Oral Surgery 21 “- extra notes only -.”

Antibiotics in dentistry

Reference : Slides + pharmacology Lippincott

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For writing an antibiotic prescription a one should know: Drug generic/trade name , dose , duration - most of them are from 4-7 days , usually the antibiotic needs 2-3 days but its given up to 7 days because of the patients compliance- .

Usually they are given orally but there are certain cases when they are given intravenously .

Drug in the “generic or trade “ name ?

generic “scientific” based on its chemical structure / class of the drug , especially for the patients that attend our hospital clinics so that the cheapest trade drug would be sold to them .

the generic name is not capitalized while the trade name has its first letter capitalized .

date , name and amount should be clear in the prescription

***slide 6:***

loading dose “doubling the dose” .

***Slide 7 :***

Dose and duration are very important because we want to avoid resistance where the bacteria become unresponsive to the abx leading to spread of the infection.

Cautious should be given to patients with medical problems, they need adjustment in the dose .

***Slide 13:***

“-ve bacteria are considered virulent”

***Slide15:***

mostly related to penicillin and cephalosporin unless there is allergic reactions

***slide 16:***

Adverse events: GI upset so if the patient has , consultation must be made before prescribing

***Slide 18:***

Amoxicillin + clavulanic acid = Augmentin

More potent but be careful to its resistance and allergic reactions as well .

***Slide 19 :***

amoxicillin is more used than ampicillin for absorption purposes .

Dose is age dependent and calculated based on the weight .

Its your responsibility to ask the patient about any penicillin allergy .

Also in poor renal function dose has to be adjusted.

***Slide 21 :***

*if there is an allergy from penicillin don’t give cephalosporin as there is cross sensitivity from 10-15%*

***slide 20-29 :***

The doctor said that you have to memorize all the generations and 3 exam questions are included from them .

Injectable abx are given in serious conditions like meningitis and **acquired** hospital infections, the problem with the injectable type for this antibiotic that its painful since it’s not saline diluted instead in local anesthetic .

***Slide 30 :***

How to treat pseudomembranous colitis ?

Stop the abx and if it didn’t resolve use metronidazole .

In the past they used erythromycin “ethyl succinate or stearate” but stearate is hepatotoxic and both are not used for the colitis.

***Slide 33 :***

Tetracyclin mostly for skin and soft tissue infections

The dose is given for a long period of duration

***Slide 34 :***

Discoloration of teeth “enamel and dentine” depending on the dose and the time its administered . (for young children)

***Slide 35 :***

cause it works on DNA , it’s a potent abx.-

***slide 37 :***

spontaneous tendon rupture specific for fluoroquinolones . In knee joints and orthopedics are more concerned some studies linked it to sphenomandibular ligaments and the patient won’t be able to open his mouth propely but its contra versed.

***Slide 39 :***

People with sever fungal infections usually are immunocompromised and the oral infection is a manifestation , so the treatment would be by a specialist of the disease but if it was related to dental appliances or any dental cause you prescribe :

Dose: 5 ml swish and swallow q 4 h x 10-14 d

***Slide 40 :***

Parasite and fungal infections take long time to resolve

***slide 41 :***

Parasite and fungal infections take long time to resolve

***slide 45 :***

Sometimes brushing can cause spreading of the infection as well as the retraction cords can cause that too .

Documentation. (procedure and antibiotics prescribed

***Slide 49 :***

Always write the generic name , especially now as the patients of the hospital might not afford the trade one you prescribed it.