



GMMM Dental infection prescribing guidelines

For use by dental practitioners only.

GPs should not attempt to manage a condition requiring dental skills unless they have the appropriate training and expertise.

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DENTAL INFECTIONS TREATED OUTSIDE THE DENTAL SETTING			
Referral to dentist is always the preferred option			
ILLNESS	GOOD PRACTICE POINTS	PREFERRED CHOICE	ALTERNATIVE
Mucosal ulceration and inflammation (simple gingivitis)	Temporary pain and swelling relief can be attained with saline mouthwash. Use antiseptic mouthwash if more severe and pain limits oral hygiene.	Simple saline mouthwash ½ tsp salt dissolved in glass warm water. Duration: Use until lesions resolve or less pain allows oral hygiene	<i>If more severe and pain limits oral hygiene:</i> Chlorhexidine mouthwash (Do not use within 30 mins of toothpaste) Duration: Use until lesions resolve or less pain allows oral hygiene
Acute necrotising ulcerative gingivitis	Commence metronidazole and refer to dentist for scaling and oral hygiene advice.	Metronidazole 400mg TDS Duration: 3 days	<i>If pain limits oral hygiene:</i> Chlorhexidine mouthwash. Duration: Until oral hygiene possible
Pericoronitis	Refer to dentist for irrigation & debridement. Use antiseptic mouthwash if pain and trismus limit oral hygiene	Amoxicillin 500mg TDS Duration: 3 days	<i>If pain limits oral hygiene:</i> Chlorhexidine mouthwash. Duration: Until oral hygiene possible <i>If persistent swelling or systemic symptoms:</i> Metronidazole 400mg TDS Duration: 3 days
Dental abscess	Regular analgesia is first option until a dentist can be seen for urgent drainage. Repeated courses of antibiotics for abscess are not appropriate and ineffective in preventing spread of infection. Antibiotics are only recommended if there are signs of severe infection, systemic symptoms or high risk of complications. <i>If severe:</i> refer to hospital.	Amoxicillin 500mg TDS Duration: up to 5 days - review at day 3	<i>True penicillin allergy:</i> Clindamycin 300mg QDS <i>Spreading infection:</i> Metronidazole 400mg TDS plus amoxicillin 500mg TDS Duration: up to 5 days - review at day 3

Adapted from PHE – Management of infection guidance for primary care: September 2017
To discuss treatment options or any concerns, please discuss with local microbiologist.