Common Drug Interactions

Antibiotics-Oral Contraceptives: Reduced effectiveness of oral contraceptives; Use caution while on antibiotics.

Tetracycline—Antacids: Reduced serum concentration & efficacy of tetracycline; use avoid with antacids & dairy products.

Erythromycin—Penicillin: Causes impaired efficacy of penicillin; Avoid this combination in treatment of oral infections.

Erythromycin—Tegretol: Causes increased blood levels of Tegretol and possible toxicity; use erythromycin with caution.

Erythromycin—Halcion: Causes increased blood levels of Halcion & possible toxicity; use with caution and closely monitor.

Erythromycin or Ketoconazole-Seldane: Cardiotoxicity and ventricular arrhythmias; avoid these combinations.

Buprofen or other NSAID’s-Anticoagulants: Increased bleeding due to decreased platelet aggregation.

Epinephrine-Tricylic Antidepressants: Possible hypertension; use minimum amounts of epi. with caution in these patients

Epinephrine-Monoamine Oxidase Inhibitors: May cause hypertension; use vasocostrictors with caution in these patients

Narcotic Analgesics-Tagamet: Increased adverse effects of narcotic analgesics by inhibiting its metabolism; use caution.

Valium-Alcohol: Enhanced effects of valium resulting in inebriation and respiratory depression; Avoid alcohol for 72 hours.

Antibiotic Therapy for Infections

<table>
<thead>
<tr>
<th>Antibiotic</th>
<th>Adult dose</th>
<th>Pediatric dose/day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penicillin vk</td>
<td>500 mg qid</td>
<td>50 mg/kg in 3-4 doses</td>
</tr>
<tr>
<td>Amoxicillin</td>
<td>250-500 mg qid</td>
<td>25 mg/kg in 3 doses</td>
</tr>
<tr>
<td>Augmentin</td>
<td>250-500 mg qid</td>
<td>20 mg/kg in 3 doses</td>
</tr>
<tr>
<td>Kellex</td>
<td>500 mg qid</td>
<td>25-50 mg/kg in 4 doses</td>
</tr>
<tr>
<td>Erythromycin</td>
<td>333 mg qid</td>
<td>40 mg/kg in 4 doses</td>
</tr>
<tr>
<td>Clindamycin</td>
<td>300-450 mg qid</td>
<td>10-20 mg/kg in 4 doses</td>
</tr>
<tr>
<td>Flagyl</td>
<td>500 mg tid</td>
<td>30-40 mg/kg</td>
</tr>
</tbody>
</table>

Tx Principles: 1) Eliminate source 2) Incision & Drain. 3) Antibiotics

Pain Management

Analgesic | Ingredient | Dose |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tylenol/3</td>
<td>Codeine 30mg+Acetam. 325</td>
<td>1-2 tabs q4h prn</td>
</tr>
<tr>
<td>VicodinES</td>
<td>Hydrocod. 7.5+ Acetam. 500</td>
<td>1 tab q4h prn</td>
</tr>
<tr>
<td>Vicodin</td>
<td>Hydrocod. 5.0g + Acetam. 500</td>
<td>1 tab q4h prn</td>
</tr>
<tr>
<td>Darvocet N-100</td>
<td>Propoxyphene 100+Acet. 325</td>
<td>1 tab q4h prn</td>
</tr>
<tr>
<td>Percocet</td>
<td>Oxycodone + Acetom.</td>
<td>1 tab q4h prn</td>
</tr>
<tr>
<td>(Specify combination)</td>
<td>(3/25; 7/500; 7/5000)</td>
<td>(10/250; 10/650)</td>
</tr>
<tr>
<td>Percodan</td>
<td>Oxycodone 5mg + Aspirin 325</td>
<td>1 tab q4h prn</td>
</tr>
<tr>
<td>Demerol</td>
<td>Meperidine 50 mg</td>
<td>1 tab q4h prn</td>
</tr>
</tbody>
</table>

Local Anesthesia Pharmacology

Lidocaine 2%: 36 mg/cart.; max. dose 4.4 mg/kg (7mg/kg with epi) up to 500 mg; Max. epi. dosage: 0.2mg (0.04 mg in cardiac pts.)

Mepivacaine (carbocaine): Max. dosage: 4.4 mg (6.6 mg/kg with vsacoonstructor) up to 400 mg; Duration: 20 min. inlif.; 40 min. block

Prilocaine 4% (Citanest): 72 mg/cart.; max. dose: 6 mg/kg (8 mg/kg with vasocostructor); Contraindicated in patients with methemoglobinemia, anemia, or respiratory failure.

Bupivicaine 0.5% (Marcaine): 9 mg/cart.; max. dose: 90 mg per appoint.; indicated for long procedures and pain control.

Articaine 4%: 72 mg/cart.; max. dose: 7 mg/kg.; Duration: 60 min.; infiltration; 90 min. inferior block.

Oral Sedation

<table>
<thead>
<tr>
<th>Oral Sedation (Adults)</th>
<th>Oral Sedation (Children)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valium 5-10 mg tabs</td>
<td>Valium 0.3-0.5 mg/kg</td>
</tr>
<tr>
<td>Xanax 0.5 mg tabs</td>
<td>Midazolam 0.5 mg/kg</td>
</tr>
<tr>
<td>Halocin 0.25-0.5 mg</td>
<td>Chloral Hydrate 50 mg/kg</td>
</tr>
<tr>
<td>Ativan 1mg tabs</td>
<td>Promethazine 25 mg</td>
</tr>
</tbody>
</table>

Parameters for Predictable Pulpalia

<table>
<thead>
<tr>
<th>Rest. Time</th>
<th>Proximity Limitation</th>
<th>Vertical Soft tissue limitations (mm) *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tooth-Tooth</td>
<td>1 mm</td>
<td>6</td>
</tr>
<tr>
<td>Tooth-Pontic</td>
<td>N/A</td>
<td>6.5</td>
</tr>
<tr>
<td>Pontic-Pontic</td>
<td>N/A</td>
<td>6.0</td>
</tr>
<tr>
<td>Tooth-Implant</td>
<td>1.5 mm</td>
<td>4.5</td>
</tr>
<tr>
<td>Implant-Pontic</td>
<td>N/A</td>
<td>5.5</td>
</tr>
<tr>
<td>Implant-Implant</td>
<td>3 MM</td>
<td>3.5</td>
</tr>
</tbody>
</table>

Management of Medically Compromised Patients

Cardiovascular Disease

Constrictive Heart Failure: Limit stress; Short visits; Adequate pain control; Be aware of Digitalis toxicity.

Hypertension: Take pre-operative blood pressure; Good pain and anxiety control; Review of medications and compliance with taking them; Slow resumption of the erect posture after treatment.

Heart disease: Sedation in helpful; Good pain control; Local anesthesia with epi. 1:100.00 limited to 2 caruples or 0.04mg total epinephrine dosage; Intraperative Oxygen; Avoid elective procedures in patients with MI within 6 months.

Respiratory Disease

Chronic Bronchitis: Avoid contributing agents or techniques; Relatively poor candidates for sedation; Drying agents or respiratory depressants are contraindicated; Take aggressive approach in eliminating oral infection.

Pulmonary Emphysema: Avoid respiratory depressant; Avoid atropine, scopolamine, and similar anticholinergics; Treat in upright position; Be prepared to administer oxygen & support ventilation since an acute respiratory failure may occur suddenly.

Asthma: Limit stress which is a precipitating factor; Avoid use of narcotics and barbiturates ; Pre-operative inhaler use helpful.

Potential Drug Interactions: Increased aspirin & NSAID’s sensitivity; Barbiturates and narcotics are asthma precipitants; Erythromycin, clorhromycin, & ketoconazole are contraindicated in patients on theophyllin; patients on steroid therapy may require supplemental dosage.

Diabetes Mellitus

Schedule appointments in the mid-morning; No contraindication to use of local anesthesia with or without epi.; Patients should maintain half of normal insulin dosage; Increased adverse effects of oral hypoglycemic agents especially if patient is poorly controlled; Phenformin-induced gingival hyperplasia is common in 40-50% of those on the drug longer than 3 months. Sedation helpful in poorly controlled; Phenytoin-induced gingival hyperplasia is common in 40-50% of those on the drug longer than 3 months. Sedation helpful in poorly controlled; Some patients (10-20 mg Phenobarbital 1 to 2 hours before visit); Be aware of possible aspiration of poorly retained crowns, bridges, or carious teeth following an episode.

Adrenal Insufficiency

Patients on steroids for past year have increased susceptibility to infection & possibility of adrenal crisis; Obtain precise history of previous episodes; Pre-operative anti-convulsant levels if patient is on anticonvulsants; Sedation helpful; Good pain control; Local anesthesia with epi. 1:100,000 limited to 2 carpules or 0.04mg total epinephrine dosage.

Seizure Disorder

No increased risk with most routine procedures; Obtain precise history of previous episodes; Pre-operative anti-convulsant levels if patient is poorly controlled; Phenytion-induced gingival hyperplasia is common in 40-50% of those on the drug longer than 3 months. Sedation helpful in poorly controlled; Some patients (10-20 mg Phenobarbital 1 to 2 hours before visit); Be aware of possible aspiration of poorly retained crowns, bridges, or carious teeth following an episode.

Bleeding Conditions

Schedule appointments in the mid-morning; No contraindication to use of local anesthesia with or without epi.; Patients should maintain half of normal insulin dosage; Prophylactic antibiotics recommended in poorly controlled patients; Take aggressive approach in eliminating oral infection.

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Prophylaxis for Prevention of Endocarditis

**Standard Oral Regimen**

**Amoxicillin** - Adults: 2.0 g; Children: 50 mg/kg orally 1 hour before procedure

**Penicillin-Allergic Patients**

**Clindamycin** - Adults: 600 mg; Children: 20 mg/kg orally 1 hour before procedure -OR- Cephalexin or Cephradine - Adults: 2.0 g; Children: 50 mg/kg orally 1 hour before procedure -OR- Azithromycin or Clarithromycin - Adults 500 mg; Children 15 mg/kg orally 1 hour before procedure

**Patients Unable to Take Oral Medications**

**Amoxicillin** - Adults: 2.0 g; Children: 50 mg/kg IM or IV within 30 minutes before procedure

**Penicillin-Allergic Patients Unable to Take Oral Medications**

**Clindamycin** - Adults: 600 mg; Children 20 mg/kg IV within 30 minutes before procedure

**Cefazolin** - Adults: 1.0 g; Children 25 mg/kg IM or IV within 30 minutes before procedure

*High risk patients should rinse with chlorhexidine for 30 sec. prior to procedure. Allow an interval of 9-14 days between procedures.*

**Prophylaxis for Total Joint Replacement**

**Standard Oral Regimen**

**Amoxicillin or Cepharadine** - Adults: 2.0 g orally 1 hour before procedure

**Penicillin-Allergic Patients**

**Clindamycin** - 600 mg orally 1 hour before procedure

**Patients Unable to Take Oral Medications**

**Amoxicillin** - 2.0 g IM / IV 1 hour before procedure

**Cefazolin** - 1.0 g IM / IV 1 hour before procedure

**Penicillin-Allergic Patients Unable to Take Oral Medications**

**Clindamycin** - Adults 600 mg IV within 30 min. before procedure

No follow up dosing necessary for any of the above regimens

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**Treatment for Common Oral Conditions**

**Primary Herpes:** Acyclovir 200 mg caps.; 1 cap q4h for 14 days; Supportive therapy: Benadryl elixir 12.5 mg/5 cc mixed with Kapecitate, 50% by mixture; oral rinses q2h; Xylocaine viscous 2%; 450 ml bottle, Swish with 1 tsp qid and spit out.

**Recurrent Herpetic Infections:** Acyclovir 200 mg caps.; 1 cap q4h for 14 days; Acyclovir ointment 5%; 15 g tube, Apply 6/day for 7 days; Denavir for herpes labialis: 2 g tubeem, apply q2h for 4 days; Preventive therapy: Lyamine (OTC) 500 mg, 2-4 tabs qd if prone to recurrent IDP.

**Recurrent Aphthous Stomatitis:** Kenalog in Orabase 0.1%; 5 gm tubes; Revert lesion at meals & nightly; Benadryl elixir 12.5 mg/5 cc; dispense 100 cc; 1 tsp oral rinses for 2 minutes qid then swallow; Tetracycline caps.; suspend 1 capsule in a tsp of water, then rinse for 2 minutes qid and swallow.

**Candidiasis:** Nystatin oral susp. 100K units/cc; dispense 60 cc; 5 cc oral rinses for 2 minutes qid, then swallow.

*Fungizone Oral Suspension* (topical Amphotericin B) 100 mg qid.

**Myelocites:** topical 10 mg; dispense 70 troches; dissolve 1 troche in mouth five times a day.

**Systemic therapy:** Ketoconazole 200 mg tabs; dispense 20 tabs; 1 tab qd with a meal.

**Xerostomia:** OTCA Saliva substitutes: Mio-Str spray bottles; Mouthkote aqueous solution; Breath Tech mouth spray; Optimist; Biotechno gel; Salivart

**Cholinergic salivary stimulants:** Xevox (Sjogren syndrome related dry mouth) 30 mg caps, 1 tid OR Salagen (Radiation related dry mouth) 5 mg tabs, 1-2 tabs qid or tid

**Erosive Lichen Planus:** Dacadron elixir: 100 cc bottle, rinse with 1 tsp qid.

*Lidek* gel 0.05%; 15 gm tube; Apply to affected areas.

**Systemic:** Prenisone (Lidex) 5 mg, 60 tabs, 4 tabs in am and 4 tabs in pm for 4 days, then decrease tablets by 1 each day.

**High potency topical:** Tretinoin cream 0.05%, 15 g tube, Apply locally 4-6 times/day.

**Burning Mouth Syndrome:** Benadryl elixir 12.5 mg/5cc rinse; with 1 tsp for 2 minutes and swallow.

**Drug Induced Gingival Enlargement:** Improve plaque control; gingivoplasty; Folic acid: 1mg tab qd.

**CPR Adult**

1) **Shake & Shout:** 2) **Activate:** (EMS) 3) Position victim; 4) Open airway; 5) Look, Listen & Feel for breath; 6) Two slow breaths (1.5-2 sec. each); 7) Check pulse for 10 sec.; 8) 400-600 chest compressions; 1.5-2 inches depth with heel of hands over lower half of sternum; 9) Compression: Ventilation ratio is 15:2 or 5:1 (for 2 man CPR)

**CPR Child**

1) **Shake & Shout:** 2) **Activate:** (EMS) 3) Position victim; 4) Open airway; 5) Look, Listen, & Feel for breath; 6) Two slow breaths (1.5-2 sec. each); 7) Check ca- tid pulse for 10 sec.; 8) At least 100 chest compressions; 1.5 inches depth with heel of one hand over lower half of sternum; 9) Compression: Ventilation ratio is 5:1. 10) Do 20 CPR cycles

**Infant CPR:** Same but at least 100 chest compressions with 2-3 fingers, 0.5-1 inches depth