



Checklist for Antibiotic Prescribing in Dentistry



Evaluation

- ☐ Assess your patient's medical and dental history when prescribing an antibiotic, including allergies, comorbid conditions, pregnancy and immune status, current medications, and history of *Clostridioides difficile* (or *C. diff*) infection.
- ☐ Perform a dental examination and make a definitive diagnosis before prescribing an antibiotic.
- ☐ Obtain a history of the signs and symptoms associated with reported penicillin allergy to identify patients who may benefit from having their penicillin allergy assessed by their primary care provider or allergist.¹



Treatment

- ☐ Follow the American Dental Association (ADA)'s guideline for dental pain and intraoral swelling when treating immunocompetent adult patients.^{2,3}
 - Prioritize performing definitive, conservative dental treatment (DCDT) (e.g., pulpotomy, pulpectomy, extraction, debridement or incision and drainage) over antibiotic prescribing for most dental conditions.
 - Do not prescribe antibiotics as an adjunct to most dental conditions when DCDT is available due to limited benefit and potential harm associated with antibiotic use.
 - Use over-the-counter pain relievers such as acetaminophen and ibuprofen.
 - Prescribe antibiotics when clinical signs and symptoms suggest systemic involvement, such as fever or malaise along with intraoral swelling.
- ☐ Do not prescribe antibiotics for oral viral infections, fungal infections, or ulcerations related to trauma or aphthae that are clean and debrided.
- ☐ Prescribe amoxicillin or penicillin V potassium if antibiotic therapy is needed to treat a dental infection.
 - Consider cephalexin for patients with reported penicillin allergy who do NOT have a history of anaphylaxis, angioedema, or urticaria with penicillin or ampicillin. Otherwise, use azithromycin.
 - Avoid prescribing clindamycin if alternative options are available. Clindamycin may cause more frequent and severe adverse events (e.g., *C. diff* infection) compared to other antibiotics.
- ☐ Use the shortest effective antibiotic duration (3-7 days) when treating otherwise healthy patients with dental infections.
 - Follow up after 3 days to assess for resolution of systemic signs and symptoms.
 - Patients can discontinue antibiotics 24 hours after complete resolution of systemic signs and symptoms.
- ☐ Document the diagnosis, treatment plan, and rationale for antibiotic use (if prescribed) in the patient chart.



Education

- ☐ Discuss antibiotic use and current prescribing guidelines with referring specialists and colleagues.
- ☐ Train dental staff on appropriate antibiotic use to ensure that all team members provide consistent communication with patients during the dental visit.
- ☐ Educate patients about the risks and benefits of antibiotic use. Explain when antibiotics are and are not needed.
 - Provide oral and written instructions to take antibiotics as prescribed.
- ☐ Advise patients to contact a healthcare professional if they develop side effects while taking antibiotics.
 - Patients need immediate medical evaluation if they experience severe diarrhea, which could be a symptom of *C. difficile* infection and can lead to severe colon damage and death.

This document provides general information and does not apply to all clinical scenarios. Always assess the individual patient and use your clinical judgement. Refer to ADA guidelines for specific treatment recommendations, definitions, and resources.²

CDC Antibiotic Stewardship Resource Bundles: Dental Care



References

¹[Evaluation and Diagnosis of Penicillin Allergy for Healthcare Professionals | Antibiotic Use | CDC](#)

²Lockhart PB, et al. JADA. 2019 Nov;150(11):906-21.

³[Dentists: Be Antibiotics Aware - Treating Patients with Dental Pain and Swelling \(cdc.gov\)](#)