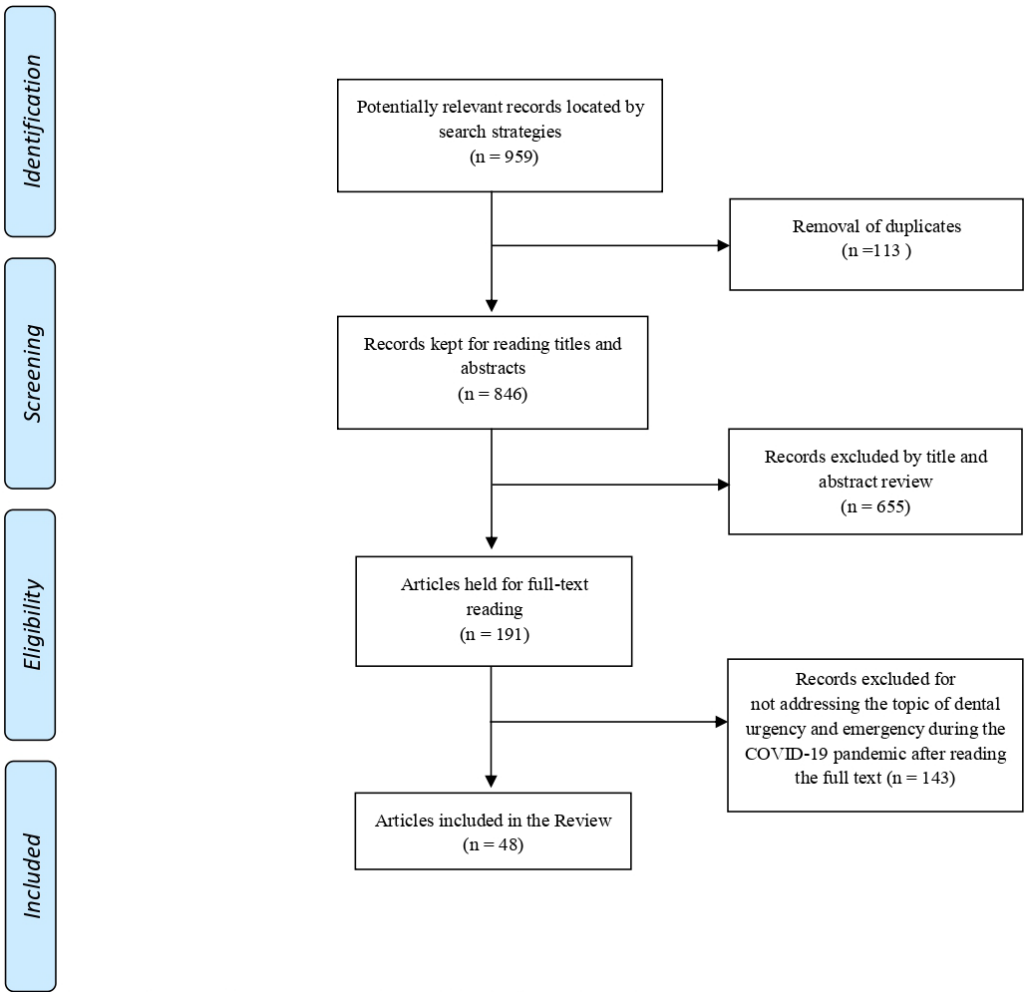
The research platforms used for the online search for original articles were the Coordination for the Improvement of Higher Education Personnel Journal Portal (Portal de Periódicos da Coordenação de Aperfeiçoamento de Pessoal de Nível

Superior do Ministério da Educação/CAPES/MEC) and the Virtual Health Library (Biblioteca Virtual emSaúde/BVS), in the databases: MEDLINE/PubMed (via National Library of Medicine), SCOPUS (Elsevier), Web of Science, and EMBASE (Elsevier).

The inclusion criteria for the studies were: original articles available in the mentioned databases, in Portuguese, Spanish or English, and that addressed the theme under study in the abstract or in the body of the text. There was no publication date cut-off for the data search. Undergraduate course completion papers, specialization monographs, opinion letters, dissertations and/or theses, and research reports were excluded.

A pilot study was conducted in order to level out the intra-examiner search systematics and eliminate conceptual discrepancies that could act as possible search biases. This step consisted of searching the listed databases and reading 10% of the articles located on each platform. Each reviewer performed it individually, using the same criteria. Once the search and reading of the studies were completed, the researchers compared and discussed the results to ensure homogeneity in the interpretation of the data. The differences that arose were resolved through discussion between the reviewers or through the opinion of a third reviewer.

Figure 1: Search results, selection and inclusion of studies.



Results

Study selection/ source of evidence

The search was conducted separately by two reviewers, in the listed databases with the determined descriptors, totaling 959 records. After removing duplicates (n=113), 846 studies were selected for reading their title, abstract and keywords. Due to the large volume of publications located in scientific journals, gray literature was not included. Among the 846 selected studies, n=655 did not contain the topic of dental care during the COVID-19 pandemic. For this reason, they were discarded, resulting in 191 records selected for the full text reading step. After reading these texts in full, 48 articles that met the research criteria of interest were selected and included in the review. Figure 1 shows the methodological path followed to choose the articles and the quantity of bibliographic productions analyzed.

As a result of the search in the listed databases: MEDLINE/PubMed (via National Library of Medicine), SCOPUS (Elsevier), Web of Science and EMBASE (Elsevier) through the research platforms used for the online search for original articles at the Coordination for the Improvement of Higher Education Personnel Journal Portal and the Virtual Health Library, the following results were obtained using the descriptors: "dentistry OR "dental care" AND urgenc* AND "COVID-19": on MEDLINE/PubMed base(via National Library of Medicine)19 studies; on SCOPUS base (Elsevier) 10 studies; and on EMBASE base (Elsevier) 9 studies. With the descriptors “dentistry OR “dental care” AND emergenc* AND “COVID-19” 234 studies were obtained from the MEDLINE / PubMed database (via the National Library of Medicine); in the SCOPUS database (Elsevier) 151 studies; and in the EMBASE database (Elsevier) 103 studies. Using the descriptors "dental emergenc*" OR "dental urgenc*" AND "COVID-19", 31 studies were found in MEDLINE/PubMed (via the National Library of Medicine); on SCOPUS (Elsevier) 32 studies; on EMBASE (Elsevier) 28 studies; and in the Web of Science 342 studies. The total of records found was 959.

As a result of the search and the reading of the full articles, studies were found that brought only one of the terms to refer to all situations of dental urgency or dental emergency. Some of these studies used only the term “dental emergency”[32, 33, 27, 15, 35, 36, 18, 19, 61, 37, 21, 42, 43, 44, 55, 57, 47, 24, 31, 56, 50, 59], while others, to a lesser extent, used the term "dental urgency" in reference to all situations[54, 48, 52].

The results found in the 48 articles that employed the terms dental urgency and dental emergency during the COVID-19 pandemic have been grouped in charts 1 and 2 respectively:

Chart 1: Map of macrothemes related to the use of the term dental urgency, according to criteria defined for the search for scientific articles.

Macrothemes	Microthemes	Records retrieved for the term: Dental Urgency	Authors
Pain	Unspecific	Relief and treatment of severe pain	16; 17; 20; 23; 25
		Severe dental pain	28; 29; 30
	Dental pulp	Acute pain/ reversible dental pulpitis/ inflammation of the dental pulp	34; 38; 39; 22; 41; 29; 45; 48; 51; 52
		Irreversible pulpitis	54
		Replacement of temporary fillings in endodontic access openings in children with pain	22
	Facial	Severe facial pain	28; 29; 30; 48
	Dental fracture	Pain due to fractured teeth	39; 22; 41; 51
	Orthodontic appliance	Fractured or defective fixed orthodontic appliance, causing soft tissue laceration or pain	22; 41; 26

	Dental caries	Extensive and/or numerous dental caries or defective restorations causing pain	22; 45
	Pericoronaritis	Pericoronitis or gum pain during a third molar eruption	54; 39; 22; 41
Trauma	**Dento-alveolar**	Dento-alveolar trauma / dento-alveolar injuries or dental trauma with avulsion / luxation or uncomplicated tooth fracture resulting in soft tissue trauma	28; 60; 39; 22; 41; 29; 23; 48; 51; 52
	Soft tissue	Soft tissue trauma	23
	Facial	Face trauma	48
	Polytrauma	Follow-up of the hospital emergency department calls	46
Infection	**Unspecific**	Infection	34; 20; 46; 49
	Dental	Dental or bacterial infection resulting in localized pain and swelling or apical/periapical abscess	53; 54; 60; 38; 39; 22; 41; 29; 23; 30; 48; 51
	Facial	Acute infection presented by swelling that spreads to the neck	52
	Prevention	Infection risk reduction in patients in hospital emergency departments	17; 23
Fracture	**Dental**	Tooth fracture with or without pulp exposure	46; 30
		Vertical root fracture, internal/external root resorption, uncomplicated crown fractures	53
	Facial	Stable maxillofacial fracture not requiring intervention	41
Diagnosis	**Biopsy**	Abnormal tissue biopsy	39; 22; 48
Preoperative	**Medical surgery**	Dental treatment required before critical medical procedures	39; 22
Postoperative	**Dental surgery**	Complications in exodontia	54
		Suture Removal	22; 46
		Postoperative osteitis	39; 22; 41
		Dry socket dressing changes	22; 41
		Uncontrolled bleeding after extraction	28
Life risk	**Orofacial swelling**	Orofacial swellings that restrict the airway or make breathing and/or swallowing difficult	28; 48
	Bleeding	Uncontrolled bleeding	17; 20; 52
Rehabilitation	**Crown/bridge cementation**	Final crown/bridge cementation when the temporary restoration is lost, broken or causing gingival irritation	39; 22; 51
	Implants	Implants affected by moderate bone loss or with severe bone loss and mobility	16
	Children	Adequacy in the dentition of children undergoing radiotherapy	22

Source: prepared by the authors.

Chart 2: Map of macrothemes related to the use of the term dental emergency, according to criteria defined for the search for scientific articles.

Macrothemes	Microthemes	Records retrieved for the term: Dental Emergency	Authors
	Unspecific	Relief and treatment of severe pain	15; 16; 17; 18; 19; 20; 21; 22; 24; 25; 26
		Severe dental or dento-alveolar pain	27; 28; 31
		Chronic pain	36
	Dental pulp	Acute pain/ reversible dental pulpitis/	32; 33; 34; 35; 36; 37; 38; 40; 42;

Pain		inflammation of the dental pulp	43; 44; 45; 47; 25; 49; 50
		Symptomatic irreversible pulpitis	53; 36; 55; 25; 56
	Facial	Severe facial pain	28; 57; 31
	Orthodontic appliance	Fractured or defective fixed orthodontic appliance, causing soft tissue laceration or pain	18; 43; 50
	Restoration	Pain caused by restoration	45
	Dental fracture	Pain caused by dental fracture	18
	Pericoronaritis	Pericoronaritis of impacted tooth / gum pain during third molar eruption	36; 37; 42; 55; 45; 50
	Oral Lesions/ Ulcerations	Pain caused by acute lesions / ulcerations in the oral mucosa	43; 57; 50
Trauma	**Unspecific**	Trauma	32; 27; 36; 19; 37; 29; 46; 24
	Dento-alveolar	Dento-alveolar trauma / dento-alveolar injuries / dental trauma	33; 27; 28; 34; 37; 60; 21; 40; 42; 43; 47; 30; 25; 31; 56; 50
	Soft tissues	Soft tissue trauma	31; 50
	Facial	Face trauma	32; 58; 28; 34; 22; 40; 45; 47; 30; 59
Infection	**Unspecific**	Infection	46; 24; 30; 50
	Dental	Localized dental or bacterial infection resulting in localized pain and swelling or apical/periapical abscess	16; 34; 53; 36; 18; 37; 60; 38; 21; 42; 43; 44; 55; 48; 56; 49; 50
	Soft tissue	Diffuse bacterial soft tissue infection with intraoral or extraoral swelling	39; 22; 41; 45; 51; 59
	Maxillofacial	Maxillofacial infection	33; 40; 24; 31
Fracture	**Dental**	Tooth fracture with or without pulp exposure	16; 53; 35; 55; 45; 24; 31; 50
	Maxillofacial	Maxillofacial fracture	41; 42; 45; 50
Diagnosis	**Biopsy**	Abnormal tissue biopsy	18; 45; 50
Preoperative	**Medical surgery**	Dental treatment required before critical medical procedures or oral conditions likely to aggravate systemic medical conditions	34; 37; 45; 24; 30; 31
		Dental treatment required for patients planning or receiving radiotherapy and/or chemotherapy or treatment for patients who are scheduled for organ transplantation	50
Postoperative	**Dental surgery**	Post extraction alveolitis	18; 37; 42; 50
		Postoperative osteitis	37; 45; 50
		Suture Removal	18; 29; 45
		Postoperative consultation	35
		Uncontrolled bleeding after extraction	28; 18; 41; 42; 24; 30; 31
		Oral surgery such as incomplete tooth extractions	61; 45
Life risk	**Unspecific**	Conditions requiring immediate potentially life-threatening care	32; 33; 15; 28; 20; 22; 46; 23; 25; 49; 26
	Orofacial swelling	Orofacial swelling that restrict the airway or make breathing and/ or swallowing difficult	28; 61; 39; 22; 45; 23; 31; 49; 51
	Bleeding	Uncontrolled bleeding	32; 17; 34; 20; 39; 22; 40; 43; 29; 45; 46; 23; 25; 49; 50; 59; 26
	Infection	Life-threatening situations that require	15; 17; 19; 20; 25; 31

		immediate attention in order to resolve the infection	
TMJ	**Luxation**	TMJ luxation	40; 42
	Trismus	Severe trismus	30
Periodontics	**Periodontitis**	Acute periodontitis	33; 53; 42; 55; 47; 25; 56
	Gingivostomatitis	Necrotic ulcerative gingivostomatitis	42
Rehabilitation	**Crown/bridge cementation**	Final crown/bridge cementation when the temporary restoration is lost, broken or causing gingival irritation	18; 50
	Prosthesis adjustment	Prosthesis adjustment in radiation / oncology patients or when function is impeded	45
Dentistics	**Loss of dental restoration**	Loss of an existing tooth restoration or replacement of a temporary filling	16; 34; 18; 50
Pediatric Dentistry	**Caries**	Severe caries in early childhood	45
	Cleft lip and palate	Nutrition plate for newborns with cleft lip and palate	50

Source: prepared by the authors.

Discussion

As a consequence of the COVID-19 outbreak, dental surgeons have the highest risk of exposure compared to other health care specialties[4]. Governments in several countries have decided to stop services considered elective in routine oral health services, such as restorative dental, prosthetic, and periodontal procedures[39], but urgent and emergency dental care has still been maintained. Thus, the interpretation of what could and could not be performed in dental care raised doubts among oral health professionals, considering the context of the COVID-19 pandemic.

According to the Federal Council of Dentistry, the term dental emergency refers to life-threatening situations, while the term dental urgency is used for situations in which there is a need for rapid care, in proportion to the severity of the condition, but which does not expose the patient to the potential risk of death. In this context, the most relevant symptomatology is pain[6]. It is possible to observe the definitions of dental urgency and dental emergency in several guidance reports, such as the American Dental Association's. In this report, dental emergency is defined as "life-threatening conditions that require immediate treatment, such as stopping continued bleeding from the tissue, relieving pain, or a severe infection[62]. On the other hand, dental urgency is defined therein as "conditions that require immediate attention to relieve severe pain or risk of infection and to ease the burden of hospital emergency departments"[62]. These definitions are also in the Manual of the Brazilian Ministry of Health, in which dental emergency is presented as "condition or situations characterized as life-threatening and/or that require a short response-time to the condition presented"[3], and dental urgency as "conditions that have the potential to aggravate into an emergency situation and/or a condition that leads to the limitation of the individual's usual activities"[3]. However, after reading the studies that make up the corpus of this review, it was found that the terms dental urgency and dental emergency were mostly used incorrectly or presented as synonyms by the authors.

Through the definitions listed in this study, the emphasis on the response time of the services in the face of the patient's needs, whether dental urgency or dental emergency, is noteworthy. Hence, it is essential that health services are organized with a differentiated perspective,

in order to direct each case with maximum agility, efficiency, and humanization. Reception is one of the guidelines of the National Humanization Policy (Política Nacional de Humanização/PNH) and receiving is a commitment to respond to the needs of citizens who seek health services. This ensures that everyone is given priority based on vulnerability, severity and risk assessment[63].

In many cases, understanding that the gateway to solve oral health needs lies in urgent and emergency care services renders their organization essential to avoid fragmented care, disorganized demand, user dissatisfaction, and demotivation of health professionals in the face of mass care[65]. Unregulated care, in which no clinical criteria for classifying patient's needs are established, undermines the principle of Equity in the Brazilian Unified Health System (Sistema Único de Saúde/SUS), which proposes that services treat unequal people unequally according to their inequality[64]. In addition, the main criterion for care, to SUS, should be the severity or suffering of the patient, and not the order of arrival in healthcare units. Assistance to any urgency should be prioritized when it is generating pain or suffering to the patient. Urgency is an important moment for identifying individuals with greater vulnerability[65].

Thus, all over the world, methods that make the organization of health services feasible and provide the patient with the best place for care in the shortest time possible have been improved. One of these methods is the Manchester Triage Scale (MTS), a protocol based on the classification of cases according to a severity scale that determines the time a patient can safely wait for assistance, in addition to the ordering of care in descending order of severity[7, 8, 9, 10]. According to this protocol, which is adopted worldwide, patients are classified by colors, according to the severity of the case[66]. In other words, it is a patient triage method that determines urgency scales, i.e. patients in need of medical attention are classified according to the severity of the clinical picture and the estimated waiting time. The MTS is a tool that defines clinical priorities categorized into five levels with color representation and the determination of maximum waiting time: 1 – Red: immediate care (0 minutes); 2 – Orange: very urgent, care within 10 minutes; 3 – Yellow: urgent, care within 60 minutes; 4 – Green: standard, care within 120 minutes; 5 – Blue: not urgent, care within 240 minutes[67].

According to the Brazilian Ministry of Health[68], in addition to organizing the waiting line and proposing a different form of assistance than that of time of arrival, risk classification is a tool that has other important objectives such as: to guarantee immediate care for high risk patients; to inform patients who are not at immediate risk, as well as their families, about the estimated waiting time; to promote teamwork through continuous evaluation of the process; to provide better working conditions for professionals by discussing the ambience and implementing horizontalized care; to increase user satisfaction and, primarily, to enable internal and external networks[68]. Thus, the classification of patients through triage can ensure faster access of individuals in serious conditions. Also, when demand is not excessive, classification can contribute to increase patient satisfaction and reduce anxiety while waiting for care[69]. Risk stratification provides agility and efficiency, in addition to the possibility of a more humanized care to the patient. The act of welcoming is not restricted to checking vital signs but is also an opportunity to identify and prioritize those who need it most and make Equity possible[70].

Currently, the MTS is recommended by several health agencies in Brazil[71, 72, 73], including the Line of Care in Oral Health of the Health Secretariat of the State of Paraná[74]. Despite utilizing the term emergency as a sub-classification of the

term urgency, this document is a reference for oral health care throughout the state network.

Hence, the importance of knowing and being able to differentiate the terms dental urgency and dental emergency is pertinent for health service means, whether they are medical or dental. An example given in the text is the MTS (risk stratification tool recommended by several health departments in Brazil). In order to know how to apply this protocol, it is essential that oral health professionals are able to differentiate a dental urgency from a dental emergency and, consequently, non-urgent situations. In this scoping review, it was possible to observe through the results (chart 1 and chart 2), that many authors utilize the terms dental urgency and dental emergency for several identical clinical situations, without distinction. The findings of this review suggest that not differentiating the terms dental urgency and dental emergency may negatively impact the organization of oral health care services, to the extent that professionals may not be utilizing the risk stratification tool to its full potential, hindering the flow of patients, delaying responses, and minimizing the humanization of care, intended by SUS.

It is possible to conclude, through this research, the critical need for greater clarity of oral health professionals about the terms dental urgency and emergency, as well as training to recognize the vocabulary in the expression of science and, consequently, developing skills for the use of risk stratification protocols in public oral health services.

Conclusion

This scoping review allows the reflection on how academics and oral health professionals from public and private services present a deficit in relation to the use of the terms dental urgency and dental emergency. This is an issue evidenced during the current pandemic of COVID-19 considering the governmental decisions in Brazil and in several other countries, in which only procedures classified as dental urgencies and dental emergencies should be performed.

The analysis of the publications included in this scoping review concludes that the concept and application of the terms dental emergency and dental urgency are not yet fully consolidated by academics and oral health professionals. They are often used as synonyms, which hinders their interpretation and standardization of scientific studies.

Despite the progress of the vaccination against COVID-19 in Brazil, as many dentists have returned their clinical activities routinely, including elective procedures, the contributions of this article are still pertinent for possible new situations that demand the return of dental care centered only on urgent and emergency dental care.

Acknowledgements: I thank Araucária Foundation for the research grant and the scholarship offered.

The authors would like to thank the Academic Writing Center (Centro de Escrita Acadêmica/CEA – https://www2.uepg.br/escrita-academica/) of the State University of Ponta Grossa (UniversidadeEstadual de Ponta Grossa/ UEPG) for assistance with English language translation and developmental editing.

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How to cite this article:

Schiochet GF, Neves GJ, Galvan J, Martins AS, Alves FBT, Fadel CB. Use of urgency and emergency terminologies in dentistry in the context of the covid-19 pandemic: a scope review. Rev. Aten. Saúde. 2022; 20(71): 38-54.