



It is expected that all recommendations are subject to provider modification based on patient need and protocols for pain and infection control. The following dental pain and infection control recommendations are based on clinical best practices. Providers should prescribe based on their assessment of patient health history and clinical circumstance.

## ONLINE RESOURCES

It is strongly recommended that providers receive training on injection technique prior to utilizing local anesthetic injections. In addition, the link below offers a webinar titled, *Management of Dental Pain in the Emergency Room*. The following time stamps offer targeted information and guidance for your immediate review and use.

**Link:** [www.youtube.com/watch?v=spwoD4x79Tw](https://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

As identified in the Clinical Algorithm, providers should utilize the following non-opioid and opioid pain control regimens:

1. 400 mg of Ibuprofen and 1000 mg of Acetaminophen every 4–6 hours PRN for pain. Provider may increase dosages at their discretion.
2. If in the provider's judgement the patient requires opiate pain control, patient should be given no more than 6 tablets of Oxycodone and informed there will be no refills.

## LOCAL ANESTHETIC GUIDANCE

Provider should offer immediate pain control through local anesthetic injection. Injection dose of 1.8 cc is standard. Maximum amounts dictated by type of anesthetic, patient weight and health history.

- **General Use:** 2% Lidocaine with 1:100,000 epinephrine can be used for all types of injections.
- **Inferior Alveolar Nerve Block:** 2% Lidocaine with 1:100,000 epinephrine coupled with .5% Bupivacaine with 1:200,000 epinephrine.
- **Infiltration at Source of Pain:** 4% Septocaine with 1:100,000 epinephrine coupled with .5% Bupivacaine with 1:200,000 epinephrine
- **Infected Areas (Exudate or Severe Swelling Present):**  
Add 2% Mepivacaine with 1:200,000 Neo-Cobefrin

## INFECTION CONTROL GUIDANCE

Per the webinar, the following antibiotic regimens are recommended:

**Mild Infections** (no visible swelling, exudate or pain on palpation present)

- Amoxicillin 500 mg – 1 gram loading dose, then BID
- Keflex 500 mg – 1 gram loading dose, then QID
- Azithromax (Z-Pak) 250 mg – 2 tabs first day, then 1 tab till gone (5 days)

**Moderate Infections**

- Amoxicillin 500 mg – 1 gram loading dose, then BID plus Metronidazole 500 mg BID
- Clindamycin 300 mg, QID with 450 mg loading dose
- Augmentin 500 mg, 1 gram loading dose then TID

The 5–7 days is the average with 10 days max.