Medical Management of Acute Dental Pain

Clinical Assessment

Likely non-odontogenic pain?

Follow oral analgesia below and *consider adjuncts*:
- **TMD**: soft diet and jaw rest
- **Sinusitis**: nasal decongestant
- **Trigeminal neuralgia**: Refer to GP to consider carbamazepine

Pulp or periodontal origin

Assess for Red Flag Symptoms

Systemic Unwellness

Severe

- **Difficulty breathing, swallowing or talking**
- **Raised tongue or floor of mouth**
- **Severe trismus**
- **Recurrent or persistent fever (>38°C) or rigors**
- **Immunocompromised patient (e.g. HIV, current or recent chemotherapy, high-dose steroids, anti-rheumatoid drugs)**

Urgently discuss with your local Oral/Maxillofacial Surgical Service (e.g. on-call Registrar or House Officer)

Associated with swelling, temperature or systemic unwellness?

No

Likely pulpitis?

Yes

Recent extraction?

Dry Socket: Irrigate ± Alvogyl

+/- chlorhexidine 0.2% 3 x daily

Periapical or periodontal abscess with less severe systemic symptoms or local collections

NUG / Periodontal or Pericoronal Abscess

1st Line Oral Analgesia

Adults

1g Paracetamol 4-6 hourly
and / or
Patient's preferred NSAID*

* If no gastric, cardiac or thromboembolic risk(s)

Children (<12 yo)

Paracetamol 15mg/kg 4-6 hourly
(Do not exceed 1g/dose)‡
and / or
Ibuprofen* 10mg/kg 8 hourly
(Do not exceed 400mg/dose)‡

Liquid Formulations (mg/mL)

Paracetamol = 120mg or 250mg/5mL
Ibuprofen = 100mg/5mL
Amoxicillin = 125mg or 250mg/5mL
Cefaclor = 125mg/5mL
Erythromycin = 200mg/5mL

1st Line Oral Antibiotics

Adults
Metronidazole 200-400mg 3 x daily 5 days
Children:
Metronidazole 7.5mg/kg/dose 3 x daily
(Do not exceed 400mg/dose)

Always consider surgical intervention for localised pus collection: e.g. incision & drainage, extraction

Adults – Not allergic to Penicllin
Amoxicillin 500mg three (3) x daily for 5 days

Adults – Allergic to Penicillin
Mild - Cephalexin† 500mg four (4) x daily for 5 days
OR
Severe - Doxycycline 100mg once daily for 5 days

Children – Not allergic to Penicillin
Amoxicillin 15mg/kg 3 x daily for 5 days
(Do not exceed 1000mg/dose)‡

Children – Allergic to Penicillin
Cefaclor† 10mg/kg 3 x daily for 5 days
(Do not exceed 500mg/dose)‡
Erythromycin 10mg/kg 4 x daily for 5 days
(Do not exceed 400mg/dose)‡

Periapical abscess

† 8-12% cross-over between penicillin and cephalosporin allergy ‡ i.e. max adult dose if calculating on mg/kg

Refer to www.nzformulary.org for further prescriber information

Courtesy:
Dr Hadleigh Clark Oral Medicine Specialist
Auckland Regional Hospital and Specialist Dentistry