

ECHO IDAHO

Oral Health in Primary Care

Recognizing and Responding to Common Oral Conditions

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Disclosures

- Nothing to disclose.

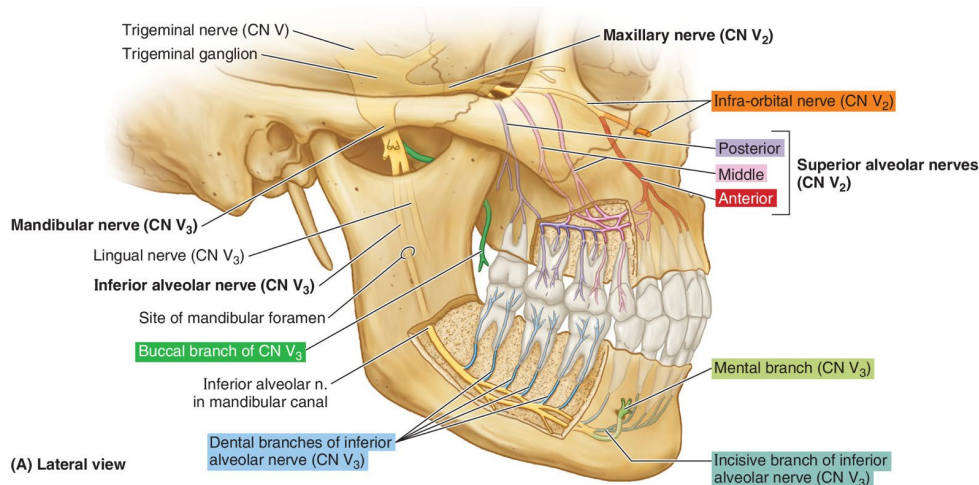
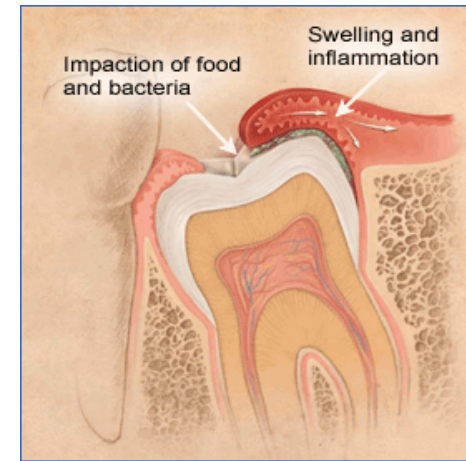
Learning Objectives

- Describe common causes of dental pain
- Identify which tooth may be causing dental pain
- Manage dental pain prior to dental referral

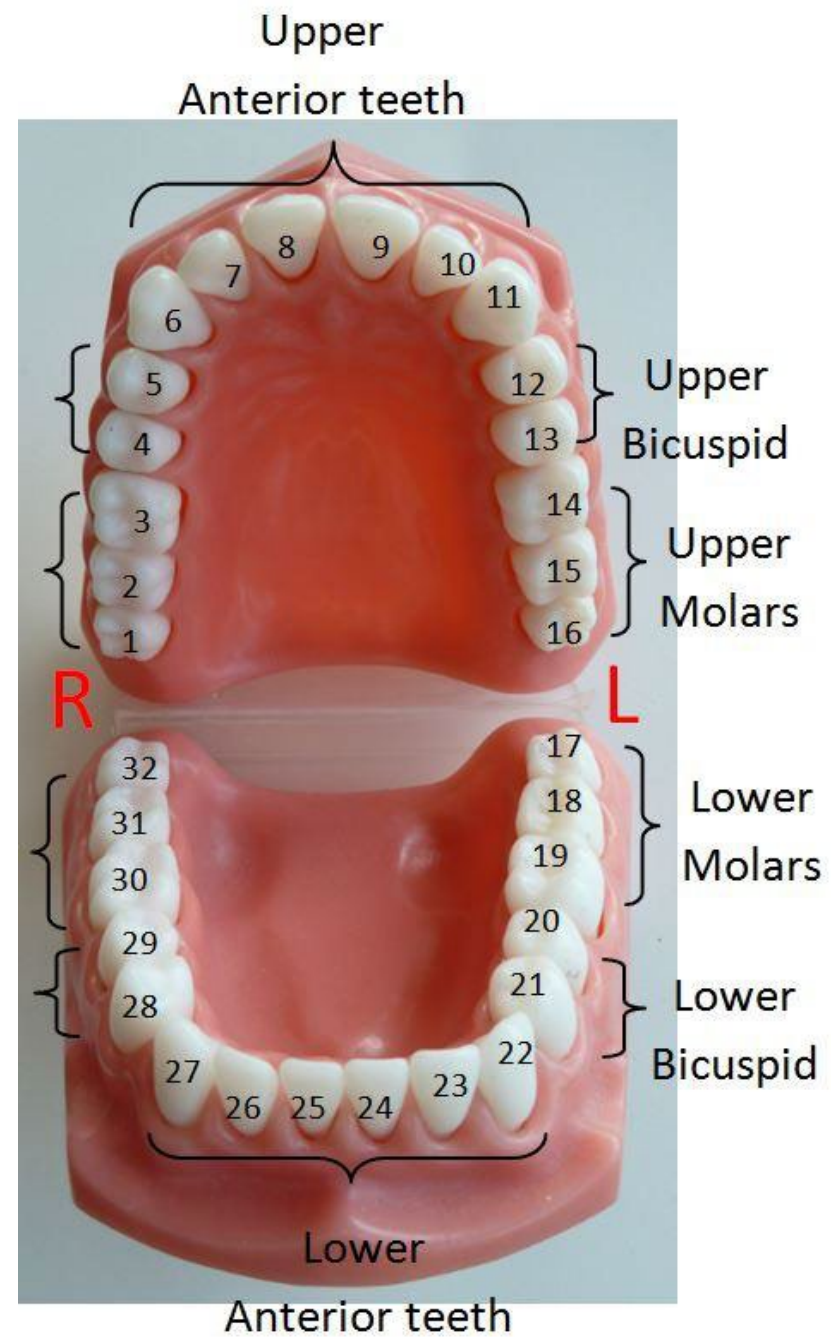
”My tooth hurts”

Differential diagnosis of oral pain

- Dental source may present with sinus, jaw, ear pain
- Oral pain may be non-dental:
 - Sinusitis
 - Otitis media / otitis externa
 - Oral ulcerations
 - Temporomandibular joint
 - Pericoronitis
 - Ulcers (aphthous, herpes)



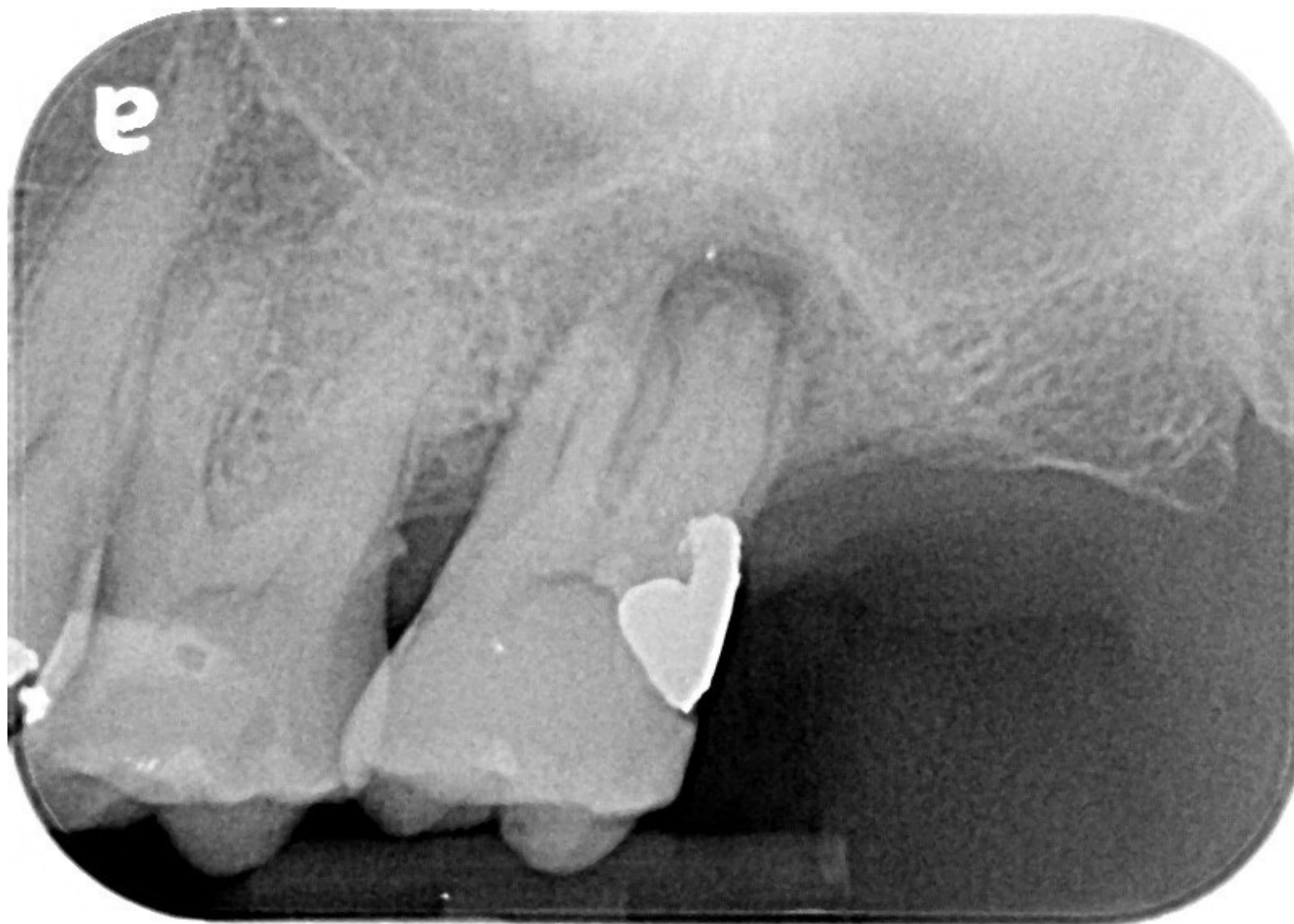












Ludwig's Angina

Jon Heavey, M.D., and Naren Gupta, M.D., Ph.D.

2 Citing Articles



Management

- Labs?
- Imaging?

Pain Management – 2025 ADA Guidelines

Population

[Hide details](#) ^



These recommendations apply to

People 12 years old and older who cannot get urgent dental treatment right away and have a toothache caused by:

- ✓ Reversible pulpitis
- ✓ Symptomatic irreversible pulpitis with or without symptomatic apical periodontitis
- ✓ Pulp necrosis with symptomatic apical periodontitis or acute apical abscess

These recommendations do not apply to

People who have a toothache and can access immediate, definitive dental treatment and are able to have:

- ✗ Pulpectomy
- ✗ Root canal treatment
- ✗ Abscess incision and drainage
- ✗ Tooth extraction

		MEDICATION	MAXIMUM DAILY DOSE	PAIN RELIEF
First line therapy	PURCHASED OVER THE COUNTER	IBUPROFEN 400 mg	2,400 mg	★★★★★  Hours of pain relief
		NAPROXEN SODIUM 440 mg	1,100 mg	★★★★★  Hours of pain relief
		IBUPROFEN 400 mg <i>plus</i> ACETAMINOPHEN 500 mg	Ibuprofen 2,400 mg Acetaminophen 4,000 mg	★★★★★  Hours of pain relief
		NAPROXEN SODIUM 440 mg <i>plus</i> ACETAMINOPHEN 500 mg	Naproxen Sodium 1,100 mg Acetaminophen 4,000 mg	★★★★★  Hours of pain relief
For short-term temporary pain management (Optional)	LOCAL ANESTHETIC	10% OR 20% TOPICAL BENZOCAINE	Up to four pea-size applications	★★★  Hours of pain relief
For extended temporary pain management (Optional)	LOCAL ANESTHETIC	LONG-ACTING LOCAL ANESTHETIC	One time only	★★★★★  Hours of pain relief

		MEDICATION	MAXIMUM DAILY DOSE	PAIN RELIEF
If NSAID options above are contraindicated	PURCHASED OVER THE COUNTER	ACETAMINOPHEN 1,000 mg	4,000 mg	  Hours of pain relief
If NSAID options above are contraindicated	PRESCRIPTION	Tablet 1: ACETAMINOPHEN 325 mg <i>plus either</i> OXYCODONE 5mg <i>or</i> HYDROCODONE 5-7.5 mg AND Tablet 2: ACETAMINOPHEN 325 mg	Acetaminophen 4,000 mg lowest effective dose, fewest tablets, and the shortest duration	  Hours of pain relief
If pain control is inadequate	PRESCRIPTION	Tablet 1: ACETAMINOPHEN 325 mg <i>plus either</i> OXYCODONE 5mg <i>or</i> HYDROCODONE 5-7.5 mg AND Tablet 2: ACETAMINOPHEN 325 mg	Acetaminophen 4,000 mg lowest effective dose, fewest tablets, and the shortest duration	  Hours of pain relief

Antibiotics for Dental Pain and Swelling Guideline (2019)

This guideline addresses antibiotic use for the urgent management of pulpal- and periapical-related dental pain and intra-oral swelling. The guideline is endorsed by the American College of Emergency Physicians.



- The guideline recommends against using antibiotics for most pulpal and periapical conditions and instead recommends only the use of dental treatment and, if needed, over-the-counter pain relievers such as acetaminophen and ibuprofen.
- Instead of prescribing antibiotics, dentists should prioritize dental treatments such as pulpotomy, pulpectomy, nonsurgical root canal treatment, or incision and drainage for symptomatic irreversible pulpitis, symptomatic apical periodontitis, and localized acute apical abscess in adult patients who are not severely immunocompromised.
- If a patient's condition progresses to systemic involvement, showing signs of fever or malaise, then dentists should prescribe antibiotics.

More from the ADA:

Expert Panel Recommendations and Good Practice Statement	Certainty of the Evidence	Strength of Recommendation
The expert panel suggests dentists <i>do not prescribe</i> oral systemic antibiotics as an adjunct to definitive, conservative dental treatment ¹ for immunocompetent ² adults with symptomatic irreversible pulpitis³ with or without symptomatic apical periodontitis.³	Very Low	Conditional
The expert panel recommends dentists <i>do not prescribe</i> oral systemic antibiotics as an adjunct to definitive, conservative dental treatment ¹ for immunocompetent ² adults with pulp necrosis and symptomatic apical periodontitis³ or localized acute apical abscess.³	Very Low	Strong
Good practice statement: The expert panel suggests dentists perform urgent, definitive, conservative dental treatment¹ 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		

Antibiotic guidelines

- **Extraction of tooth or pulp extirpation (root canal) are necessary to definitively treat infection.** Antibiotics *can* palliate infection on a short-term basis.
- **In patients with limited access to a dentist, it can be appropriate to prescribe antibiotics for short-term control of dental pain and infection.**
- Most dental infections are polymicrobial – multiple streptococci, some anaerobes, some GNRs
 - Penicillin VK or Amoxicillin
 - Clindamycin if penicillin allergy

In-office treatment

- Dental block
- Pain control
 - Mildest: OTC 400 mg ibuprofen/325 mg acetaminophen
 - Mild: Motrin 800 mg (can combine with acetaminophen)
- “Recipe” for dental pain without definitive treatment: Offer dental block + Ibuprofen/Tylenol+ #21 Amox 500 mg
- Narcotics
 - Inappropriate for long-term management of dental pain
 - Can consider per provider comfort for *acute* presentation as bridge to care
 - Many patients do well without resorting to this

“My gums bleed”

Healthy gingiva



Gingivitis



Periodontitis



Key Points

- A toothache needs treatment with either a root canal or an extraction
- Antibiotics (penicillin, amoxicillin, or clindamycin) and anti-inflammatories can temporize and relieve suffering for patients *until they get to a dentist*
- Imaging/labwork is generally not necessary
- *A patient presents to the medical setting with a dental problem because the healthcare system has failed them*

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