

Table 3

| GENERAL & CLINICAL INFORMATION | | | | | | | | | | | | | | | | | |
|--|--|---|--|------------------------------|--|--|--|---|--|--|--|--|---|-----------------------------------|------------------------------|-------|--|
| Practitioner | | Patient | | | | Initial clinical situation | | | | | | | | | | | |
| <input type="checkbox"/> Student | Age | Sex | Medical history | Medication | Tooth number | Pulp status | | Periapical status | | | | | | | | | |
| <input type="checkbox"/> General practitioner | ... (Y) | <input type="checkbox"/> Female | ... | ... | ... | <input type="checkbox"/> Vital | <input type="checkbox"/> Non vital (initial treatment) | <input type="checkbox"/> No periapical lesion | | <input type="checkbox"/> Suspected periapical lesion | | <input type="checkbox"/> Visible periapical lesion | | | | | |
| <input type="checkbox"/> Endodontist | | <input type="checkbox"/> Male | | | | <input type="checkbox"/> Non Vital (Retreatment) | | | | | | | | | | | |
| IRRIGATION INFORMATION | | | | | | | | | | | | | | | | | |
| NaOCl Concentration | Packaging | Irrigation method | | | Needle type | | Needle diameter (in gauge) | | Syringe capacity (in ml) | | | | | | | | |
| ... (%) | <input type="checkbox"/> Extemporaneous preparation | <input type="checkbox"/> Manual syringe | | | <input type="checkbox"/> Bevelled | | ... | | ... | | | | | | | | |
| | <input type="checkbox"/> Pharmaceutical preparation ready for use | <input type="checkbox"/> Mechanically assisted irrigation (<i>precise type</i>) | | | <input type="checkbox"/> Non bevelled AND Side-ended | | | | <input type="checkbox"/> Non bevelled AND Open-ended | | | | | | | | |
| EXTRUSION INFORMATION ON DAY 0 | | | | | | | | | | | | | | | | | |
| Intraoperative manifestations | | | | | | | | | | | | | | Diagnosis of the extrusion | | | |
| Pain (VAS) | Bleeding from the canal | | Swelling | | Hematoma | | Dysphagia | | Dyspnea | | Other | | | | | | |
| ... | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | ... | | <input type="checkbox"/> Immediate by primary team (intraoperative) | | | | |
| Immediate local gestures | | | | | | | | | | | | | | Need for hospitalization on Day 0 | | | |
| Anaesthesia | | Canal irrigation | | Intra canal medication | | Tooth closed | | Other | | | | | | | | | |
| <input type="checkbox"/> No | <input type="checkbox"/> No | | <input type="checkbox"/> No | | <input type="checkbox"/> No | | ... | | | | <input type="checkbox"/> Delayed by primary team (day +1 and more) | | | | | | |
| <input type="checkbox"/> Yes (local) | <input type="checkbox"/> Yes (<i>Type of irrigant</i>) | | <input type="checkbox"/> Yes (<i>Type of medication</i>) | | <input type="checkbox"/> Yes | | | | | | <input type="checkbox"/> Delayed by secondary team | | | | | | |
| <input type="checkbox"/> Yes (block) | | | | | | | | | | | | | | | | | |
| Immediate postoperative medications and advices | | | | | | | | | | | | | | Need for hospitalization on Day 0 | | | |
| ATB | | PK | | AI | | AH | | Cold packs | | Warm packs | | Mouth rinses | | Other | | | |
| <input type="checkbox"/> No | <input type="checkbox"/> No | | <input type="checkbox"/> No | | <input type="checkbox"/> No | | <input type="checkbox"/> No | | <input type="checkbox"/> No | | <input type="checkbox"/> No | | <input type="checkbox"/> No | | <input type="checkbox"/> No | | |
| <input type="checkbox"/> Yes: <i>Molecule +way of administration [IO/IV]</i> | <input type="checkbox"/> Yes: <i>Molecule +way of administration [IO/IV]</i> | | <input type="checkbox"/> Yes: <i>Molecule +way of administration [IO/IV]</i> | | <input type="checkbox"/> Yes: <i>Molecule +way of administration [IO/IV]</i> | | <input type="checkbox"/> Yes | | <input type="checkbox"/> Yes | | <input type="checkbox"/> Yes: <i>type</i> | | ... | | <input type="checkbox"/> Yes | | |
| POST-EXTRUSION MANAGEMENT (FROM DAY 1) | | | | | | | | | | | | | | | | | |
| Follow-up and complications | | | | | | | | | | | | | | | | | |
| Day | Pain (NPRS) | Mucosal necrosis | | Bone necrosis | | Oedema | | Hematoma | | Paraesthesia | | Dysphagia | | Dyspnea | | Other | |
| Day x | ... | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | ... | |
| Day y... | ... | ... | | ... | | ... | | ... | | ... | | ... | | ... | | ... | |
| Delayed treatment | | | | | | | | | | | | | | | | | |
| Day | Medication | | | | Surgical treatment | | | | Other | | | | | | | | |
| Day x | ... | | | | ... | | | | ... | | | | | | | | |
| Day y... | ... | | | | ... | | | | ... | | | | | | | | |
| Post-extrusion monitoring | | | | | | | | | | | | | | | | | |
| Need for delayed hospitalization | | Time for recovery* (in days) | | | Sequelae | | | Favouring factor suspected | | | Complementary exam | | | | | | |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | ... | | | <input type="checkbox"/> No | <input type="checkbox"/> Yes (<i>precise type & delay since day 0</i>) | | ... | | | <input type="checkbox"/> No <input type="checkbox"/> Yes (<i>precise type</i>) | | | | | | |

* i.e. no more pain, oedema, hematoma or tissue necrosis
 NPRS: Numeric Pain Rating Scale / ATB: antibiotics / PK: painkillers / AI: anti-inflammatory / AH: antihistamines

Table 3. A proposed template for recording data following a NaOCl extrusion