

Antimicrobial Prescribing in Dentistry: Good Practice Guidelines

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*
Acute Periapical Infection (dental abscess)	- 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 (Pen V) 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	- 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	For patients allergic to Penicillin Metronidazole 400mg orally three times a day for up to 5 days	p58
Necrotising Periodontal Disease	- Debride under local an aesthetic 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	p49
Pericoronitis	- 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	or Amoxicillin: 500mg orally three times a day for up to 5 days	p35
Acute Pulpitis	Provide definitive treatment of the cause, such as extirpation of the pulp or extraction for a tooth with irreversible pulpitis	None	p65
Dry socket	Irrigate with sterile solution to remove debris and consider placing a suitable dressing in the socket which may relieve symptoms		p39
Peri-implantitis	Local management with mechanical debridement and OHI		p59
Dental Implants	Antimicrobial Prophylaxis is not routinely recommended for placing implants except when intraoral bone augmentation is involved		P76
Oro-antral Communications	OACs are high risk for developing acute sinusitis Phenoxymethylpenicillin (Pen V) 500mg orally four times a day for up to 5 days	If Penicillin Allergy Doxycycline Initially 200mg orally 1 dose for one day, then maintenance 100mg once a day for a further 4 days or Clarithromycin 500mg orally twice a day for up to 5days	P74

* Practitioners should refer to **Antimicrobial Prescribing in Dentistry: Good Practice Guidelines** <https://cgdent.uk/antimicrobial-prescribing-in-dentistry> 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.

** Patients who have been prescribed Antimicrobials for infections should be reviewed after 2-3 days after definitive treatment and if resolution of infection and temperature is normal stop antimicrobials (P14).

***It is recommended that dentists do not routinely prescribe Clindamycin, Cephalosporins and Co-Amoxiclav. If a dentist wishes to prescribe these ABs they should first contact a specialist for further advice: Dental Medicines Advice Service: <https://www.sps.nhs.uk/home/about-sps/get-in-touch/medicines-information-services-contact-details/dental-medicines-advice-service/>.