Evidence-Based Clinical Practice Guideline on Antibiotic Use for the Urgent Management of Pulpal- and Periapical-Related Dental Pain and Intraoral Swelling: A Report from the American Dental Association

Summary of clinical recommendations for urgent situations in dental settings where definitive, conservative dental treatment[1] is **immediately available**

GRADE Certainty of the Evidence

High	We are very confident that the true effect lies close to that of the estimate of the effect.
Moderate	We are moderately confident in the effect estimate. The true effect is likely to be close to the estimate of the effect.
Low	Our confidence in the effect estimate is limited.
Very Low	We have very little confidence in the effect estimate.

GRADE Interpretation of Strength of Recommendations

Implications	Strong Recommendations	Conditional Recommendations
For Patients	Most individuals in this situation would want the recommended course of action and only a small proportion would not.	The majority of individuals in this situation would want the suggested course of action, but many would not.
For Clinicians	Most individuals should receive the intervention.	Recognize that different choices will be appropriate for individual patients and that you must help each patient arrive at a management decision consistent with his or her values and preferences.
For Policy Makers	The recommendation can be adapted as policy in most situations.	Policy making will require substantial debate and involvement of various stakeholders.

Expert Panel Recommendations and Good Practice Statement	Certainty of the Evidence	Strength of Recommendation
The expert panel suggests dentists ***do not prescribe*** oral systemic antibiotics as an adjunct to definitive, conservative dental treatment[1] for immunocompetent[2] adults with **symptomatic irreversible pulpitis[3] with or without symptomatic apical periodontitis.[3]**	**Very Low**	**Conditional**
The expert panel recommends dentists ***do not prescribe*** oral systemic antibiotics as an adjunct to definitive, conservative dental treatment[1] for immunocompetent[2] adults with **pulp necrosis and symptomatic apical periodontitis[3] or localized acute apical abscess.[3]**	**Very Low**	**Strong**
Good practice statement: The expert panel suggests dentists **perform urgent, definitive, conservative dental treatment[1] in conjunction with prescribing** oral amoxicillin (500 mg, 3 times per day, 3–7 d) or oral penicillin V potassium (500 mg, 4 times per day, 3–7 d)[4, 5, 6] for immunocompetent[2] adults with **pulp necrosis and acute apical abscess with systemic involvement.[3]** If the clinical condition worsens or if there is concern for deeper space infection or immediate threat to life, refer for urgent evaluation.[7]		

1 Definitive, conservative dental treatment refers to pulpotomy, pulpectomy, nonsurgical root canal treatment, or incision for drainage of abscess. Extractions are not within the scope of this guideline. Only clinicians who are authorized or trained to perform the specified treatments should do so.

2 Immunocompetent is defined as the ability of the body to mount an appropriate immune response to an infection. Immunocompromised patients do not meet the criteria for this recommendation, and they can include, but are not limited to, patients with HIV with an AIDS-defining opportunistic illness, cancer, organ or stem cell transplants, and autoimmune conditions on immunosuppressive drugs.

3 For a description of the target pulpal and periapical conditions, refer to the associated clinical practice guideline.

4 Although the expert panel recommends both amoxicillin and penicillin V potassium as first-line treatments, amoxicillin is preferred over penicillin V potassium because it is more effective against various gram-negative anaerobes and is associated with lower incidence of gastrointestinal adverse effects.

5 Refer to the opposite side of this chairside guide and the associated clinical practice guideline for additional considerations when choosing the appropriate antibiotic for your patient. An antibiotic with a similar spectrum of activity to those recommended above can be continued if the antibiotic was initiated before the patient sought treatment. As with any antibiotic use, the patient should be informed about symptoms that may indicate lack of antibiotic efficacy and adverse drug events.

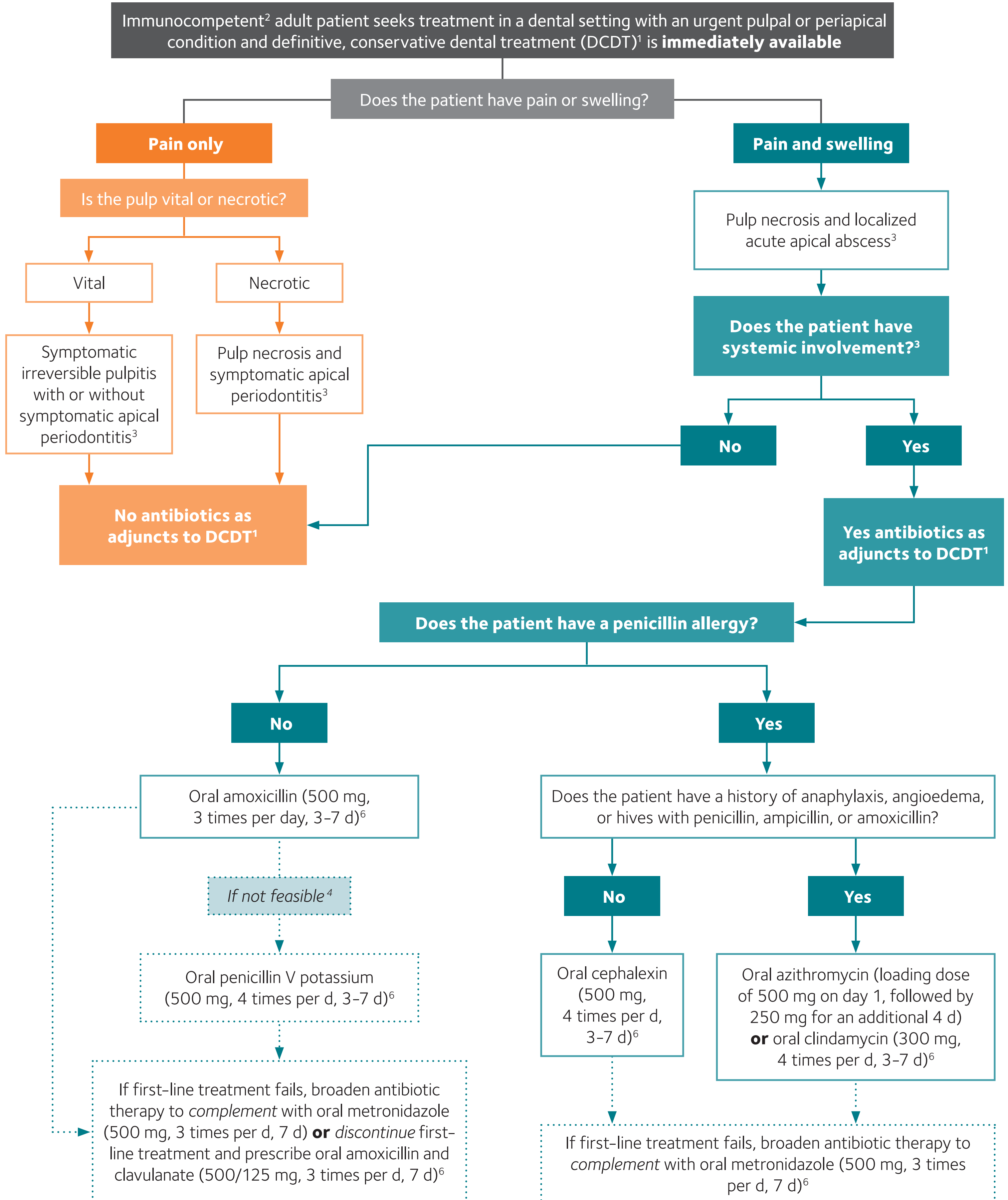
6 Clinicians should reevaluate patient within 3 d (for example, in-person visit or phone call). Dentists should instruct patient to discontinue antibiotics 24 h after patient's symptoms resolve, irrespective of reevaluation after 3 d.

7 Urgent evaluation will most likely be conducted in an urgent care setting or an emergency department.

ADA. Center for Evidence-Based Dentistry™

Copyright ©2019 American Dental Association. All rights reserved. Adapted with permission. The clinical pathway (on opposite side) should be used in consultation with your patients. For additional resources, including the guideline's full text and resources to navigate patient conversations, visit ADA.org/antibiotics. This chairside guide may be used, copied, and distributed for noncommercial purposes without obtaining prior approval from the ADA. Any other use, copying, or distribution, whether in printed or electronic format, is strictly prohibited without the prior written consent of the ADA.

Evidence-Based Clinical Practice Guideline on Antibiotic Use for the Urgent Management of Pulpal- and Periapical-Related Dental Pain and Intraoral Swelling: A Report from the American Dental Association



See footnotes on opposite side.