

Drug Prescribing For Dentistry

June 2021 Update

The following update lists amendments to *Drug Prescribing For Dentistry* 3rd Edition (published in January 2016), as a result of changes published in the British National Formulary (BNF) and BNF for Children (BNFC). The section numbers, section headings and pages of the SDCEP guidance that are affected are provided together with the relevant amendments. This June 2021 update incorporates the information included in the June 2017 update.

This update can be printed and 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 regimen boxes can be pasted into the booklet at the relevant section.

This update is available on the SDCEP website: www.sdcep.org.uk/published-guidance/drug-prescribing

Changes to Guidance on Antibiotic Prophylaxis to Prevent Infective Endocarditis

In 2016, the National Institute for Health and Care Excellence (NICE) amended its Clinical Guideline 64 *Prophylaxis Against Infective Endocarditis* (CG64) to include 'routinely' as follows.

'Antibiotic prophylaxis against infective endocarditis is not recommended routinely for people undergoing dental procedures.'

In 2018, SDCEP published advice for the dental team to help clarify and facilitate the implementation of the amended NICE guideline.

It was not NICE's objective for the amended recommendation to result in a change in current practice, nor is it expected that the provision of antibiotic prophylaxis will change significantly following publication of SDCEP's implementation advice. The vast majority of patients at increased risk of infective endocarditis will not be prescribed prophylaxis. However, for a very small number of patients, it may be prudent to consider antibiotic prophylaxis (non-routine management), in consultation with the patient and their cardiologist or cardiac surgeon.

SDCEP's *Antibiotic Prophylaxis Against Infective Endocarditis* Implementation Advice, which is available to download from the SDCEP website (www.sdcep.org.uk/published-guidance/antibiotic-prophylaxis), offers practical advice on implementing NICE Clinical Guideline 64 in dental practice.

Changes to Antibiotic Prescribing

Management of acute dento-alveolar infections

In October 2020, the Scottish Antimicrobial Prescribing Group (SAPG) and its Dental sub-group published a statement on the management of acute dento-alveolar infections.¹ The SAPG statement reiterates that antibiotic therapy is only appropriate if immediate drainage is not achieved via local measures or where there is evidence of spreading infection or systemic involvement. When an antibiotic is unavoidable, phenoxymethylpenicillin is now recommended as the preferred first line antibiotic. This is due to its narrower spectrum of activity, which is less likely to drive antimicrobial resistance.

¹Available at www.sapg.scot/quality-improvement/dental-stewardship/

continues overleaf...



The recommended phenoxymethylpenicillin regimen in adults is 500 mg four times daily for five days (see page 31 of SDCEP *Drug Prescribing For Dentistry* 3rd Edition for more details, including doses for children). Each tablet should be swallowed whole with water, at least 30 minutes before food, as ingestion of phenoxymethylpenicillin with meals slightly reduces the absorption of the drug. Where there is concern about a patient's compliance with this regimen, amoxicillin is an appropriate alternative.

Metronidazole

The recommended adult dose of metronidazole was increased in BNF 73 (March 2017). See pages 3 and 4 of this update for revised metronidazole prescribing information.

Clarithromycin

Clarithromycin tablets are not licensed in children under 12 years. Clarithromycin oral suspension should be prescribed for this age group.

Sinusitis

Amoxicillin is no longer recommended for treatment of acute sinusitis. Local measures are recommended in the first instance, with antibiotic therapy only used for persistent symptoms or if symptoms are severe. Where an antibiotic is indicated, NICE Clinical Guideline 67 *Sinusitis (acute): antimicrobial prescribing* recommends phenoxymethylpenicillin as the drug of first choice. Doxycycline is appropriate for penicillin allergy or intolerance. See page 4 of this update for revised sinusitis prescribing information.

Interaction Between Topical Miconazole and Warfarin

In June 2016, the Medicines and Healthcare products Regulatory Agency (MHRA) issued a reminder of the potentially serious consequences of the interaction between miconazole oral gel and warfarin. *Drug Prescribing For Dentistry* 3rd Edition currently advises that both systemic fluconazole and topical miconazole should not be prescribed for those patients taking warfarin or statins due to the potential for serious drug interactions. An up-to-date medical history is vital in ensuring that dentists are aware of all medications a patient takes.

Analgesic and Antibiotic Contraindications and Cautions

A resource which provides details of the contraindications and cautions which should be taken into account when prescribing analgesics or antibiotics in dental practice is now available on the SDCEP website (www.sdcep.org.uk/published-guidance/drug-prescribing). Much of the content was originally developed as part of the response to the COVID-19 pandemic but is now provided as a supplement to the SDCEP *Drug Prescribing For Dentistry* guidance.

Dental Prescribing App

The SDCEP *Dental Prescribing* app has been amended to include the information in this update. The app is available to download free on Google Play™ or the App StoreSM.




Section 2 Medical Emergencies

2.7 Hypoglycaemia

Page 20: the following replaces the drug regimen box for glucagon (clarification of child age and weight ranges)

If the patient is unconscious or uncooperative:

 Administer glucagon, 1 mg, i.m. injection.

For children:

Glucagon, i.m. injection

2-8 years bodyweight <25 kg	0.5 mg
9-17 years bodyweight ≥25 kg	1 mg

Section 4 Bacterial Infections

4.3 Dental Abscess

Page 32: the following replaces the drug regimen box for Metronidazole Tablets (adult dose change).

In patients who are allergic to penicillin, an appropriate 5-day regimen is:

Metronidazole Tablets, 400 mg

Send: 15 tablets

Label: 1 tablet three times daily

For children:

**Metronidazole[‡] Tablets, 200 mg,
or Oral Suspension, 200 mg/5 ml**

1-2 years	50 mg three times daily
3-6 years	100 mg twice daily
7-9 years	100 mg three times daily
10-17 years	200 mg three times daily

NB: Advise patient to avoid alcohol (metronidazole has a disulfiram-like reaction with alcohol).

Do not prescribe metronidazole for patients taking warfarin.

[‡]Metronidazole is not licensed for use in children under 1 year (see Section 1.1.5)



4.4 Necrotising Ulcerative Gingivitis and Pericoronitis

Page 35: the following replaces the drug regimen box for Metronidazole Tablets (adult dose change)
If drug treatment is required, an appropriate 3-day regimen is:

Metronidazole Tablets, 400 mg

Send: 9 tablets

Label: 1 tablet three times daily

For children:

Metronidazole[†] Tablets, 200 mg, or Oral Suspension, 200 mg/5 ml

1-2 years	50 mg three times daily
3-6 years	100 mg twice daily
7-9 years	100 mg three times daily
10-17 years	200 mg three times daily

NB: Advise patient to avoid alcohol (metronidazole has a disulfiram-like reaction with alcohol).

Do not prescribe metronidazole for patients taking warfarin.

[†]Metronidazole is not licensed for use in children under 1 year (see Section 1.1.5)

4.4 Sinusitis

Page 37: the following replaces the drug regimen box for Amoxicillin Capsules (phenoxymethylpenicillin is now the drug of first choice, given for 5 days)

If an antibiotic is required, an appropriate 5-day regimen is:

Phenoxymethylpenicillin Tablets, 250 mg

Send: 40 tablets

Label: 2 tablets four times daily

For children:

Phenoxymethylpenicillin Tablets, 250 mg, or Oral Solution*, 125 mg/5 ml or 200 mg/5 ml

6-11 months	62.5 mg four times daily
1-5 years	125 mg four times daily
6-11 years	250 mg four times daily
12-17 years	500 mg four times daily

NB: For severe infection in adults, the dose of phenoxymethylpenicillin should be doubled. For severe infection in children up to 11 years, increase dose up to 12.5 mg/kg four times daily. For severe infection in children aged 12-17 years increase dose up to 1 g four times daily.

Phenoxymethylpenicillin, like other penicillins, can result in hypersensitivity reactions, including rashes and anaphylaxis, and can cause diarrhoea. Do not prescribe phenoxymethylpenicillin 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.