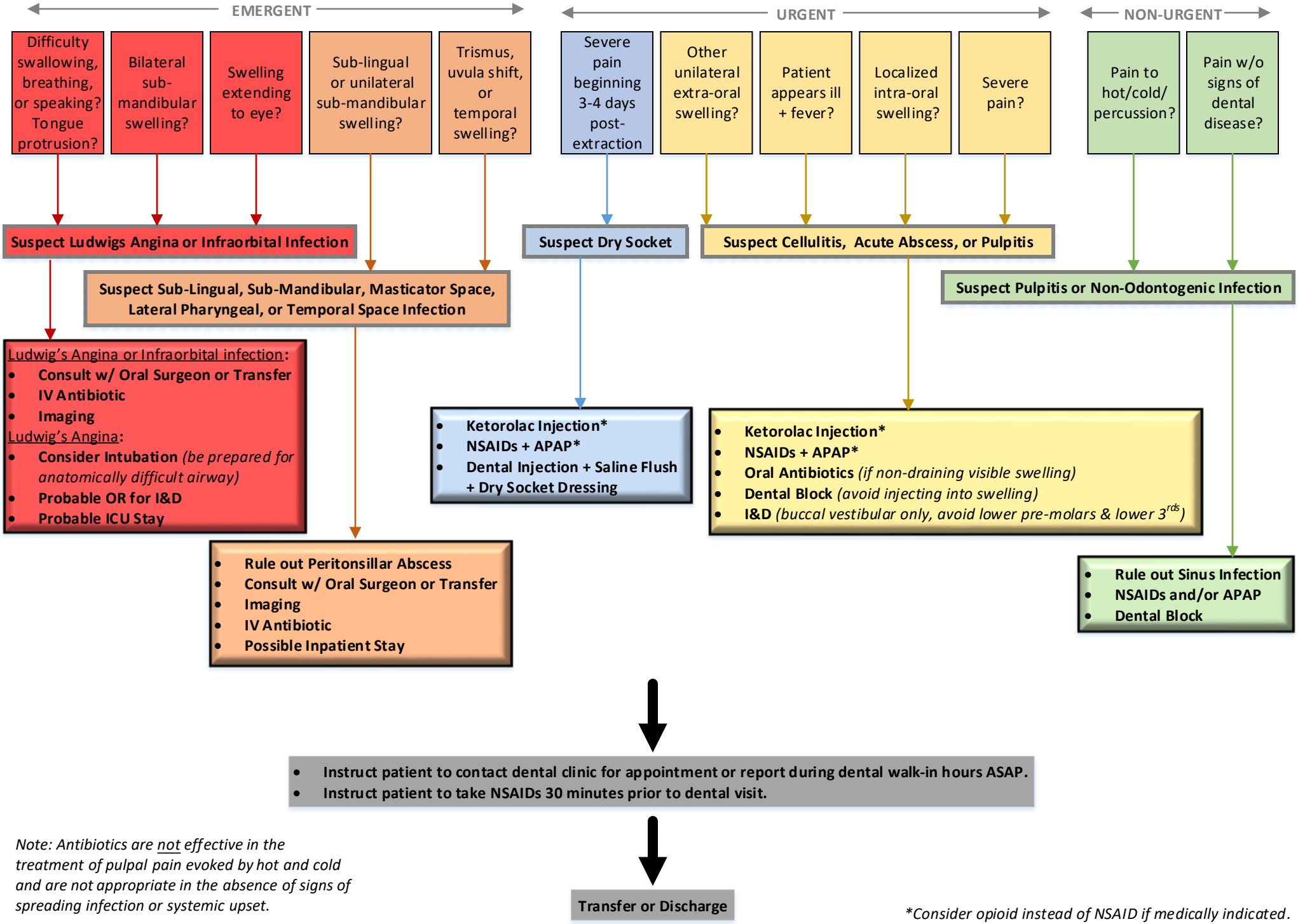
Indian Health Service Acute Dental Pain ED Protocols *(for non-trauma tooth-related pain)*



Note: Antibiotics are not effective in the treatment of pulpal pain evoked by hot and cold and are not appropriate in the absence of signs of spreading infection or systemic upset.

**Consider opioid instead of NSAID if medically indicated.*

Indian Health Service Acute Dental Pain Protocols in ED Settings - Evidence-Based Treatment Recommendations Last Revision: 2/2024

All recommendations are subject to provider modification based on variations in clinical case presentation and local protocols for pain control and treatment of infections. These recommendations for acute dental pain control and management of dental infections are based on existing dental evidence, CDC, and OSAP guidance. Providers should prescribe based on their assessment of patient health history and clinical circumstance, as well as availability of medications on formulary. Providers must be mindful of contraindications and daily dosing maximums based on weight and co-morbidities.

It is strongly recommended that providers receive training on injection technique prior to utilizing local anesthetic injections. See "Management of Dental Pain in the Emergency Room for ED and UCC Personnel" training link below. The time stamps offer targeted information and guidance for review. Other recommended resources: "Handbook of Local Anesthesia" (Stanley Malamed) and "Lexicomp Drug Information Handbook for Dentistry".

Link: www.youtube.com/watch?v=spwoD4x79Tw

Time Stamps:

I. Opioid Prescribing and Its Impact (2:52)
II. Local Anesthetic and Use of Vasoconstrictors (7:32)
III. Anesthetics for Dental Pain (14:52)
IV. Anesthesia Injection Techniques (25:35)
V. Delivering Local Anesthetic Demonstration (29:05)
VI. Types of Analgesia (46:08)
VII. Dental Infection and Antibiotic Selection (1:02:28)

Pain Control Guidance:

First Line Pain Therapy

- 6 x Day Dosing = 400mg Ibuprofen + 650mg Acetaminophen
- 4 x Day Dosing = 600-800mg Ibuprofen + 650-1,000mg Acetaminophen

**Can substitute Naproxen, Etodolac, or Mobic for Ibuprofen*
→ *Consider 15mg Ketorolac injection for patients with significant pain*

If additional pain control is needed for severe pain w/ clinical signs of infection, consider Hydrocodone + Acetaminophen 5/325mg, but Acetaminophen in the first line pain therapy must be reduced to 325mg dose. Only prescribe enough opioids to get patient out of pain until they can get into their dentist or for antibiotics to take effect (48 hours), whichever is the lesser.

Local Anesthetic Guidance:

- Pregnant Women: 2% Lidocaine *(w/ 1:100,000 Epinephrine)*. Expect 60 mins. of pulpal anesthesia.
- For I&D Procedures: 2% Mepivacaine *(w/ 1:20,000 Neo-Cobefrin)*. Expect 60 mins. of pulpal anesthesia.
- Long Lasting Anesthetic: 0.5% Bupivacaine *(w/ 1:200,000 Epinephrine)*. Expect 90 mins. *(infiltration)* or 360 mins.*(block)* of pulpal anesthesia.

Dental Infection Management:

Mild Infection

- Amoxicillin 500mg – TID
- Penicillin VK 500mg – QID
- Cephalexin 500mg – QID
- Azithromax 250mg – 2 tabs first day, then 1 tab until gone

Moderate – Severe Infection, when patient does not have access to dental w/in 3 days

- Add Metronidazole 500mg – TID
- Amoxicillin 500mg + Clavulanate 125mg – TID

Dry Sockets

- Bupivacaine injection, irrigate socket with sterile saline, place Eugenol impregnated sterile, dissolvable foam. Rx NSAID + Acetaminophen *(no antibiotics or opioids)*.

*Antibiotics not indicated unless swelling w/ pain
*Rx antibiotics for 5 days w/ discontinuation after 48 hours of complete resolution of symptoms.
*Severe infections may require IV antibiotics.

Mild Infections = localized intra-oral swelling that can be palpated/visualized *(non-draining)* AND pain AND no systemic involvement *(e.g. fever, malaise)*

Moderate - Severe Infections = extra-oral and/or diffuse intraoral swelling AND pain

Dry Socket = significant pain that begins 3-4 days post-extraction *(no fever)*

Antibiotic Stewardship for Prescribers | OSAP | Dental Infection Prevention & Safety Association