

Antimicrobial Prescribing in Dentistry: Good Practice Guidelines

Chairside synopsis for common conditions

Antimicrobial Prescribing in Dentistry: Good Practice Guidelines gives clear, simple and practical guidance on the use of antimicrobials in the management of oral and dental infections: when (and when not) to prescribe, what to prescribe (where indicated), for how long and at what dosage - or when to make an urgent referral. It was developed by the Faculty of General Dental Practice (now College of General Dentistry) and the Faculty of Dental Surgery of the Royal College of Surgeons of England.

| Condition | Summary of recommendations* | Where antimicrobial indicated*, 1st choice for adults | See* |
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| Acute periapical infection (dental abscess) | <ul style="list-style-type: none"> Drain abscess, remove infected pulp or extract tooth Antimicrobials as an adjunct to definitive treatment ONLY if evidence of systemic spread or diffuse swelling Clindamycin/cephalosporins/co-amoxiclav ONLY at the direction of an oral/medical microbiology or infectious diseases specialist | Phenoxymethylpenicillin 500mg orally four times a day for up to 5 days or Amoxicillin 500mg orally three times a day for up to 5 days | p13 |
| Periodontal abscess | <ul style="list-style-type: none"> Drain abscess (ideally by RSD via the pocket) or extract tooth Antimicrobials as an adjunct to definitive treatment ONLY if evidence of systemic spread or diffuse swelling | | p58 |
| Necrotising periodontal disease | <ul style="list-style-type: none"> Debride under local anaesthetic and OHI Antimicrobials as an adjunct to local measures ONLY if evidence of systemic involvement | Metronidazole 400mg orally three times a day for up to 5 days or | p49 |
| Pericoronitis | <ul style="list-style-type: none"> Debride and irrigate pericoronal space, and drain if localised abscess Antimicrobials as an adjunct to local measures ONLY if evidence of systemic spread, severe swelling or trismus | Amoxicillin: 500mg orally three times a day for up to 5 days | p35 |
| Acute pulpitis | <ul style="list-style-type: none"> Provide definitive treatment of the cause, such as extirpation of the pulp or extraction for a tooth with irreversible pulpitis | | p65 |
| Dry socket | <ul style="list-style-type: none"> Irrigate with sterile solution to remove debris and consider placing a suitable dressing in the socket which may relieve symptoms | None | p39 |
| Peri-implantitis | <ul style="list-style-type: none"> Local management with mechanical debridement and OHI | | p59 |

*Practitioners should refer to *Antimicrobial Prescribing in Dentistry: Good Practice Guidelines* for full wordings, recommendations for other conditions, second choice antimicrobials, dosages for children and hospital patients, consideration of medically compromised patients, and guidance on prophylactic prescribing for the prevention of local and distant site infections

