



DENTISTS: *BE ANTIBIOTICS AWARE*

Treating Patients with Dental Pain and Swelling

American Dental Association (ADA) treatment guidelines state that antibiotics are not needed for the urgent management of most dental pain and intraoral swelling associated with pulpal and periapical infections in immunocompetent adult patients without additional comorbidities.¹

Patients with dental pain and intraoral swelling should undergo **definitive, conservative dental treatment (DCDT)** and, if needed, use over-the-counter pain relievers such as acetaminophen and ibuprofen. The ADA expert panel recommends **NOT prescribing antibiotics** as an adjunct to most dental conditions when DCDT is available due to limited benefit and potential harm associated with antibiotic use.¹

Patients should be referred for urgent evaluation if their condition worsens, they develop a deep space infection, or sepsis is suspected.

ADA Treatment Recommendations¹

Pulpal/Periapical Condition	DCDT Immediately Available		DCDT Not Immediately Available	
	Prescribe Antibiotics	Perform DCDT	Prescribe Antibiotics	Refer to DCDT
Symptomatic irreversible pulpitis with or without symptomatic apical periodontitis	X	✓	X	✓ Interim monitoring
Pulp necrosis and symptomatic apical periodontitis	X	✓	X*	✓ Interim monitoring
Pulp necrosis and localized acute apical abscess without systemic involvement	X	✓	✓	✓ Urgent referral
Pulp necrosis and localized acute apical abscess with systemic involvement	✓	✓	✓	✓ Urgent referral

**If DCDT is not feasible, provide a delayed antibiotic prescription to be filled after a predetermined period if symptoms worsen or do not improve*

✓ ADA Antibiotic Recommendations[†]

Amoxicillin
(500mg, 3 times per day, 3–7 days)

OR

Penicillin V potassium
(500mg, 4 times per day, 3–7 days)

Follow up after 3 days to assess for resolution of systemic signs and symptoms. Discontinue antibiotics 24 hours after complete resolution of systemic signs and symptoms.

† For patients with penicillin allergy, please refer to ADA guidelines for treatment recommendation¹.

*This document provides general guidance and does **not** apply to all clinical scenarios. Always assess the individual patient and use your clinical judgment. Refer to ADA guidelines for specific treatment recommendations, definitions, and resources¹.*

1. Lockhart PB, et al. JADA. 2019 Nov;150(11):906-21.