# DST-301 Dental Abscess: Adult

## DEFINITION

Infection of the soft tissue surrounding a tooth or gum.

### Potential Causes

Progressive dental decay causing pulpitis from gram-positive anaerobes and *Bacteroides*, *Streptococcus viridans*

### Predisposing Risk Factors

- Dental caries
- Poor dental hygiene
- Dental trauma

### Typical Findings of Dental Abscess

**History**

- Localized, constant, deep, throbbing pain
- Pain worsens with mastication or exposure to extreme temperatures
- Tooth may be mobile
- Gingival or facial swelling and tenderness (or both) may be present
- Fever (rare but possible)

**Physical Assessment**

- Facial swelling may be present
- Carious tooth
- Tooth tender when tapped
- Gingival edema and erythema
- Tooth may be loose
- Anterior cervical nodes enlarged and tender
- Breath odour
- Fever

**Diagnostic Tests**

- If uncomplicated, none

## MANAGEMENT AND INTERVENTIONS

### Goals of Treatment

- Relieve symptoms
- Prevent spread of infection

### Non Pharmacologic Interventions

- Warm saline rinses (1 tsp in 1 cup of warm water) qid
- Ice pack wrapped in a towel against the cheek to reduce pain and swelling

## PHARMACOLOGIC INTERVENTIONS

- **Analgesics for mild to moderate pain:**
  - Acetaminophen 325mg, 1-2 tabs po q4-6h prn, *or*
  - Ibuprofen 200mg, 1-2 tabs po q4-6h prn
- Oral antibiotic therapy:
  - Penicillin VK 300mg, 1-2 tabs po qid for 7 days
  - Amoxicillin 500mg, po bid or tid for 5 days
- For clients with penicillin allergy:
  - Clindamycin 150-300 mg, po qid for 7 days

**Note: Clindamycin can cause pseudomembranous colitis with diarrhea, severe abdominal cramps and blood or mucous in the stool. Do not use if there is a history of gastrointestinal disease. Clients must be advised to seek medical attention immediately if they experience persistent diarrhea, stomach pain or cramping, or notice blood or mucous in the stool during and following treatment with clindamycin.**

### Pregnant and Breastfeeding Women

- Acetaminophen, Penicillin VK and Clindamycin may be used as listed above
- Do not use Ibuprofen

### Potential Complications

- Cellulitis
- Recurrent abscess formation
- Systemic infection
- Osteomyelitis
- Sepsis

### Client Education and Discharge Information

- Counsel client about appropriate use of medications (dosage and side effects)
- Recommend dietary modifications as indicated – limit consumption of sugary drinks
- Recommend dental hygiene or improvement to dental hygiene
- Make dental appointment

## CONSULTATION AND/OR REFERRAL

- Consult a physician or nurse practitioner if a large fluctuant abscess is present
- Refer if client is acutely ill, if the infection has spread to the soft tissues of the neck, or if there is no response in 48-72 hours
- Refer immediately if facial swelling beyond midline or client has intractable pain
- Refer to a dentist for definitive therapy

## MONITORING AND FOLLOW-UP

- Follow up in 48-72 hours

## DOCUMENTATION

- As per agency policy

## REFERENCES

More recent editions of any of the items in the Reference List may have been published since this DST was published. If you have a newer version, please use it.

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Gould, J. M. (2015, April 22). *Dental abscess*.

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