

Toothache & Dental Infections Standing Order

Issue date:		Review date:	
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This standing order is not valid after the review date. The review date is one year after the date the order was signed by the issuer.

Standing Order Name	Toothache & Dental Infections
Rationale	To provide symptomatic relief of toothache and treat bacterial dental infections with appropriate antibiotics until patient can be seen by a dentist.
Scope (condition and patient group)	Adults that present with toothache +/- gingivitis and associated facial swelling
Red Flags	<ul style="list-style-type: none"> • Dental infection causing compromised airway • Severe facial swelling • Severe trismus • Systemic symptoms including pyrexia, tachycardia
Assessment	<p>1. If any red flags, request acute dental assessment.</p> <p>2. Determine the cause of the pain:</p> <ul style="list-style-type: none"> • If this is a local problem associated with a tooth (trauma, swelling, ulceration, erupting tooth, decay), request dental assessment. • If referred pain e.g., Temporomandibular joint dysfunction, ear or sinus infection; refer to Medical or Nurse Practitioner. <p>3. If dental care is not available (e.g., after hours), and pain is localised to the mouth, and there is no redness or swelling around the tooth, it is likely to be an acute pulpitis. Give analgesia only and follow the Pain Relief (mild to moderate) Standing Order, and advise the patient to see a dental practitioner as soon as possible.</p> <p>4. If there is swelling, it is likely to be an abscess.</p>
Indication	Dental pain with swelling
Medicine	Amoxicillin
Dosage instructions	500mg THREE times daily for 5 days
Route of administration	Oral
Quantity to be given	15 x 500mg capsules
Contraindications	Allergy to penicillin's
Precautions	Renal impairment
	Dental pain with swelling for people with penicillin allergy
Medicine	Erythromycin 400mg tablets
Dosage instructions	800mg TWICE daily for 5 days
Route of administration	Oral
Quantity to be given	20 x 400mg tablets
Contraindications	Known hypersensitivity to erythromycin
Precautions	<ul style="list-style-type: none"> • Multiple drug to drug interactions- check
Additional information	<p>Management in primary care - the patient needs to be seen by a dental practitioner. In the interim, pain can be managed with regular analgesics as per Pain Relief (mild to moderate) Standing Order.</p> <p>Advise the patient to consume cool, soft food and to avoid very hot or cold foods and drinks. Patients should avoid flossing the affected tooth.</p> <p>Consider antibiotics only in the absence of immediate attention by a dental practitioner and if:</p>

	<ul style="list-style-type: none"> The infection appears to be severe (fever, lymphadenopathy, cellulitis, diffuse swelling). Patients are at risk of developing complications (eg, people who are immunocompromised or have diabetes or valvular heart disease).
Follow-up	Follow up within 24-48 hours if no improvement, sooner if increasing malaise or any Red Flags.
Countersigning and auditing	Countersigning is not required. Audited monthly. OR Countersigning is required within XX days
Competency/training requirements	All nurses working under this standing order must be signed off as competent to do so by the issuer and have had specific training in this standing order.
Supporting documentation	Healthpathways at www.healthpathways.org.nz Best Practice Journal at www.bpac.org.nz New Zealand Formulary at www.nzf.org.nz Individual medicine data sheets at www.medsafe.govt.nz Standing Order Guidelines, Ministry of Health, 2012 Medicines (Standing Order) Regulations 2012 (Standing Order Regulations)
Definition of terms used in standing order	<u>Trismus</u> - spasm of the jaw muscles, leading to reduced opening of the mouth.

Medical Centre or Clinic:	
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Signed by issuers

Name: _____

Signature: _____

Title: _____

Date: _____

Nurses operating under this standing order

Only Registered nurses working within the above medical centre or clinic are authorised to administer medication under this standing order.

We the undersigned agree that we have read, understood and will comply with this standing order and all associated documents.

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____