Patient presents to ED with signs of an odontogenic infection:
- Oral pain
- Oral abscess
- Intraoral swelling
- Dental caries
- Periodontitis
- Pericoronitis

**Evaluate Host Defenses**
- Enter ICD-10 dental abscess code (K04.6 or K04.7)

**Facial Cellulitis**
- Enter ICD-10 facial cellulitis code (K12.2)

**Assess severity**
- Airway compromise
- Anatomic location
- Rate of progression

**Evaluate host defenses**
- Immune compromise
- Medical comorbidities

**Admission Criteria**
- Difficulty breathing
- Difficulty swallowing
- Dehydration
- Trismus (interincisal opening <20mm)
- Temperature >101.5°F
- Severe malaise or toxic appearance
- Signs of Ludwig’s Angina or Cavernous Sinus Thrombosis
- Rapid progression
- Immunocompromised or medical comorbidities
- Failed prior treatment

**Odontogenic Infection Algorithm: For ED Physicians**

**Facial Cellulitis**
- Yes
  - Enter ICD-10 facial cellulitis code (K12.2)

**Immunocompetent and ASA I or II**
- No
  - Antibiotics*
  - Pain management+

**Immunocompromised or medical comorbidities (≥ASA III)**
- Yes
  - Enter ICD-10 facial cellulitis code (K12.2)

**Facial Cellulitis**
- Yes
  - Enter ICD-10 facial cellulitis code (K12.2)

**Facial Cellulitis**
- No
  - Antibiotics*
  - Pain management+

**Does the cellulitis encroach upon the orbit, spread inferior to the body of the mandible, or posterior to the mandibular ramus?**
- Yes
  - Consult the dental resident on call
  - F/U with dental clinic during normal business hours, within 72 hours
  - Give patient info to dental resident on call

**Does patient meet admission criteria?**
- Yes
  - Admit patient to hospital
  - Send consult to dental resident on call
- No
  - F/U with dental clinic during normal business hours, within 72 hours
  - Give patient info to dental resident on call

**Consult dental resident**
- Antibiotics*
- Pain management+

**If unsure of origin of the infection at any point, consult the dental resident on call, especially before taking a CT scan**
Admission Criteria

- Difficulty breathing
- Difficulty swallowing
- Dehydration
- Trismus (interincisal opening <20mm)
- Temperature >101.5°F
- Severe malaise or toxic appearance
- Signs of Ludwig’s Angina or Cavernous Sinus Thrombosis
- Rapid progression
- Immunocompromised or medical comorbidities
- Failed prior treatment
- Cellulitis encroaches upon the orbit, spreads inferior to the body of the mandible, or posterior to the mandibular ramus
Antibiotics of Choice*

- Amoxicillin is the antibiotic of first choice
  - 20-40 mg/kg/day tid
- Clindamycin – preferred antibiotic if patient is penicillin allergic or infection worsening after 72 hrs of amoxicillin use
  - 8-20 mg/kg/day tid
- Azithromycin – alternative to Clindamycin
  - 5-12 mg/kg once daily
- Metronidazole – may be used in addition to amoxicillin in a resistant infection
  - 30 mg/kg/day qid
Pain Management of Choice

• Ibuprofen
  – 5-10 mg/kg every 6-8 hrs prn

• Tylenol
  – 10-15 m/kg every 4-6 hrs prn
# NPO Guidelines

<table>
<thead>
<tr>
<th>TYPE OF FOOD / LIQUID</th>
<th>MINIMUM FASTING PERIOD</th>
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</thead>
<tbody>
<tr>
<td>Clear liquids (water, fruit juices without pulp, carbonated beverages and clear tea)</td>
<td>2 hours before sedation</td>
</tr>
<tr>
<td>Breast milk</td>
<td>4 hours before sedation</td>
</tr>
<tr>
<td>Formula, non-human milk, and light meal (toast and clear liquid)</td>
<td>6 hours before sedation</td>
</tr>
<tr>
<td>Fried or fatty foods or meat</td>
<td>8 hours before sedation</td>
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</tbody>
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