

**Guideline for telephone assessment of dental pain of suspected endodontic origin during the COVID-19 Pandemic (April 6, 2020)**

This document is intended to assist the dentist in managing patients **via telephone only with pain of suspected endodontic origin, and to outline urgent care options for unmanageable pain (pending clinical examination, and availability of enhanced PPE). Patients with suspected/confirmed COVID-19 should not be treated in a routine setting.** Every effort should be made to manage patient pain pharmacologically during this critical time. A chart of commonly used medications for typical odontogenic infections follows.

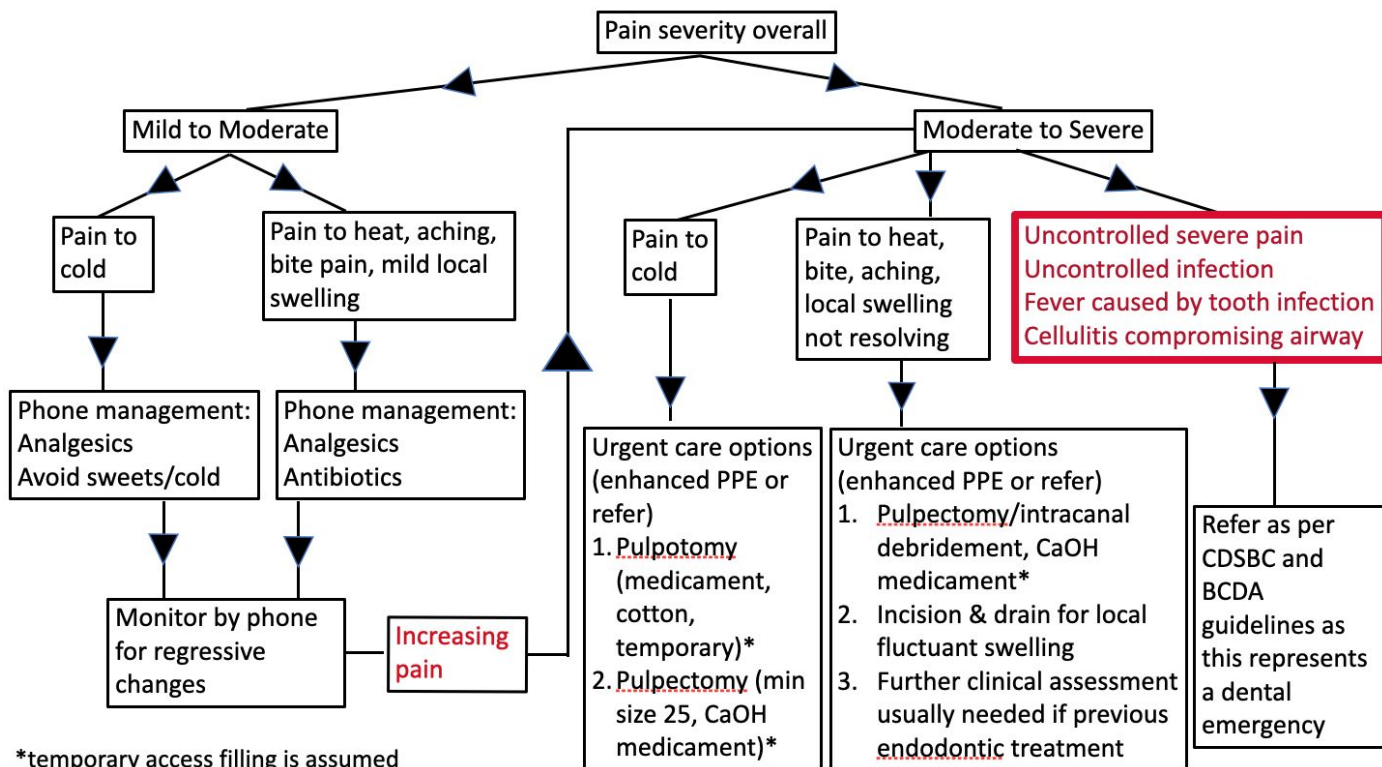
**Management of the telephone assessed patient**

**Questions/Telephone Assessment**

1. Pain Type – Cold, hot, bite, ache
2. Pain duration - intermittent, constant
3. Severity – mild/moderate/severe

4. Swelling – extraoral or intraoral

5. Signs of potential life threatening dental conditions as per CDSBC guideline for emergent care (see red box below, emergency - refer)



Typical antibiotics and analgesics for dental pain

Analgesic drug options for endodontic pain	
<b>Mild pain</b>	
Ibuprofen 400-600mg q6h (max daily dose 1200mg, prescription ibuprofen has max daily dose 2400mg) or Acetaminophen 325-500mg q6h (max dose 4000mg in a day) up to 7 days	
<b>Moderate pain</b>	
Ibuprofen 400-600mg plus acetaminophen 500mg q6h up to 7 days	
<b>Severe pain</b>	
Ibuprofen 400-600mg q6h, plus acetaminophen 300 mg with codeine 30mg 1-2 q6h up to 7 days	
This is just a general guideline. Please consider your patient's individual health and allergies.	

Antibiotic drug options	Adult dose (consider loading dose if indicated)
Penicillin VK	300-600 mg q6h 3-7 days
Amoxicillin	500 mg q8h 3-7 days
Azithromycin (penicillin allergy)	500 mg loading, 250 mg q24h 5 days
Amoxicillin w/ clavulanic acid	500 mg q8h/125 mg q8h 7 days (recalcitrant infection)
Metronidazole	500 mg q8h 7 days (use in combination with Penicillin)
Clindamycin	300 mg q6h 3-7 days
Due to risk of C. difficile, azithromycin should be considered before clindamycin in patients allergic to penicillin.	

This guideline does not override official orders that exist. Clinicians must ultimately use their own judgement in guiding a patient's care. The CDSBC has published guidelines for emergent care, the BCDA has published a document "Algorithm for Non-elective Dental Treatment as of March 27 2020" for screening of COVID-19 symptoms, and the BCAOMS has provided additional recommendations for emergency care and details regarding standard and enhanced PPE; please refer to these important documents.

References: CDSBC, BCDA, BCAOMS documents regarding Covid-19, AAE Colleagues for Excellence Antibiotic Update (2019)