



Antimicrobial Prescribing in Dentistry: Summary Guidance for Common Conditions in Adults



Dental practitioners should refer to: www.antibioticprescribing.ie: *Oral & Dental Infections* for full wording and further recommendations including the treatment of severe infection, second-line drug choices, dosages in children, other conditions and more.

Condition	Summary of recommendations	Where indicated, 1 st line choice of antimicrobial, dose and duration for adults
Acute dento-alveolar infection (Dental abscess)	<ul style="list-style-type: none"> If pus is present, drain by extraction of the tooth or through root canals. If pus is present in the soft tissue, attempt incision. Antibiotics are an adjunct to dental treatment ONLY where local measures are ineffective or there is evidence of spreading infection or systemic involvement*. 	Phenoxymethylpenicillin 666mg (Calvepen®) or 500mg (Kopen®) every 6 hours for 5 days
Periodontal abscess	<ul style="list-style-type: none"> If pus is present, drain by root surface debridement through the pocket or by extraction of the tooth. If pus is present in the soft tissue, attempt incision. Antibiotics are an adjunct to dental treatment ONLY where local measures are ineffective or there is evidence of spreading infection or systemic involvement*. 	Or in penicillin allergy: Metronidazole 400mg every 8 hours for 5 days
Necrotising periodontal disease	<ul style="list-style-type: none"> Scaling, irrigation and oral hygiene advice. Recommend analgesia. Consider the use of 0.2% chlorhexidine mouthwash. Antibiotics only if there is evidence of spreading infection or systemic involvement*, in the immunocompromised or those with uncontrolled diabetes. 	Metronidazole 400mg every 8 hours for 3 - 5 days
Pericoronitis	<ul style="list-style-type: none"> Irrigate and debride the stagnation area. Relieve occlusion by filing down the opposing tooth or extracting as appropriate. Advise use of warm salt water and/or chlorhexidine rinses and/or targeted irrigation of site. Antibiotics are rarely indicated unless there is spreading infection, systemic involvement* and/or trismus. 	Metronidazole 400mg every 8 hours for 3 - 5 days Or Amoxicillin 500mg every 8 hours for 3 - 5 days
Acute pulpitis	<ul style="list-style-type: none"> Provide definitive treatment of the cause. 	Antibiotics not indicated.
Dry socket	<ul style="list-style-type: none"> Irrigation with saline and packing of the socket. Analgesia & advice on use of warm salty mouthwashes. 	Antibiotics not indicated in the absence of spreading infection / systemic symptoms.

* Antibiotics have a role where there is acute dental pain with associated swelling and any of: systemic upset; cellulitis; tender lymphadenopathy; trismus or fever.