Summary of antimicrobial prescribing guidance – managing common infections

- For all PHE guidance, follow PHE's principles of treatment.
- See BNF for appropriate use and dosing in specific populations, for example, hepatic impairment, renal impairment, pregnancy and breastfeeding.

Key: Click to access doses for children Click to access NICE's printable visual summary

Infection	Key points	Medicine	Doses		Length	Visual summary
			Adult	Child		
▼ Suspected dental infections in primary care (outside dental settings)						
Derived from the Scottish Dental Clinical Effectiveness Programme (SDCEP) 2013 Guidelines. This guidance is not designed to be a definitive guide to oral conditions, as GPs should not be involved in dental treatment. Patients presenting to non-dental primary care services with dental problems should be directed to their regular dentist, or if this is not possible, to the NHS 111 service (in England), who will be able to provided details of how to access emergency dental care.						
Note: Antibiotics do not cure toothache.[1D] First line treatment is with paracetamol[1D] and/or ibuprofen;[1D] codeine is not effective for toothache.[1D]						
Mucosal ulceration and inflammation (simple gingivitis) Public Health England Last updated: Nov 2017	Temporary pain and swelling relief can be attained with saline mouthwash (½ tsp salt in warm water)[1D]. Use antiseptic mouthwash if more severe,[1D] and if pain limits oral hygiene to treat or prevent secondary infection.[1D,2A-] The primary cause for mucosal ulceration or inflammation (aphthous ulcers;[1D] oral lichen planus;[1D] herpes simplex infection;[1D] oral cancer)[1D] needs to be evaluated and treated.[1D]	Chlorhexidine 0.12 to 0.2%[1D, 2A-,3A+,4A+] (do not use within 30 minutes of toothpaste)[1D] ***OR***	1 minute BD with 10ml[1D]	BNF for children BNF for children	Always spit out after use.[1D] Use until lesions resolve[1D] or less pain allows for oral hygiene[1D]	*Not available. Access supporting evidence and rationales on the PHE website*
		hydrogen peroxide 6%[5A-1D]	2 to 3 minutes BD/TDS with 15ml in ½ glass warm water[1D]	BNF for children		

Summary of antimicrobial prescribing guidance – managing common infections

- For all PHE guidance, follow PHE's principles of treatment.
- See BNF for appropriate use and dosing in specific populations, for example, hepatic impairment, renal impairment, pregnancy and breastfeeding.

Key: Click to access doses for children Click to access NICE's printable visual summary

Infection	Key points	Medicine	Doses		Length	Visual summary
			Adult	Child		
▼ Suspected dental infections in primary care (outside dental settings)						
Acute necrotising ulcerative gingivitis Public Health England Last updated: Nov 2017	Refer to dentist for scaling and hygiene advice.[1D,2D] Antiseptic mouthwash if pain limits oral hygiene.[1D] Commence metronidazole if systemic signs and symptoms.[1D,2D,3B-,4B+,5A-]	Chlorhexidine 0.12 to 0.2% (do not use within 30 minutes of toothpaste)[1D] ***OR***	1 minute BD with 10ml[1D]	BNF for children	Until pain allows for oral hygiene[6D]	*Not available. Access supporting evidence and rationales on the PHE website*
		hydrogen peroxide 6%[1D]	2 to 3 minutes BD/TDS with 15ml in ½ glass warm water	BNF for children		
		metronidazole[1D,3B-,4B+,5A-]	400mg TDS[1D,2D]	BNF for children	3 days[1D,2D]	
Pericoronitis Public Health England Last updated: Nov 2017	Refer to dentist for irrigation and debridement.[1D] If persistent swelling or systemic symptoms,[1D] use metronidazole[1D,2A+,3B+] or amoxicillin.[1D,3B+] Use antiseptic mouthwash if pain and trismus limit oral hygiene.[1D]	Metronidazole[1D,2A+,3B+] ***OR***	400mg TDS[1D]	BNF for children	3 days[1D,2A+]	*Not available. Access supporting evidence and rationales on the PHE website*
		amoxicillin[1D,3B+]	500mg TDS[1D]	BNF for children	3 days[1D]	
		chlorhexidine 0.2% (do not use within 30 minutes of toothpaste)[1D] ***OR***	1 minute BD with 10ml[1D]	BNF for children	Until less pain allows for oral hygiene[1D]	
		hydrogen peroxide 6%[1D]	2 to 3 minutes BD/TDS with 15ml in ½ glass warm water[1D]	BNF for children		

Summary of antimicrobial prescribing guidance – managing common infections

- For all PHE guidance, follow PHE's principles of treatment.
- See BNF for appropriate use and dosing in specific populations, for example, hepatic impairment, renal impairment, pregnancy and breastfeeding.

Key: Click to access doses for children Click to access NICE's printable visual summary

Infection	Key points	Medicine	Doses		Length	Visual summary
			Adult	Child		
▼ Suspected dental infections in primary care (outside dental settings)						
Dental abscess	Regular analgesia should be the first option[1A+] until a dentist can be seen for urgent drainage,[1A+,2B-,3A+] as repeated courses of antibiotics for abscesses are not appropriate.[1A+,4A+] Repeated antibiotics alone, without drainage, are ineffective in preventing the spread of infection.[1A+,5C] Antibiotics are only recommended if there are signs of severe infection,[3A+] systemic symptoms,[1A+,2B-,4A+] or a high risk of complications.[1A+] Patients with severe odontogenic infections (cellulitis,[1A+,3A+] plus signs of sepsis;[3A+,4A+] difficulty in swallowing;[6D] impending airway obstruction)[6D] should be referred urgently for hospital admission to protect airway,[6D] for surgical drainage[3A+] and for IV antibiotics.[3A+] The empirical use of cephalosporins,[6D] co-amoxiclav,[6D] clarithromycin,[6D] and clindamycin[6D] do not offer any advantage for most dental patients,[6D] and should only be used if there is no response to first line drugs.[6D]					
Public Health England Last updated: Oct 2018	If pus is present, refer for drainage,[1A+,2B-] tooth extraction,[2B-] or root canal.[2B-] Send pus for investigation.[1A+] If spreading infection[1A+] (lymph node involvement[1A+,4A+] or systemic signs,[1A+,2B-,4A+] i.e. fever1A+ or malaise)[4A+] ADD metronidazole.[6D,7B+] Use clarithromycin in true penicillin allergy[6D] and, if severe, refer to hospital.[3A+,6D]	Amoxicillin[6D,8B+,9C,10B+] ***OR***	500mg to 1000mg TDS[6D]	BNF for children	Up to 5 days; [6D,10B+] review at 3 days[9C,10B+]	*Not available. Access supporting evidence and rationales on the PHE website*
		phenoxymethylpenicillin[11B-]	500mg to 1000mg QDS[6D]	BNF for children		
		metronidazole[6D,8B+,9C]	400mg TDS[6D]	BNF for children		
		Penicillin allergy: clarithromycin[6D]	500mg BD[6D]	BNF for children		
▼ Abbreviations						
BD, twice a day; eGFR, estimated glomerular filtration rate; IM, intramuscular; IV, intravenous; MALToma, mucosa-associated lymphoid tissue lymphoma; m/r, modified release; MRSA, methicillin-resistant Staphylococcus aureus; MSM, men who have sex with men; stat, given immediately; OD, once daily; TDS, 3 times a day; QDS, 4 times a day.						