

ORAL MAXILLOFACIAL SURGERY ANTIBIOTIC USE RECOMMENDATIONS

- RECOMMENDATIONS ARE FOR NON PREGNANT ADULTS AND DOSES ASSUME NORMAL RENAL AND HEPATIC FUNCTION
- STOP and think before you prescribe antibiotics. Does your patient actually have an infection that requires treatment?
- Always document the indication and planned duration for antibiotics in the medical notes and on medicine chart.
- Recommendations are for non pregnant adults and doses assume normal renal and hepatic function.
- **Adjust treatment based on microbiology sample results.**
- **NB: Please be aware antibiotic dose may need to be adjusted according to weight**

Antibiotic information:

- Flucloxacillin and doxycycline both cover streptococci and staphylococci
 - Co-amoxiclav gives good anaerobic cover and additional metronidazole is not required
 - Clindamycin covers staphylococci, streptococci & anaerobes – additional metronidazole is not required
 - Clindamycin is very well absorbed – only use IV if NBM/absorption issue
- *Clindamycin oral dosing:** <50kg 300mg tds 50-90kg 450mg tds >90kg or very severe illness 600mg tds or 450mg qds

DENTAL ABSCESES

- Antibiotics are not appropriate in cases of periapical pathology only
- Antibiotic treatment required if spreading infection or systemic involvement
- For patients requiring admission to hospital:
 - Send pus for culture and sensitivity
 - Penicillin V 1g qds + metronidazole 400mg tds **Total IV/PO duration: 5 days**
If IV required: Benzylpenicillin 1.2g qds + metronidazole 400mg PO TDS (only use IV if oral route not available)
 - Penicillin allergy: oral clindamycin* (dosing above) - If NBM IV clindamycin 600mg qds

SALIVARY GLAND INFECTIONS

- Consider non bacterial causes e.g. mumps
- If bacterial – staphylococci/streptococci/anaerobes
- Flucloxacillin 1g qds + metronidazole 400mg tds **(5 days)**
(For penicillin allergy: doxycycline 100mg bd + metronidazole 400mg tds)

MANDIBLE OPEN FRACTURES

- Antibiotics should be started as soon as possible after injury until surgery
- Recommended duration of prophylactic antibiotics is **maximum 24 hours**
- IV benzylpenicillin 1.2g 6hourly + metronidazole 400mg PO TDS (only use IV if oral route not available) **until surgery complete**

FACIAL FRACTURES

- Antibiotics not routinely recommended

DOG BITES Co-amoxiclav 625mg tds **(3 days prophylaxis/ 5 days if clinically infected)**
Penicillin allergy: Doxycycline 100mg bd + Metronidazole 400mg tds

Ref: [NICE guidance 2020](#)

MAJOR RESECTIONS

- IV amoxicillin 1g 8 hourly + metronidazole 400mg PO TDS (only use IV if oral route not available) **for 3 days then review**
Penicillin allergy: IV Clindamycin 600mg 6 hourly

ORTHOGNATHIC SURGERY DURATION OF ANTIBIOTICS SHOULD NOT BE LONGER THAN 24 HOURS

- IV co-amoxiclav 1.2g pre op then 2 further doses 8 hourly post op
(For penicillin allergy: IV clindamycin 600mg pre op then 3 further doses 6 hourly post op)

TMJ SURGERY

- Prophylaxis to be considered – IV amoxicillin + PO metronidazole recommended if prophylaxis required
(For penicillin allergy: clindamycin)