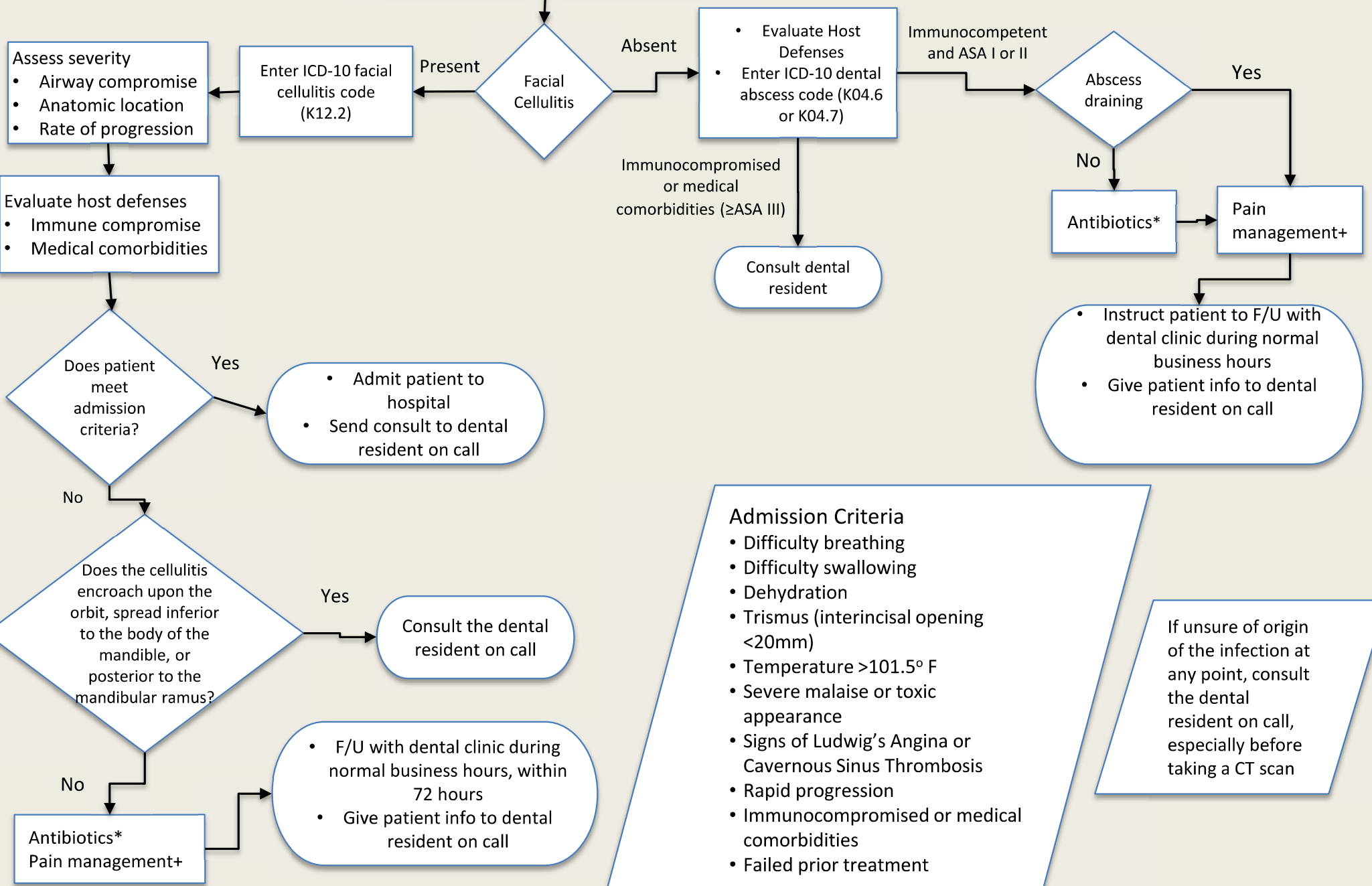


# Odontogenic Infection Algorithm: For ED Physicians

Patient presents to ED with signs of an odontogenic infection:  
 Oral pain                      Intraoral swelling  
 Oral abscess                  Dental caries  
 Periodontitis                  Pericoronitis



**Admission Criteria**

- Difficulty breathing
- Difficulty swallowing
- Dehydration
- Trismus (interincisal opening <20mm)
- Temperature >101.5° F
- Severe malaise or toxic appearance
- Signs of Ludwig's Angina or Cavernous Sinus Thrombosis
- Rapid progression
- Immunocompromised or medical comorbidities
- Failed prior treatment

If unsure of origin of the infection at any point, consult the dental resident on call, especially before taking a CT scan

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- Rapid progression
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- Failed prior treatment
- Cellulitis encroaches upon the orbit, spreads inferior to the body of the mandible, or posterior to the mandibular ramus

# Antibiotics of Choice\*

- Amoxicillin is the antibiotic of first choice
  - 20-40 mg/kg/day tid
- Clindamycin – preferred antibiotic if patient is penicillin allergic or infection worsening after 72 hrs of amoxicillin use
  - 8-20 mg/kg/day tid
- Azithromycin – alternative to Clindamycin
  - 5-12 mg/kg once daily
- Metronidazole – may be used in addition to amoxicillin in a resistant infection
  - 30 mg/kg/day qid

# Pain Management of Choice<sup>+</sup>

- Ibuprofen
  - 5-10 mg/kg every 6-8 hrs prn
- Tylenol
  - 10-15 m/kg every 4-6 hrs prn

# NPO Guidelines

## TYPE OF FOOD / LIQUID

## MINIMUM FASTING PERIOD

Clear liquids (water, fruit juices without pulp, carbonated beverages and clear tea)

2 hours before sedation

Breast milk

4 hours before sedation

Formula, non-human milk, and light meal (toast and clear liquid)

6 hours before sedation

Fried or fatty foods or meat

8 hours before sedation