

Common Medications in Dentistry

I. Antibiotic prophylaxis regimen for patients at high risk for infective endocarditis

Indications:

- H/O infective endocarditis
- Prosthetic valve
- Selective congenital cardiac conditions
- Cardiac transplant recipients with cardiac valve disease

1. Amoxicillin PO

2 g (adults) or 50 mg/kg (pediatric) amoxicillin PO
All PO medications are given 1 hour before the appointment

2. If penicillin-allergic:

500 mg (adults) or 20 mg/kg (pediatric) clarithromycin PO
600 mg (adults) or 20 mg/kg (pediatric) clindamycin PO
Equivalent dose of cephalexin or other 1st and 2nd generation cephalosporin
All PO medications are given 1 hour before the appointment

II. Anti-fungal therapy

1. Nystatin suspension 1:100,000 iu/ml

Dispense 200-300 (write exact amount) ml
Swish and spit out (or swallow if necessary) 5 ml 3-4 x/day for 7-10 days
Contraindication: chronic use can cause caries because of sucrose content

2. Clotrimazole 10 mg troche

Dispense 30-40 troches (write exact number) tabs
Dissolve one tablet in mouth 3-4x/day for 7-10 days
Contraindication: troche will not dissolve if patient has severe hyposalivation

3. Fluconazole 100 mg tablets

Dispense 3-7 (write exact number) tablets
Take one tablet in the morning for 3-7 days

4. Mycolog (nystatin and triamcinolone) cream or ointment 1:100,000 iu/0.1%

Dispense 15 or 30 g (write exact amount) tube
Apply to affected site 3-4x/day for 7-10 days
This is particularly effective for angular cheilitis or applied on to denture base for atrophic candidiasis associated with denture wear

III. Anti-inflammatory agents

If not using a stent, place steroid directly on the site (with or without gauze);
no food or drink for 20 min.

A. Topical steroids for localized lesions or desquamative gingivitis (to be used in stent)*

1. Clobetasol 0.05% gel (Class I steroid)

Dispense 15/30/45/60 g (write exact amount) tube
Dry area, apply to affected site 2-4x/day for 2-4 weeks

2. Betamethasone 0.05% gel (Class I steroid)

Dispense 15/30/45/60 g (write exact amount) tube
Dry area, apply to affected site 2-4x/day for 2-4 weeks

3. Fluocinonide 0.05% gel (Class II steroid)

Dispense 15/30/45/60 g (write exact amount) tube
Dry area, apply to affected site 2-4x/day for 2-4 weeks

* Place steroid in stent and wear for 30 min twice a day to start, reducing time or reducing frequency to once a day; then discontinue when symptoms resolve, and restart for 2-3 week periods as necessary.

Gels can also be mixed 1:1 with Orabase (methylcellulose paste) in cases of aphthous or other localized ulcers.

These steroids should not be used on the vermilion for > 1 week because they may cause atrophy.

B. Topical steroids for diffuse lesions

Dexamethasone 0.5 mg/5 ml

Dispense 300 ml
Swish 5 ml, hold for 3 min, and spit out for 2-4 weeks

C. Non-steroidal anti-inflammatory agents

Tacrolimus 0.1% ointment (*does not come in gel form at this time*)

Dispense 15/30/45/60 g (write exact amount) tube
Dry area, apply to affected site 2-4x/day for 2-4 weeks

For a complimentary oral biopsy kit, please
call 800-325-7284 or email oralpath@stratadx.com

