# **Adult Pharmacologic Management**



## Pain Management Algorithm

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#### **NSAID**

Ibuprofen 400-600 mg Q6H Naproxen 250-375 mg Q8H Ketorolac 10 mg Q6H Diclofenac 50 mg Q12H

if analgesia inadequate, add:

# **First Line Opioid**

Acetaminophen

650-1,000 mg Q6H

Codeine 30-60 mg Q6H Tramadol 50-100 mg Q6H

if analgesia inadequate, change opioid

### **Second Line Opioid**

Oxycodone 5-10 mg Q6H

if analgesia inadequate, change opioid

If symptom management inadequate at this point, discuss, dentist to dentist, with a specialist such as an Endodontist, Pediatric dentist, Oral & Maxillofacial Surgeon, or Hospital dentist.

# **Antibiotic Algorithm**

### **First Line**

Penicillin VK 600mg QID for 7-10 days or Amoxicillin 500mg TID for 7-10 days

if Penicillin Allergic:

Clindamycin 300mg QID for 7-10 days

if Penicillin allergic and clindamycin intolerant:

Azithromycin 500mg day 1 and 250mg for 5 days Doxycycline 100mg BID for 10 days

#### **Second Line**

Add metronidazole 250mg TID 7-10 days to Penicillin VK 600mg QID for 7-10 days or Amoxicillin 500mg TID for 7-10 days

or change to:

Amoxicillin-Clavulin 875 BID for 7-10 days (if not Penicillin allergic) or

Cephalexin 500mg TID for 7-10 days and Metronidazole 250mg TID 7-10 days (no cephalexin if Penicillin allergy)

Oxycodone requires triplicate prescriptions.

Discuss management with a colleague who has one if you do not.

If large facial swelling develops INCLUDING signs of airway threat (trismus, dysphagia, odynophagia, dyspnea, hoarseness, etc.) or mid face swelling (eye swollen shut), direct patient to nearest emergency department.

DO NOT REFER TO HOSPITAL UNLESS IT IS A CLINICAL SCENARIO WHICH WOULD NORMALLY REQUIRE HOSPITAL BASED TREATMENT (JAW FRACTURE, DEEP NECK INFECTION).

source: ADA-C