antibiotics DON’T cure toothache!

THE SET
antibiotics DON’T cure toothache!
The best way to treat a dental infection is usually drainage and regular pain killers.

Antibiotics are **not** always the best treatment.

Contact your dentist for advice on the most appropriate treatment.

If you don’t have a dentist please ring **0161 476 9651**.

[www.antibioticguardian.com](http://www.antibioticguardian.com)
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Antibiotic Prescribing Audit

With the increasing worldwide problem of antimicrobial resistance and the threat to public health there is a need to rationalise the prescribing of antibiotics.

One of the key recommendations made by ‘The Standing Medical Advisory Committee’s sub-group on antimicrobial resistance’ is surveillance of success through national, regional and local audits.

Therefore this LDN facilitated prescribing audit is advised to enable practices to understand prescribing patterns and thereby support appropriate antibiotic prescribing. This is a self-audit of prescribing patterns.

Aims

- To reduce the risk of antibiotic resistance infections
- Optimising antibiotic prescriptions to ensure that the;
  - right antibiotic is prescribed
  - optimal duration and dosage is prescribed

Method

It’s recommended that each GDP in the practice will complete an audit for every patient that antibiotics are prescribed for.

Each patient should be included on a separate form, which should detail all the antibiotics and other treatment provided at your practice. Each GDP should complete this audit for 10 patients or for a period of 4 weeks, whichever is sooner.

Undertaking the Audit of antibiotic prescribing in your practice

- The LDN recognise the importance of audit in improving prescribing. By completing the audit, your practices are likely to increase the quality of care provided to your patients.
  It will help you achieve a clearer understanding of how your antibiotic prescribing and record keeping for both the practice as a whole and individual performer differs from the recommendations described in FDGP guidance.

  1 Data collection round 1
  Set dates for audit. It is recommend that each dentist in your practice completes an audit for 10 consecutive patients per dentist (pro rata if part-time) who were prescribed an antibiotic. For each patient complete the data form either in paper format or immediately on the web. All paper forms will require uploading to the web.

  2 Data Analysis
  Analysis of prescribing from this initial audit will be provided directly to the practice and individual practitioners. It might include examples such as:
  - An antibiotic was prescribed with no evidence of spreading infection
  - Dose/frequency of the antibiotic was not as per guidance
  - Antibiotics were prescribed due to time pressure

Once completed you will be advised how to claim a Clinical Audit allowance for those practices enrolled on Cheshire & Merseyside Peer Review Programme.

Action plan

- Following the analysis of the audit forms and reviewing guidance, develop an action plan to implement change, that will help to enable your practice and its practitioners to overcome barriers which prevent appropriate prescribing of antibiotics.

  DATA Collection Round 2
  After a period of 6 months, it is recommended that antibiotic prescribing is re-audited using the same format.
**1 Practice Patient Identifier**

**2 Age of patient**
- 12 years and under [ ]
- Over 12 years old [ ]

**3 Diagnosis**

- NUG
- Angular cheilitis
- Apical abscess - Acute
- Apical abscess - Acute with systemic involvement
- Apical periodontitis - Acute
- Apical periodontitis - Chronic
- Candida/fungal infection
- Infected socket
- Pericoronitis
- Periodontal abscess
- Pulpitis – Reversible
- Pulpitis – Irreversible
- Recurrent Aphthous Stomatitis (Oral Ulceration)
- Sinusitis
- Viral infection
- Other: [ ]

**4 Reasons for prescribing antibiotics (signs & symptoms)**

- Spreading infection – Cellulitis
- Spreading infection – Lymphadenopathy
- Swelling – Localised
- Swelling – Diffuse
- Pyrexia (temperature recorded > 36.5)
- Systemic involvement - (fever, malaise)
- Pain – Mucosal ulceration
- Previous local measures failed
- Prophylaxis against bacterial endocarditis
- Prophylaxis other
- Patient demand
- Time constraints

**5 Interventions made in addition to prescribing antibiotics**

- Please tick all that apply

<table>
<thead>
<tr>
<th>Description</th>
<th>✔️</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Prescription for Analgesics</td>
<td>✔️</td>
</tr>
<tr>
<td>Extraction</td>
<td></td>
</tr>
<tr>
<td>Establish drainage by incision</td>
<td>✔️</td>
</tr>
<tr>
<td>Establish drainage by opening tooth</td>
<td></td>
</tr>
<tr>
<td>Dress tooth - no pulp Tx</td>
<td></td>
</tr>
<tr>
<td>Local measures</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>

**6 Details of antibiotics prescribed**

<table>
<thead>
<tr>
<th>Name of antibiotic prescribed</th>
<th>Dose</th>
<th>Duration</th>
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<tbody>
<tr>
<td></td>
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</table>

Return your 10 audits by “Simply accessing the site at [www.dental-referrals.org](http://www.dental-referrals.org) and then select Cheshire, Warrington, Wirral & Merseyside as your location. Once on the dentists homepage simply scroll down and you will see the link to “AMR Audit System” - just click to start”.

We trust that you find the **AUDIT TOOL AND FEEDBACK** useful to enable all practitioners within your practice to prescribe in accordance with guidance and educate your patients as to why antibiotics are not always required for dental conditions.

**antibiotics DON’T cure toothache!**

Encourage patients and colleagues to become an antibiotic guardian [www.antibioticguardian.com](http://www.antibioticguardian.com)
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You can also discover how to become an antibiotic guardian at:
www.antibioticguardian.com

Cheshire and Merseyside Local Dental Network
antibiotics DON'T cure toothache!
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- Wendy Thompson
- Yvonne Dailey
- Steven Korb

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Public Health England Cheshire and Merseyside Centre
Health Education England North West Office

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antibiotics DON’T cure toothache!
Contact your dentist or phone NHS 111 if any of the following occur:

- You develop a fever over 102°F (38°C).
- You develop redness and swelling of your face, jaw or neck.
- You are unable to open your mouth.
- You have severe pain uncontrolled by pain medicine.
- You have difficulty swallowing.

Your dentist will advise you on the most appropriate treatment for you.

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Annual EU wide cost of healthcare expenses and lost productivity due to antibiotic resistant bacteria.

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Contact information for out of hours dental advise:
T 0161 476 9651
TOOTHACHE CAN BE CAUSED BY MANY THINGS SUCH AS;

- Tooth decay
- Broken teeth
- Gum disease
- Abscesses or infections
- Jaw problems

CAN I HAVE ANTIBIOTICS FOR TOOTHACHE?

- Antibiotics on their own do not clear the infection or stop pain. Dental treatment is usually needed as well.
- Your dentist will decide whether antibiotics are appropriate for your dental problem.
- Taking too many antibiotics can mean that they will become less effective and won’t work when they are really needed.
- Antibiotics, like other medicines, can also have side-effects so won’t be prescribed unless absolutely necessary.

ANTIBIOTICS: THERE ARE BETTER WAYS TO MANAGE TOOTHACHE & INFECTION

ANTIBIOTIC RESISTANCE is one of the biggest threats facing the world today.

- Unlike many things in medicine antibiotics work less effectively the more often they are taken
- Be aware that antibiotics are not always the best way to manage toothache and dental infection

HOW IS TOOTHACHE TREATED?

- Pain killers can help – Paracetamol and, if you can safely take it, ibuprofen. Both can be bought from pharmacies. A small minority of patients require stronger pain killers.
- Always read the patient information leaflet and check it is safe for you to take either medicine. You can ask your pharmacist for advice.
- A dentist needs to examine your mouth and decide the cause of the pain.
- Dental treatment may then be needed, such as fillings, root treatment or sometimes extraction of the tooth
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Adult pain relief recommendations in conjunction with local measures

Recommended drug regimens for dental pain relief in adults:

**MILD TO MODERATE PAIN, ANALGESIC OPTIONS**
- 1000mg paracetamol four times daily
  - Or 400mg ibuprofen three times daily.

**MODERATE TO SEVERE PAIN**
- 400mg to 600mg ibuprofen three to four times daily*
  - And 1000mg paracetamol four times daily.

*For severe or acute conditions ibuprofen can be prescribed to a maximum of 2400mg daily. If patient wishes to purchase the product OTC (over the counter) then the maximum dose is 400mg three times daily.

For severe or acute pain paracetamol and ibuprofen may be combined, doses of each may be taken together or alternately.

To minimise confusion, it is recommended that doses of ibuprofen and paracetamol are taken together.

### Recommended regimens for combining paracetamol and ibuprofen:

<table>
<thead>
<tr>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
<th>Before Bed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000mg paracetamol</td>
<td>1000mg paracetamol</td>
<td>1000mg paracetamol</td>
<td>1000mg paracetamol</td>
</tr>
<tr>
<td>400mg to 600mg ibuprofen</td>
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Or the alternative is to stagger the doses of paracetamol and ibuprofen over 24 hours. If this regimen is used, ensure that ibuprofen is taken with food.

- Ibuprofen should be taken with food
- Do not exceed recommended maximum doses:
  - 4000mg paracetamol in a 24 hour period
  - 2400mg ibuprofen in a 24 hour period

Before prescribing or advising analgesia always ask the patient what they are already taking or normally take for pain. Including any prescribed or OTC remedies.
Encourage patients and colleagues to become an antibiotic guardian
www.antibioticguardian.com

Avoid ibuprofen in patients:
- With a hypersensitivity to aspirin or any other NSAID including those who have experienced attacks of asthma, angioedema, urticaria or rhinitis precipitated by aspirin or another NSAID
- With active peptic ulcer disease or a history of NSAID associated ulcer disease
- In the third trimester of pregnancy
- With severe heart failure
- Taking any other NSAID painkillers

Use ibuprofen with caution in patients:
- With a history of asthma or other allergic disease, bowel problems, ulcerative colitis, Crohn’s disease, connective tissue disorders
- Patients with severe renal, cardiac or hepatic impairment
- Who are elderly
- With uncontrolled hypertension
- With coagulation defects or inherited bleeding disorders
- In the first 6 months of pregnancy
- Who are breastfeeding
- Taking the following medicines: anticoagulants, antihypertensives, methotrexate, SSRIs, lithium, antiplatelet agents

Avoid paracetamol in patients:
- With hypersensitivity to paracetamol or any of the preparation excipients

Use paracetamol with caution in patients:
- With severe hepatic or renal impairment

Child pain relief recommendations

Drug choices and regimens as stated for adults

Doses
Please use doses as listed in the BNF or BNFC.
www.evidence.nhs.uk/formulary/bnfc/current or www.evidence.nhs.uk/formulary/bnf/current

For more information

If further information is required seek advice from a pharmacist, a medical practitioner or the North West Medicines Information Centre/National Dental Medicines Information Service (NWMIC).
The NWMIC enquiry answering service is available Monday to Friday 08.30 to 17.00 by phone on 0151 794 8113 or email at nwmedinfo@nhs.net
Visit www.evidence.nhs.uk for UKMi and NHS Medicines Information resources.

Remind patients that if they exceed the recommended dose or experience any abnormal reactions seek advice from a pharmacist, their GP or attend A&E in the case of an emergency.

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