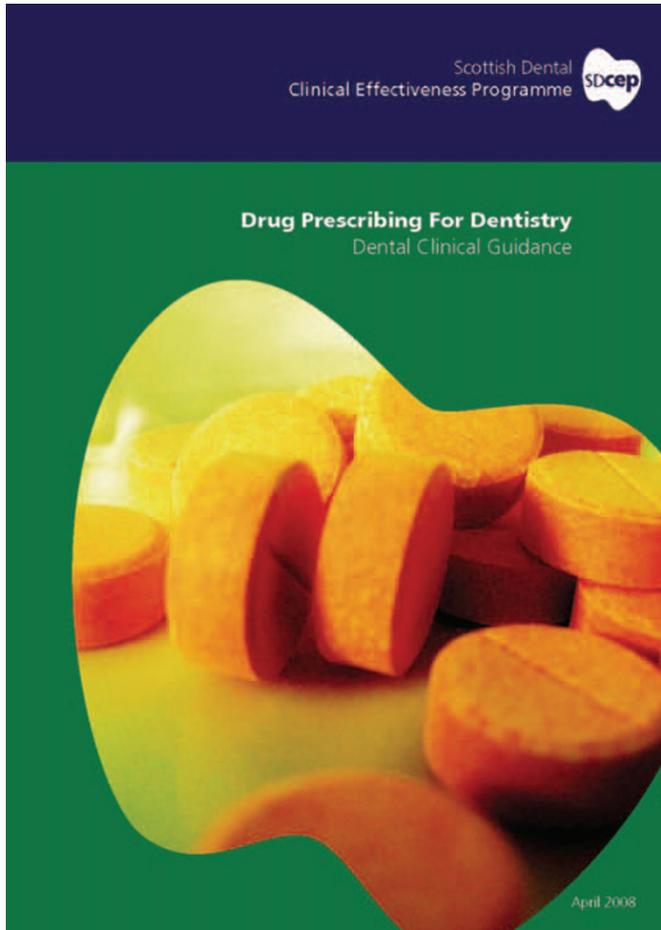


# Drug prescribing for dentistry



Drug Prescribing For Dentistry

## 4 Bacterial Infections

### 4.2 Dental Abscess

Dental abscesses are usually infected with viridans *Streptococcus* spp. or Gram-negative organisms that are penicillin sensitive. Treat dental abscesses in the first instance by using local measures to achieve drainage, with removal of the cause where possible (see below). Antibiotics are required only in cases of spreading infection (cellulitis, lymph node involvement, swelling) or systemic involvement (fever, malaise). Amoxicillin is effective at treating such infections, and is as effective as phenoxymethylpenicillin (penicillin V) but is better absorbed. The duration of treatment depends on the severity of the infection and the clinical response but drugs are usually given for 5 days. However, do not prolong courses of treatment unduly because this can encourage the development of resistance. For severe infections the dose of amoxicillin, phenoxymethylpenicillin and erythromycin can be doubled. Severe infections include those cases where there is extra-oral swelling, eye closing or trismus but it is a matter of clinical judgement. Where there is significant trismus, floor-of-mouth swelling or difficulty breathing, transfer patients to hospital as an emergency. If the patient does not respond to the prescribed antibiotic, check diagnosis and consider referral to a specialist.

**Local Measures** – to be used in the first instance

- If pus is present in dental abscesses, drain by extraction of the tooth or through the root canals.
- If pus is present in any soft tissue, attempt to drain by incision.

If drug treatment is required, an appropriate 5-day regimen is a choice of:

|                                     |                           |                                  |  |
|-------------------------------------|---------------------------|----------------------------------|--|
| <b>Amoxicillin Capsules, 250 mg</b> |                           | <b>For children:</b>             |  |
| Send: 15 capsules                   |                           | Amoxicillin Capsules, 250 mg, or |  |
| Label: 1 capsule three times daily  |                           | Oral Suspension*, 125 mg/5 ml    |  |
|                                     |                           | or 250 mg/5 ml                   |  |
| 6 months –                          | 62.5 mg three times daily |                                  |  |
| 1 year                              |                           |                                  |  |
| 1–5 years                           | 125 mg three times daily  |                                  |  |
| 5–18 years                          | 250 mg three times daily  |                                  |  |

NB: The dose of amoxicillin can be doubled in severe infection in adults and children. Amoxicillin, like other penicillins, can result in hypersensitivity reactions, including rashes and anaphylaxis, and can cause diarrhoea. Do not prescribe amoxicillin to patients with a history of anaphylaxis, urticaria or rash immediately after penicillin administration as these individuals are at risk of immediate hypersensitivity.

\*Sugar-free preparation is available.

18 Refer to Appendix 1 of the BNF and BNFC for further details of drug interactions.

The Scottish Dental Clinical Effectiveness Programme (SDCEP) has just published new guidance on drug prescribing.

This very helpful A5 ringbound volume brings together advice on dental prescribing from the *British National Formulary* (BNF; [www.bnf.org](http://www.bnf.org)) and the *BNF for Children* (BNFC; [www.bnfc.org](http://www.bnfc.org)) and presents it in an easily accessible, problem-oriented style for use in primary care dental practice.

The guidance includes new additions to the 'List of Dental Preparations' in BNF 55,<sup>1</sup> and incorporates recent guidance produced by the National Institute for Health and Clinical Excellence<sup>2</sup> on antibiotic prophylaxis which we summarise in *Evidence-based Dentistry* on page 37.

Registered dentists are legally entitled to prescribe from the entirety of the BNF and BNFC but dental prescribing within the UK National Health Service (NHS) is restricted to those drugs contained within the 'List of Dental Preparations' in the *Dental Practitioners Formulary* (DPF). Until recently, the DPF was a distinct publication, providing information on prescribing for general dental practitioners, but has now been incorporated into the body of the BNF and BNFC, making this advice available to both medical and dental practitioners.

The BNF is updated every 6 months and the SDCEP plan to monitor significant changes and will provide updates on its website ([www.scottishdental.org/cep](http://www.scottishdental.org/cep)). The

full guidance will be available for download from the SDCEP website together with information regarding hard copies of the guidance.

1. Joint Formulary Committee. *British National Formulary*. Edn 55. London: British Medical Association and Royal Pharmaceutical Society of Great Britain; 2008.
2. National Institute for Health and Clinical Excellence. *Prophylaxis against Infective Endocarditis: Antimicrobial Prophylaxis against Infective Endocarditis in Adults and Children undergoing Interventional Procedures*. London: National Institute for Health and Clinical Excellence; 2008: NICE Clinical Guideline 64.

*Evidence-Based Dentistry* (2008) **9**, 36.  
doi:10.1038/sj.ebd.6400576