

UPDATE

November 2013

Scottish Dental
Clinical Effectiveness Programme



Drug Prescribing For Dentistry

Dental Clinical Guidance

November 2013 Update
Contains changes in line with
BNF 66 and BNFC 2013-14

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November 2013 Update

'Drug Prescribing For Dentistry' 2nd Edition, published in August 2011, was based on edition 61 of the 'British National Formulary' (BNF 61) and the 2011-12 edition of the 'BNF for Children' (BNFC). The following update lists amendments to the guidance as a result of subsequent changes to the BNF and BNFC. The section numbers, section names and pages of the SDCEP guidance that are affected are provided together with the relevant amendments.

This November 2013 update to the prescribing guidance includes the information from the January 2013 update. It can be stored in the pocket at the rear of your copy of the guidance booklet to ensure you have easy access to the most up-to-date advice. Alternatively, the amended drug regimen boxes can be pasted into the booklet at the relevant section.

This update is available on the SDCEP website: www.scottishdental.org/cep.

Recent Changes to the List of Dental Preparations

The following statement has been added to the List of Dental Preparations in the Dental Practitioners' Formulary within the BNF:

'Licensed **alcohol-free** versions of mouthwashes, where available, are preferred.'

The following drugs have been added to the List of Dental Preparations in the Dental Practitioners' Formulary within the BNF:

- Artificial Saliva Gel
- Artificial Saliva Pastilles
- Artificial Saliva Protective Spray

The following drugs are discontinued and can therefore no longer be prescribed:

- Chlorhexidine Oromucosal Solution, Alcohol-free, 0.2%

The following drugs must now be prescribed using the non-proprietary name of the drug:

- Biotène Oralbalance® Saliva-replacement Gel must be prescribed as Artificial Saliva Gel
- Salivix® Pastilles must be prescribed as Artificial Saliva Pastilles

Recent Changes to Antibiotic Prescribing

The recommended adult dose of amoxicillin has been doubled in BNF 66 in order to align with common prescribing practices within the UK. This has been reflected in the following updates to amoxicillin drug regimen boxes.

Section 4 Bacterial Infections

4.2 Dental Abscess

Page 27: the following replaces the drug regimen box for amoxicillin (updated dose for adults).
An appropriate 5-day regimen is:

Amoxicillin Capsules, 500 mg

Send: 15 capsules

Label: 1 capsule three times daily

For children:

Amoxicillin Capsules, 250 mg, or Oral Suspension*, 125 mg/5 ml or 250 mg/5 ml

6 months - 1 year	62.5mg three times daily
1-5 years	125 mg three times daily
5-18 years	250 mg three times daily

NB: The dose of amoxicillin should be doubled in severe infection in adults and children.

Amoxicillin, like other penicillins, can result in hypersensitivity reactions, including rashes and anaphylaxis, and can cause diarrhoea. Do not prescribe amoxicillin to patients with a history of anaphylaxis, urticaria or rash immediately after penicillin administration as these individuals are at risk of immediate hypersensitivity.

*Sugar-free preparation is available.

Updated November 2013, in line with BNF 66 changes to amoxicillin dose for adults.

4.3 Acute Necrotising Ulcerative Gingivitis and Pericoronitis

Page 32: the following replaces the drug regimen box for amoxicillin (updated dose for adults).
An appropriate 3-day regimen is:

Amoxicillin Capsules, 500 mg

Send: 9 capsules

Label: 1 capsule three times daily

For children:

Amoxicillin Capsules, 250 mg, or Oral Suspension*, 125 mg/5 ml or 250 mg/5 ml

6 months - 1 year	62.5mg three times daily
1-5 years	125 mg three times daily
5-18 years	250 mg three times daily

NB: The dose of amoxicillin should be doubled in severe infection in adults and children.

Amoxicillin, like other penicillins, can result in hypersensitivity reactions, including rashes and anaphylaxis, and can cause diarrhoea. Do not prescribe amoxicillin to patients with a history of anaphylaxis, urticaria or rash immediately after penicillin administration as these individuals are at risk of immediate hypersensitivity.

*Sugar-free preparation is available.

Updated November 2013, in line with BNF 66 changes to amoxicillin dose for adults.

4.4 Sinusitis

Page 33: the following replaces the drug regimen box for amoxicillin (updated dose for adults).

An appropriate 7-day regimen is:

Amoxicillin Capsules, 500 mg

Send: 21 capsules

Label: 1 capsule three times daily

For children:

Amoxicillin Capsules, 250 mg, or Oral Suspension*, 125 mg/5 ml or 250 mg/5 ml

6 months - 1 year	62.5mg three times daily
1-5 years	125 mg three times daily
5-18 years	250 mg three times daily

NB: The dose of amoxicillin should be doubled in severe infection in adults and children.

Amoxicillin, like other penicillins, can result in hypersensitivity reactions, including rashes and anaphylaxis, and can cause diarrhoea. Do not prescribe amoxicillin to patients with a history of anaphylaxis, urticaria or rash immediately after penicillin administration as these individuals are at risk of immediate hypersensitivity.

*Sugar-free preparation is available.

Updated November 2013, in line with BNF 66 changes to amoxicillin dose for adults.

Section 7 Odontogenic Pain

Page 46: the following replaces the drug regimen box for paracetamol tablets (updated advice for children and update to advisory note).

For mild to moderate odontogenic or post-operative pain, an appropriate 5-day regimen is:

Paracetamol Tablets, 500 mg

Send: 40 tablets

Label: 2 tablets four times daily

For children:

Paracetamol Tablets or Soluble Tablets, 500 mg, or Oral Suspension*, 120 mg/5 ml or 250 mg/5 ml

6 months - 2 years	120 mg four times daily (max. 4 doses in 24 hours)
2- 4 years	180 mg four times daily (max. 4 doses in 24 hours)
4 - 6 years	240 mg four times daily (max. 4 doses in 24 hours)
6 - 8 years	240 - 250 mg four times daily (max. 4 doses in 24 hours)
8 -10 years	360 - 375 mg four times daily (max. 4 doses in 24 hours)
10 -12 years	480 - 500 mg four times daily (max. 4 doses in 24 hours)
12 -16 years	480 - 750 mg four times daily (max. 4 doses in 24 hours)
16 -18 years	500 mg - 1 g four times daily (max. 4 doses in 24 hours)

NB: Advise patients that paracetamol can be taken at 4-hourly intervals but not to exceed the recommended daily dose (maximum of 4 g for adults). Overdose with paracetamol is dangerous because it can cause hepatic damage that is sometimes not apparent for 4–6 days and can be fatal. Note that a patient who exceeds the maximum daily dose of paracetamol should be referred for assessment in an emergency department (for more information see the *British National Formulary*; www.bnf.org).

*Sugar-free preparation is available.

Updated January 2013, in line with BNF 64, BNFC 2012-2013 and MHRA advice on overdose.

Page 48: the following replaces the drug regimen box for diclofenac sodium tablets (update to advisory note).

Diclofenac is also effective against moderate inflammatory or post-operative pain. An appropriate 5-day regimen is:

Diclofenac Sodium Tablets, 50 mg

Send: 15 tablets

Label: 1 tablet three times daily

For children:

Not recommended for dental use in children[‡]

NB: Advise patient not to exceed the recommended daily dose (maximum of 150 mg).

Diclofenac is contra-indicated in ischaemic heart disease, cerebrovascular disease, peripheral arterial disease, and mild to severe heart failure. It should be used with caution in patients with a history of cardiac failure, left ventricular dysfunction, hypertension, in patients with oedema for any other reason, and in patients with other risk factors for cardiovascular events. Avoid use in those with a hypersensitivity to aspirin or any other NSAID, including those in whom attacks of asthma, angioedema, urticaria or rhinitis have been precipitated by aspirin or any other NSAID. Do not prescribe for patients taking a low dose of aspirin daily. Avoid use in patients with previous or active peptic ulcer disease, unless a proton pump inhibitor is co-prescribed (see pg. 49), and use with caution in the elderly, patients with allergic disorders, pregnant women, nursing mothers, those taking oral anticoagulants such as warfarin, those with coagulation defects, those with an inherited bleeding disorder, and those with renal, cardiac or hepatic impairment.

Diclofenac tablets are enteric coated and should be swallowed whole, not chewed or crushed.

[‡]Diclofenac tablets of >25 mg are not licensed for use in children (see section 1.2).

Updated November 2013, in line with updated information on contra-indications in BNF 66.

Section 10 Dry Mouth

Page 60: the following replaces the drug regimen box for Biotène Oralbalance® Saliva-replacement Gel.

Artificial Saliva Gel

Send: 50 g

Label: Apply to oral mucosa as required

NB: Avoid use with toothpastes containing detergents (including foaming agents).

Updated January 2013, in line with BNF 64.

For children:

Not relevant for children in dental setting

Page 61: the following replaces the drug regimen box for Salivix® Pastilles.

Artificial Saliva Pastilles*

Send: 50 pastilles

Label: 1 pastille sucked as required

*Sugar-free preparation is available.

Updated November 2013, in line with BNF 66.

For children:

Not relevant for children in dental setting

Refer to Appendix 1 of the BNF and BNFC for further details of drug interactions.

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