



Søgeprotokol for opdatering på NKR (nr.37)

Projektitel/aspekt	Opdateret søgning på NKR for brug af antibiotika ved tandlægebehandling – søgning på Guidelines
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Senest opdateret	8. oktober 2019

Baggrund	<p>Opdatering af tidligere NKR vedr.:</p> <p>I Danmark er tandlægerne ansvarlige for omkring 6 % af forbruget af antibiotika i primærsektoren. Desuden viser tal fra Lægemiddelregisteret for perioden 2005-2014, at tandlægers forbrug af antibiotika er steget. For at bremse udvikling af antibiotikaresistens anbefales det, at forbruget af antibiotika reduceres, bl.a. ved at begrænse anvendelsen til de tilstande/tilfælde, hvor det har optimal effekt.</p> <p>Retningslinjen skal beskrive indikationer for brug af antibiotika ved tandlægebehandling. Det forventes, at retningslinjen kan være en hjælp i tandlægenes kliniske hverdag til at udvælge de situationer, hvor antibiotika, som supplement til konventionel behandling er det rette valg, herunder hvilket præparat der skal anvendes, samt hvornår behandling med antibiotika skal fravælges.</p>
Søgetermer	<p>Engelske: Dental*, dentist*, Periodontal Disease, antibiotic*, Anti-Bacterial Agents, Penicillin*, Antibiotic Prophylaxis etc.</p> <p>Danske: Tand*, antibiotika</p> <p>Norske: Tann*, antibiotika</p> <p>Svenske: Tandläkare, tandvård, antibiotika</p>
Inklusions- og eksklusionskriterier	<p>Sprog: Engelsk, dansk, norsk og svensk</p> <p>År: 2015 - 2019</p> <p>Population: -</p> <p>Publikationstyper: Guidelines, MTV, Cochrane Reviews</p>

Informationskilder

DATABASER	INTERFACE	FUND	DATO FOR SØGNING
G-I-N International	http://www.g-i-n.net/	0	4. okt. 2019
NICE (UK)	http://www.nice.org.uk/	12	4. okt. 2019
TRIP databasen	https://www.tripdatabase.com/	28	7. okt. 2019
Scottish Intercollegiate Guidelines Network (SIGN)	http://sign.ac.uk	0	4. okt. 2019
HTA Databasen (CRD database)	http://www.crd.york.ac.uk/CRDWeb/	0	7. okt. 2019
SBU, Sverige	http://www.sbu.se	0	
Socialstyrelsen, Sverige	http://www.socialstyrelsen.se	1	8. okt. 2019
Helsedirektoratet, Norge	https://helsedirektoratet.no/	3	8. okt. 2019
FHI, Norge	http://www.fhi.no/	0	7. okt. 2019
Center for Kliniske Retningslinjer	http://www.cfkr.dk/	0	7. okt 2019
CADTH, Canada	https://www.cadth.ca	11	8. okt. 2019
Medline inkl. Cochrane	OVID	70	8. okt. 2019
Embase inkl. Cochrane	OVID	128	8. okt. 2019



Søgestrategier og fund

NICE, UK

Søgetermer: dental and antibiotic, periodontal disease, antibiotics and dentist

[1. Prophylaxis against infective endocarditis: antimicrobial prophylaxis against infective endocarditis in adults and children undergoing interventional procedures \(CG64\)](#)

This guideline covers preventing infective endocarditis (IE) in children, young people and adults. It focuses on people at increased risk of infective endocarditis undergoing dental, gastrointestinal tract, genitourinary and respiratory tract procedures.

Clinical guideline Published March 2008 Last updated July 2016

More chapters for Prophylaxis against infective endocarditis: antimicrobial prophylaxis against infective endocarditis in adults and children undergoing interventional procedures (CG64)

[2. Sinusitis \(acute\): antimicrobial prescribing \(NG79\)](#)

This guideline sets out an antimicrobial prescribing strategy for acute sinusitis. It aims to limit antibiotic use and reduce antimicrobial resistance. Acute sinusitis is usually caused by a virus, lasts for about 2 to 3 weeks, and most people get better without antibiotics. Withholding antibiotics rarely leads to complications.

Antimicrobial prescribing guideline Published October 2017

More chapters for Sinusitis (acute): antimicrobial prescribing (NG79)

[3. Lyme disease \(NG95\)](#)

This guideline covers diagnosing and managing Lyme disease. It aims to raise awareness of when Lyme disease should be suspected and ensure that people have prompt and consistent diagnosis and treatment. It does not cover preventing Lyme disease.

NICE guideline Published April 2018 Last updated October 2018

More chapters for Lyme disease (NG95)

[4. Healthcare-associated infections: prevention and control in primary and community care \(CG139\)](#)

This guideline covers preventing and controlling healthcare-associated infections in children, young people and adults in primary and community care settings. It provides a blueprint for the infection prevention and control precautions that should be applied by everyone involved in delivering NHS care and treatment.

Clinical guideline Published March 2012 Last updated February 2017

More chapters for Healthcare-associated infections: prevention and control in primary and community care (CG139)

[5. Pneumonia \(hospital-acquired\): antimicrobial prescribing \(NG139\)](#)

This guideline sets out an antimicrobial prescribing strategy for adults, young people, children and babies aged 72 hours and over with a confirmed diagnosis of hospital-



acquired pneumonia. It does not cover ventilator-associated pneumonia. It aims to optimise antibiotic use and reduce antibiotic resistance.

Antimicrobial prescribing guideline Published September 2019

More chapters for Pneumonia (hospital-acquired): antimicrobial prescribing (NG139)

[6. Cellulitis and erysipelas: antimicrobial prescribing \(NG141\)](#)

This guideline sets out an antimicrobial prescribing strategy for adults, young people, children and babies aged 72 hours and over with cellulitis and erysipelas. It aims to optimise antibiotic use and reduce antibiotic resistance.

Antimicrobial prescribing guideline Published September 2019

More chapters for Cellulitis and erysipelas: antimicrobial prescribing (NG141)

[7. Pneumonia \(community-acquired\): antimicrobial prescribing \(NG138\)](#)

This guideline sets out an antimicrobial prescribing strategy for adults, young people, children and babies aged 72 hours and over with a confirmed diagnosis of community-acquired pneumonia. It aims to optimise antibiotic use and reduce antibiotic resistance.

Antimicrobial prescribing guideline Published September 2019

More chapters for Pneumonia (community-acquired): antimicrobial prescribing (NG138)

[8. Cough \(acute\): antimicrobial prescribing \(NG120\)](#)

This guideline sets out an antimicrobial prescribing strategy for acute cough associated with an upper respiratory tract infection or acute bronchitis in adults, young people and children. It aims to limit antibiotic use and reduce antibiotic resistance.

Antimicrobial prescribing guideline Published February 2019

More chapters for Cough (acute): antimicrobial prescribing (NG120)

[9. Cerebral palsy in adults \(NG119\)](#)

This guideline covers care and support for adults with cerebral palsy. It aims to improve health and wellbeing, promote access to services and support participation and independent living.

NICE guideline Published January 2019

More chapters for Cerebral palsy in adults (NG119)

[10. Cerebral palsy in under 25s: assessment and management \(NG62\)](#)

This guideline covers diagnosing, assessing and managing cerebral palsy in children and young people from birth up to their 25th birthday. It aims to make sure they get the care and treatment they need for the developmental and clinical comorbidities associated with cerebral palsy, so that they can be as active and independent as possible.

NICE guideline Published January 2017



11. Oral health for adults in care homes (NG48)

This guideline covers oral health, including dental health and daily mouth care, for adults in care homes. The aim is to maintain and improve their oral health and ensure timely access to dental treatment.

NICE guideline Published July 2016

12. Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use (NG15)

This guideline covers the effective use of antimicrobials (including antibiotics) in children, young people and adults. It aims to change prescribing practice to help slow the emergence of antimicrobial resistance and ensure that antimicrobials remain an effective treatment for infection.

NICE guideline Published August 2015

TRIP

Guidelines: Aus & NZ 23, Canada 18, UK 67, USA 65 her af relevante 28 ref.

1. Antibiotic Prophylaxis in Oral Surgery for Prevention of Surgical Site Infection

Minor clean-contaminated surgery 2.3.1.1 Lower third molar surgery 2.3.1.2 Periodontal Surgery 2.3.1.3 Minor clean-contaminated surgery with high degree of difficulty / long duration 2.3.1.4 Surgery to place **dental** implants 2.3.1.5 Surgery associated with the use of bone grafts 2.3.2 Major clean-contaminated surgery 2.4 Cancer surgery 2.5 Oral and maxillofacial trauma 2.6 Site of surgery involving bone previously exposed to radiotherapy 3.0 ADMINISTRATION OF PROPHYLACTIC **ANTIBIOTICS** 3.1 Choice (...), Malaysia for approval. OBJECTIVE The main aim of these guidelines is to assist **dental** practitioners make informed decisions on prophylactic **antibiotic** use in the prevention of oral surgical site infections. SPECIFIC OBJECTIVES 1. To identify the procedures in oral surgery that would benefit from surgical **antibiotic** prophylaxis. 2. To assist in deciding which **antibiotics** to prescribe and what regime to follow if prophylactic **antibiotics** are indicated.iii CLINICAL QUESTIONS The clinical questions

2015 Ministry of Health, Malaysia

2. Management of Rhinosinusitis in Adolescents and Adults

treatment effect of **antibiotics** against placebo was shown (OR=1.25, 95% CI 1.02 to 1.53; NNT=18). 27, level I • A large prospective cohort study also demonstrated a reduced risk of treatment failure in patients treated with **antibiotics** vs without **antibiotics** (HR=0.3, 95% CI 0.21 to 0.42). Patients with poor oro- **dental** condition and those with previous use of **antibiotics** in the past two months benefited most from this (HR of 0.04 and 0.09 respectively). 28, level II-2 **Antibiotics** have higher incidence (...) A, Merenstein D, et al. **Antibiotics** for adults with clinically diagnosed acute rhinosinusitis: a meta-analysis of individual patient data. Lancet. 2008;371(9616):908–14 13. Hauer AJ, Luiten EL, Erp NF Van, et al. No Evidence for Distinguishing Bacterial from Viral Acute Rhinosinusitis Using Fever and



Facial/**Dental** Pain A Systematic Review of the Evidence Base. Otolaryngol -- Head Neck Surg 2014;150(1):28–33 14. Berger G, Berger RL. The contribution of flexible endoscopy for diagnosis of acute bacterial

2019 Ministry of Health, Malaysia

3. MASCC/ISOO/ASCO Clinical Practice Guideline: Medication-Related Osteonecrosis of the Jaw (MRONJ)

endorses symptomatic treatment when necessary for all stages of MRONJ. The Expert Panel does not endorse routine **antibiotic** therapy unless it is clinically indicated. In patients who are at increased risk of MRONJ (eg, AAOMS stage 0) a referral to a **dental** specialist is warranted to confirm or rule out suspected MRONJ and the need for close follow up. Communication among the **dental** specialist, community dentist, and medical oncologist is therefore strongly encouraged. Addressing modifiable risk factors (...) of bone fragments that irritate the soft tissue should be considered in a conservative yet definitive surgical approach as per Recommendation 4.2. Patient education about meticulous oral care, compliance to **antibiotic** therapy, and modifiable risk factors should be discussed and communicated with the medical oncologist, **dental** specialist, and primary care physician. In patients who are diagnosed with stage 3 MRONJ, treatment strategies revolve around pain control, antibacterial oral rinses

2019 International Society for Oral Oncology

4. Antiocoagulation - oral

to include recommendations and supporting evidence on the place of self-testing and self-management of warfarin. Advice on the management of the drug interaction between selective serotonin reuptake inhibitors (SSRIs) and warfarin has also been added. July 2009 — updated to include target INRs and duration of treatment for all indications for warfarin. A change to the recommendation concerning management of potential drug interaction between warfarin and macrolide **antibiotics** has also been made. December (...) on the use of non-vitamin K antagonist anticoagulants in patients with non-valvular atrial fibrillation []. Apixaban, when taken alone, slightly increases international normalized ratio (INR) values; therefore, if apixaban and warfarin are taken together, a normal INR measurement does not mean that the person is fully anticoagulated [;]. Should apixaban be stopped if surgery or **dental** treatment is required? If the person needs to have surgery or any other invasive procedure, they may need

2017 Prodigy

5. Management of Valvular Heart Disease

, such as the 'eyeball test', but rather on a combination of different objective estimates. Several tools are available for assessing frailty. , , 3.4 Endocarditis prophylaxis **Antibiotic** prophylaxis should be considered for high-risk procedures in patients with prosthetic valves, including transcatheter valves, or with repairs using prosthetic material and those with previous episodes of infective endocarditis. Recommendations regarding **dental** and cutaneous hygiene and strict aseptic measures during any invasive (...) procedures are advised in this population. **Antibiotic** prophylaxis should be considered



in **dental** procedures involving manipulation of the gingival or periapical region of the teeth or manipulation of the oral mucosa. 3.5 Prophylaxis for rheumatic fever Prevention of rheumatic heart disease should preferably be oriented towards preventing the first attack of acute rheumatic fever. **Antibiotic** treatment of group A Streptococcus sore throat is key in primary prevention. In patients with rheumatic heart

Full Text available with Trip Pro

2017 European Society of Cardiology

6. WHO recommendations on child health

typhoid fever in these age groups is shown to be a significant public health problem, particularly where **antibiotic**-resistant *S. Typhi* is prevalent. The selection of delivery strategy (school- or community-based vaccination) depends on factors such as the age-specific incidence, subgroups at particular risk and school enrolment rates, and should be decided by the concerned countries. Also, the choice of the Vi or the Ty21a vaccine will depend on the capacity of the local immunization programme (...) AND PREVENTION OF CHILDHOOD ILLNESSES | | Higher intakes of free sugars threaten the nutrient quality of diets by providing significant energy without specific nutrients. | | These recommendations were based on the totality of evidence reviewed regarding the relationship between free sugars intake and body weight (low and moderate quality evidence) and **dental** caries (very low and moderate quality evidence). | | Increasing or decreasing free sugars is associated with parallel changes in body weight

2017 World Health Organisation Guidelines

7. Clinical practice guidelines for the care of girls and women with Turner syndrome: proceedings from the 2016 Cincinnati International Turner Syndrome Meeting

recommend a formal audiometric evaluation every 5 years regardless of the initial age at diagnosis, initial hearing threshold levels, karyotype and/or presence of a mid-frequency sensorineural hearing loss, to assure early and adequate technical and other rehabilitative measures (⊕⊕○○). R 6.2. We recommend aggressive treatment of middle-ear disease and otitis media (OM) with **antibiotics** and placement of myringotomy tubes as indicated (⊕⊕○○). R 6.3. We recommend screening for hypothyroidism at diagnosis (...) (⊕⊕○○). R 6.7. We recommend that, while peripheral edema mostly resolves by 2 years of age without therapy, any serious compromise of fingernails, toenails or extremity skin at any age be assessed and treated by a professional edema therapist (⊕○○○). R 6.8. We recommend **dental**/orthodontic evaluation at diagnosis if no previous **dental**/orthodontic care was established. Future management and follow-up should be based on the standard of **dental**/orthodontic care, individual clinical findings and patient needs

2016 European Society of Human Reproduction and Embryology



8. Management of Colorectal Carcinoma

) staging system should be used. Management of Colorectal Carcinoma iii Surgical Management • Patients undergoing colorectal carcinoma surgery should have: ? **antibiotic** prophylaxis ? venous thromboembolism prophylaxis • A thorough surgical exploration should be performed at the time of resection in colorectal carcinoma. • Low rectal surgery should be performed by surgeons credentialed in the management of rectal carcinoma. • Total mesorectal excision should be performed for middle and low rectal (...) of Department & Consultant General Surgeon Hospital Tuanku Fauziah, Perlis Professor Dato' Dr. Fuad Ismail Senior Consultant Oncologist Pusat Perubatan Universiti Kebangsaan Malaysia, Kuala Lumpur Dr. Leow Voon Meng Consultant Hepato-Pancreato-Biliary & General Surgeon & Lecturer Advanced Medical and **Dental** Institute Universiti Sains Malaysia, Pulau Pinang xManagement of Colorectal Carcinoma Associate Professor Dr. Lim Kiat Hon Senior Consultant Pathologist Singapore General Hospital, Singapore Dato' Dr

2017 Ministry of Health, Malaysia

9. Prevention, Diagnosis & Management of infective endocarditis

Transcatheter aortic valve implantation/ transcatheter aortic valve replacement 126 7.4 Infective endocarditis in cardiac implantable electronic devices 127 7.5 Infective endocarditis in pregnancy 129 8.0 ANTIMICROBIAL PROPHYLAXIS FOR INFECTIVE ENDOCARDITIS 130 8.1 Introduction 130 8.2 Cardiac conditions associated with the highest risk of infective endocarditis 130 8.3 Antimicrob ial pr ophylaxis for specific pr ocedur es 131 8.3.1 **Dental** procedures 131 8.3.2 Non-**dental** procedures 132 8.4 Antimicrobial (...) regimes for infective endocarditis prophylaxis 133 8.5 Preventive measures 135 8.5.1 Periodontal and **dental** disease 135 8.5.2 Cardiac implantable devices or prosthesis implantation 135 9.0 IMPLEMENTING THE GUIDELINES AND RESOURCE IMPLICATIONS 136 10.0 APPENDICES 137 REFERENCES 170 ACKNOWLEDGEMENT 179 DISCLOSURE STATEMENT 179 SOURCES OF FUNDING 179 Infective endocarditis (IE) is an uncommon and potentially lethal infection affecting patients at risk. Despite advances in medicine, IE still causes

2017 Ministry of Health, Malaysia

10. Treatment of Periodontal Abscess

Management of Periodontal Abscess 2016 2.2 Medical and **Dental** Histories Thorough medical and **dental** history including medication is important in total patient management. 19, Level III Detailed history of periodontitis experience and its treatment, particularly history of recent **antibiotic** therapy is also important. Thus, the following points have to be considered: a) history of periodontitis 1, Level III b) history of a traumatic event e.g. impaction of foreign body into the periodontium 2, Level III c (...)) presence of untreated periodontitis (incidence of 62%) 7, Level III d) current periodontal disease status 1, Level III e) recent scaling and root planing 1,5, Level III (incidence of 14%) 7, Level III f) recent **dental** treatment (restorative/orthodontic/endodontic) 2, Level III g) recent systemic **antibiotic** therapy 2, Level III h) supportive periodontal (maintenance) phase (incidence of 7%) 7, Level III i) risk factors: • smoking status - heavy curr ent smokers ar e mor e pr one to sever e periodontal - **2016 Ministry of Health, Malaysia**



11. Guidelines on Prevention, Diagnosis and Treatment of Infective Endocarditis

an association between invasive **dental** procedures and the occurrence of IE. The estimated risk of IE following **dental** procedures is very low. **Antibiotic** prophylaxis may therefore avoid only a small number of IE cases, as shown by estimations of 1 case of IE per 150 000 **dental** procedures with **antibiotics** and 1 per 46 000 for procedures unprotected by **antibiotics**. **Antibiotic** administration carries a small risk of anaphylaxis, which may become significant in the event of widespread use. However, the lethal risk (...) of subjects needed. In 2008 the National Institute for Health and Care Excellence (NICE) guidelines went a step further and advised against any **antibiotic** prophylaxis for **dental** and non-**dental** procedures whatever the patient's risk. The authors concluded there was an absence of benefit of **antibiotic** prophylaxis, which was also highly cost-ineffective. These conclusions have been challenged since estimations of the risks of IE are based on low levels of evidence due to multiple extrapolations. , Four

2015 European Society of Cardiology

12. Gastroesophageal Reflux Disease (GERD)

syndromes can be categorized as conditions that have an established association with GERD (cough, laryngitis, asthma, **dental** erosions) and those that have only a proposed association (pharyngitis, sinusitis, idiopathic pulmonary fibrosis, otitis media) [6]. Reflux-related symptoms occur with frequency and severity across a continuum. There are individuals who experience occasional, mild reflux symptoms that do not © World Gastroenterology Organization 2015 WGO Global Guidelines GERD 5 trouble them (...) alcohol, it is associated with an increased risk of malignancy [21,22]. Medication — certain medications may affect GERD See also section 3.2 on patient history and physical examination. The treatment of comorbidities (e.g., with calcium channel blockers, anticholinergics, and nonsteroidal anti-inflammatory drugs (NSAIDs) may negatively affect GERD and its treatment [23]. Some medications (e.g., bisphosphonates, © World Gastroenterology Organization 2015 WGO Global Guidelines GERD 7 **antibiotics**

2015 World Gastroenterology Organisation

13. Dental patients with total joint replacement

have reviewed the current best available evidence on the effectiveness of **dental antibiotic** prophylaxis in the reduction of orthopedic prosthetic joint infections, in the context of the issue of emerging antimicrobial resistance and the critical role of all health care providers to steward appropriate use of antimicrobial drugs. These professional bodies conclude that: 1. Most transient bacteremia of oral origin occurs outside of **dental** procedures. 2. The significant majority of prosthetic joint (...) infections are not due to organisms found in the mouth. 3. Few prosthetic joint infections have an observable and clearly defined relationship with **dental** procedures. 4. There is no reliable evidence that **antibiotic** prophylaxis prior to **dental** procedures prevents prosthetic joint infections. Recommendations As a result of this work, the COA, CDA, and AMMI Canada provide the following guidance concerning the management of **dental** patients with orthopedic devices: 1. Patients should not be exposed -**2017 CPG Infobase**



14. Diagnosis and Management of Nursing Home Acquired Pneumonia (NHAP)

therapy ? Choice of **antibiotic** dependent on clinical situation ? Cefuroxime has good activity against most oral anaerobes Prevention ? Bedside swallowing assessment and modified barium swallow if indicated ? Staff education to identify residents at risk or with dysphagia ? Ensure appropriate diet and liquid consistency ? Address positioning issues e.g., hyper-extended neck ? Ensure upright position with meals and tube feeds ? Routine **dental** evaluations and oral hygiene especially in patients (...) clinicians will: ? Increase the accuracy of clinical diagnosis of NHAP ? Initiate timely treatment for NHAP ? Optimize use of laboratory and diagnostic imaging services in the diagnosis of NHAP ? Optimize use of **antibiotics** in the treatment of NHAP ? Ensure practices to prevent respiratory infections are in place in the LTCF ? Facilitate teamwork and communication in the evaluation and management of residents with NHAP TARGET POPULATION Patients with pneumonia acquired in a LTCF LTCF is any congregate

2016 Toward Optimized Practice

15. Cold Sore - Guidelines for Prescribing Oral Antivirals

cells. Common problem affecting 20 to 40% of the general population, and approximately 33% of school age children Triggers: sun exposure stress surgical trauma **dental** extractions menses and other hormonal changes infectious febrile conditions hyperthermia stress upper respiratory tract infection Risk factors: Female sex Older age (>65) Caucasian Weakened immune system For more information and photos, go to: Typically a painful, unilateral vesicular lesion surrounded by erythema, appearing (...) to 3 months after contact with infected person. Since they are painless and not itchy, this helps differentiate them from a cold sore. Refer to patient's primary care provider for diagnosis and **antibiotic** treatment. Patients with typical cold sore signs / symptoms usually do not require further investigation, however an assessment by the patient's primary care provider may be required in the following situations First cold sore and accompanied by fever, malaise, pharyngitis or stomatitis May

2017 medSask

16. Sinusitis (acute): antimicrobial prescribing

or significantly, do not improve after 3 weeks, or they become systemically very unwell. 1.1.3 Reassess if symptoms worsen rapidly or significantly, taking account of: alternative diagnoses such as a **dental** infection any symptoms or signs suggesting a more serious illness or condition. See symptoms and signs of acute sinusitis and the evidence and committee discussion on no **antibiotic**. P People presenting with symptoms for around 10 eople presenting with symptoms for around 10 da days or more with no impro ys (...) if symptoms worsen rapidly or significantly despite taking the **antibiotic**, or the **antibiotic** has been stopped because it was not tolerated. 1.1.7 Reassess if symptoms worsen rapidly or significantly despite taking treatment, taking account of: alternative diagnoses such as a **dental** infection any signs or symptoms suggesting a more serious illness or condition previous **antibiotic** use, which may lead to resistant organisms. See the evidence and committee discussion on back-up **antibiotics**. P People - **2017 National Institute for Health and Clinical Excellence - Clinical Guidelines**



17. Cerebral palsy in under 25s: assessment and management

Managing saliva control 1.11.1 Assess factors that may affect drooling in children and young people with cerebral palsy, such as positioning, medication history, reflux and **dental** issues, before starting drug therapy. 1.11.2 To reduce the severity and frequency of drooling in children and young people with cerebral palsy, consider the use of anticholinergic medication: glycopyrronium bromide [3] (oral or by enteral tube) or or transdermal hyoscine hydrobromide [4] or or trihexyphenidyl hydrochloride (...) to Notice of rights (<https://www.nice.org.uk/terms-and-conditions#notice-of-rights>). Page 24 of 46non-specific back pain headache non-specific abdominal pain **dental** pain dysmenorrhea. Assessment Assessment 1.13.4 Take into account that parents and familiar carers have a key role in recognising and assessing pain, discomfort and distress in children and young people with cerebral palsy. 1.13.5 When assessing pain in children and young people with cerebral palsy: recognise that assessing the presence

2017 National Institute for Health and Clinical Excellence - Clinical Guidelines

18. Contraceptive Choices for Young People

with a higher estrogen content. Co-cyprindiol (Dianette®) is indicated to treat severe acne that has not responded to oral **antibiotics**. In those with less severe symptoms it should be withdrawn 3-4 months after the condition has resolved. For women with known hyperandrogenism, longer use with specialist review may be warranted. Young people should be advised that the progestogen-only implant may be associated with improvement, worsening or onset of acne. Mood Changes and Depression Young people may (...) improve acne and thus can be considered in those who require contraception. Overall, few differences have been found between COC types in terms of their effectiveness for treating acne. 72 In the UK, co-cyprindiol (Dianette®) 73,74 should not be used solely for contraception and is licensed for treatment of severe acne that has not responded to oral **antibiotics**. Ideally it should be withdrawn 3-4 months after the condition has resolved. However, for women with known hyperandrogenism, longer use may

2019 Faculty of Sexual & Reproductive Healthcare

19. Dental Management of Pediatric Patients Receiving Chemotherapy, Hematopoietic Cell Transplantation, and/or Radiation Therapy

regarding the need for **antibiotic** prophylaxis for **dental** procedures should be made in consultation with the child's physician. Unless advised otherwise by the physician, the American Heart Association's standard regimen to prevent endocarditis is an accepted option. 2,10 **Dental** history review: includes information such as fluo- ride exposure, habits, trauma, symptomatic teeth, previous care, preventive practices, oral hygiene, and diet assessment. Oral/**dental** assessment: should include thorough head (...) 2008;52(1): 155-81. 10. American Academy of Pediatric Dentistry. **Antibiotic** prophylaxis for **dental** patients at risk for infection. *Pediatr Dent* 2018;40(6):386-91. 11. Peterson DE, Boers-Doets CB, Bensadoun RJ, Herrstedt J, Roila F, ESMO Guidelines Working Group. Management of oral and gastrointestinal mucosal injury: ESMO clinical practice guidelines for diagnosis, treatment, and follow-up. *Ann Oncol* 2015;26(Suppl_5): vi139-v151. 12. Wilson W, Taubert KA, Gewitz M, et al. Prevention of infective - **2018 American Academy of Pediatric Dentistry**



20. Behavior Guidance for the Pediatric Dental Patient

Behavior Guidance for the Pediatric **Dental** Patient 254 RECOMMENDATIONS: BEST PRACTICES REFERENCE MANUAL V 40 / NO 6 18 / 19 Purpose The American Academy of Pediatric Dentistry (AAPD) recognizes that **dental** care is medically necessary for the purpose of preventing and eliminating orofacial disease, infection, and pain, restoring the form and function of the dentition, and correcting facial disfiguration or dysfunction. 1 Behavior guidance techniques, both nonpharmacological and pharmacological (...), are used to alleviate anxiety, nurture a positive **dental** attitude, and perform quality oral health care safely and efficiently for infants, children, adolescents, and persons with special health care needs. Selection of techniques must be tailored to the needs of the individual patient and the skills of the practitioner. The AAPD offers these recommendations to educate health care providers, parents, and other interested parties about influences on the behavior of pediatric **dental** patients and the many

2015 American Academy of Pediatric Dentistry

21. Policy on Patient Safety

of local anesthesia in pediatric **dental** patients. *Pediatr Dent* 2017;39(6):266-72. American Academy of Pediatric Dentistry. Policy on acute pediatric **dental** pain management. *Pediatr Dent* 2017;39(6):99-101. American Academy of Pediatric Dentistry. Use of **antibiotic** therapy for pediatric **dental** patients. *Pediatr Dent* 2017;39(6):371-3. American Academy of Pediatric Dentistry. Pediatric restorative dentistry. *Pediatr Dent* 2017;39(6):312-24. American Association of **Dental** Boards. Composite - 29th edition (...) accredited by national commissions such as The Joint Commission or those related to workplace safety such as Occupational Safety and Health Administration. Methods This document is a revision of the policy developed by the Council on Clinical Affairs and adopted in 2008 and revised in 2013. This policy is based on a review of current **dental** and medical literature, including search of the PubMed®/MEDLINE database using the terms: patient safety AND dentistry, fields: all; limits: within the last 10 years

2018 American Academy of Pediatric Dentistry

22. The Society for Vascular Surgery practice guidelines on the care of patients with an abdominal aortic aneurysm

suggest a door-to-intervention time of <90 minutes, based on a framework of 30-30-30 minutes, for the management of the patient with a ruptured aneurysm. We recommend treatment of type I and III endoleaks as well as of type II endoleaks with aneurysm expansion but recommend continued surveillance of type II endoleaks not associated with aneurysm expansion.

Whereas **antibiotic** prophylaxis is recommended for patients with an aortic prosthesis before any **dental** procedure involving the manipulation (...) of evidence A (High) **Antibiotic** prophylaxis We recommend intravenous administration of a first-generation cephalosporin or, in the event of penicillin allergy, vancomycin within 30 minutes before OSR or EVAR. Prophylactic **antibiotics** should be continued for no more than 24 hours. Level of recommendation 1 (Strong) Quality of evidence A (High) We recommend that any potential sources of **dental** sepsis be eliminated at least 2 weeks before



implantation of an aortic prosthesis. Level of recommendation Good -**2018 Society for Vascular Surgery**

23. Use of Vital Pulp Therapies in Primary Teeth with Deep Caries Lesions

to the disease caries. It is the clinical manifestation (sign) of the caries process. ABBREVIATIONS AAPD: American Academy of Pediatric Dentistry. AGREE: Appraisal of Guidelines Research and Evaluation. CDC: Centers for Disease Control DPC: Direct pulp cap. DQA: **Dental** Quality Alliance. GRADE: Grading of Recommendations Assessment, Development and Evaluation. FS: Ferric sulfate. IPT: Indirect pulp therapy. MTA: Mineral trioxide aggregate. NaOCl: Sodium hypochlorite. NGC: National Guideline Clearinghouse. NNT (...) coronal pulp is removed, hemostasis of the radicular pulp is achieved, and the remaining radicular pulp is treated with one of several different medicaments. 3,4,7 Published studies of this procedure have been reported since the early 1900's, 39 and pulpotomy currently is the most frequently used vital pulp therapy technique for deep **dental** caries lesions in primary teeth. 40 AAPD has published this current guideline on vital pulp therapy in primary teeth to provide evidence-based recommend- ations

2017 American Academy of Pediatric Dentistry

24. Recommendation for Record-Keeping

. In issuing this information, the AAPD is not engaged in rendering legal or other professional advice. If such services are required, competent legal or other profes- sional counsel should be sought. Appendix I—Medical history* Name and nickname Date of birth Gender Race/ethnicity Name, address, and telephone number of all physicians Date of last physical examination Immunization status Summary of health problems Any health conditions that necessitate **antibiotics** or other medications prior to **dental** (...) , and organized record addressing patient care. However, it is not intended to create a standard of care. Methods This best practice was developed by the Council on Clinical Affairs and adopted in 2004. This document is a revision of the previous version, last revised in 2012. This revision in- cluded a new literature search of the PubMed ® /MEDLINE database using the terms: **dental** record, electronic patient record, problem-oriented **dental** record, medical history taking, medical record, record keeping

2017 American Academy of Pediatric Dentistry

25. Evaluation of the Neck Mass in Adults

the initial broad differential diagnosis of a neck mass in an adult. However, the intention is only to assist the clinician with a basic understanding of the broad array of possible entities. The intention is not to direct management of a neck mass known to originate from thyroid, salivary gland, mandibular, or **dental** pathology as management recommendations for these etiologies already exist. This guideline also does not address the subsequent management of specific pathologic entities, as treatment (...) routinely prescribing **antibiotic** therapy for patients with a neck mass unless there are signs and symptoms of bacterial infection. Keywords , , Neck masses are common in adults, but often the underlying etiology is not easily identifiable. While infections cause most of the neck masses in children,



most persistent neck masses in adults are neoplasms. Malignant neoplasms far exceed any other etiology of adult neck mass. - As used in this guideline, a neck mass is defined as an abnormal lesion

2017 American Academy of Otolaryngology - Head and Neck Surgery

26. 2017 AHA/ACC Key Data Elements and Definitions for Ambulatory Electronic Health Records in Pediatric and Congenital Cardiology: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Data Standards

2017 American Heart Association

27. Management Considerations for Pediatric Oral Surgery and Oral Pathology

on Clinical Affairs and adopted in 2005. This document is a revision of the previous version, last revised in 2014. It is based on a review of the current **dental** and medical literature related to pediatric oral surgery, including a systematic search of the PubMed®/MEDLINE database using the terms: pediatric, oral surgery, extraction, odontogenic infections, impacted canines, third molars, supernumerary teeth, mesiodens, mucocele, eruption cyst, eruption hema- toma, attached frenum, ankyloglossia (...), gingival keratin cysts, Epstein pearls, Bohn's nodules, congenital epulis of newborn, **dental** lamina cysts, natal teeth, and neonatal teeth; fields: all; limits: within the last 10 years, humans, English, clinical trials. Papers for review were chosen from the list of articles matching these criteria and from references with selected articles. When data did not appear sufficient or were incon- clusive, recommendations were based upon expert and/or consensus opinion by experience researchers

2015 American Academy of Pediatric Dentistry

28. Infective Endocarditis in Childhood: 2015 Update

antibiotic drug ; nature and invasiveness of **dental** procedures , , ; indices of oral hygiene and disease , , , , , ; timing of blood culture draws before, during, and after the **dental** procedure , , ; various methods of microbial analysis and identification , ; and the impact of these variables on surrogate measures of risk for IE, such as the incidence, duration, nature, and magnitude of bacteremia. Clearly, these surrogate measures are also influenced by multiple host factors. These variable risks (...) , are both relatively low at <10⁴ colony-forming units per milliliter of blood. The degree to which systemic **antibiotic** drugs reduce the incidence, duration, nature, or magnitude of bacteremia associated with **dental** procedures is controversial. Large, well-designed studies suggest that amoxicillin has a highly statistically significant impact on reducing the incidence and duration of bacteremia and changes the species identified after **dental** procedures in children. It is not clear whether



Socialstyrelsen, Sverige

Nationella riktlinjer för vuxentandvård

Nationella riktlinjer för vuxentandvård innehåller rekommendationer om patientundervisning, karies, parodontit, endodonti, bettfysiologi, ortodonti samt protetik. De vänder sig till beslutsfattare och profession inom området.

Revidering av riktlinjerna

Under hösten 2017 påbörjade Socialstyrelsen arbetet med att revidera nuvarande nationella riktlinjer för vuxentandvård. [Remissversion](#) beräknas vara klar i början av 2021.

Nationella riktlinjer - Rapport

[Nationella riktlinjer för vuxentandvård 2011 – Stöd för styrning och ledning](#)2011-01-01

[Beställ](#)

Visa bilagor

Förbättring pågår

På grund av den pågående utvecklingen av våra digitala tjänster kan riktlinjerna inte publiceras i digitalt sökbart format för närvarande. Det går bra att söka i våra pdf:er.

Uppföljning av riktlinjerna

För att följa upp hur de nationella riktlinjerna används och för att följa utvecklingen och förbättringen av kvaliteten i vården har vi tagit fram utvärderingar. Utvärderingarna fungerar som ett stöd för prioriteringar och beslut samt ger vägledning om vilka områden inom tandvården som behöver förbättras.



SUNDHEDSSTYRELSEN

Helsedirektoratet, Norge

3 TREFF PÅ TANN OG ANTIBIOTIKA

•

Antibiotika i sykehus

Nasjonal faglig retningslinje

•

Antibiotikabruk i primærhelsetjenesten

Nasjonal faglig retningslinje

•

Tannhelsetjenester til barn og unge 0–20 år

Nasjonal faglig retningslinje

CADTH, Canada

1. Antibiotic Prophylaxis in Patients with Orthopedic Implants Undergoing Dental Procedures: A Review of Clinical Effectiveness, Safety, and Guidelines

Last Updated: February 17, 2016

Result type: Reports

Product Line: [Rapid Response](#)

Research Type: Devices and Systems

[Details](#)



SUNDHEDSSTYRELSEN

2. Dental Scaling and Root Planing for Periodontal Health: A Review of the Clinical Effectiveness, Cost-effectiveness, and Guidelines

Last Updated: October 17, 2016

Result type: Reports

Product Line: [Rapid Response](#)

Research Type: Devices and Systems

[Details](#)

3. Soft Toothbrushes versus Foam Swabs for Oral Care: A Review of the Comparative Clinical Effectiveness, Cost-Effectiveness, and Guidelines

Last Updated: September 7, 2017

Result type: Reports

Product Line: [Rapid Response](#)

Research Type: Devices and Systems

[Details](#)

4. Metal versus Acrylic Partial Removable Dentures for Patients with Periodontal Disease: A Review of the Clinical Effectiveness and Guidelines

Last Updated: February 8, 2016

Result type: Reports

Product Line: [Rapid Response](#)

Research Type: Devices and Systems

[Details](#)

5. Non-prescription Analgesic and Antitussive Medications Containing Codeine: A Review of Clinical Effectiveness and Safety

Last Updated: June 20, 2018

Result type: Reports

Product Line: [Rapid Response](#)



Research Type: Drug

[Details](#)

6. Probiotics for Antibiotic-Associated Diarrhea and Clostridium difficile Infection: A Review of Clinical Effectiveness

Last Updated: September 20, 2018

Result type: Reports

Product Line: [Rapid Response](#)

Research Type: Drug

[Details](#)

7. Proton Pump Inhibitors for Gastrointestinal Conditions: A Review of Clinical Effectiveness and Cost-Effectiveness

Last Updated: June 19, 2015

Result type: Reports

Product Line: [Rapid Response](#)

Research Type: Drug

[Details](#)

8. Chlorhexidine for Oral Care: A Review of Clinical Effectiveness and Guidelines

Last Updated: January 25, 2019

Result type: Reports

Product Line: [Rapid Response](#)

Research Type: Devices and Systems

[Details](#)

9. Management of Patients with Long-Term Indwelling Urinary Catheters: A Review of Guidelines

Last Updated: May 14, 2019

Result type: Reports

Product Line: [Rapid Response](#)

Research Type: Devices and Systems



Details

10. One Dose of Doxycycline for the Prevention of Lyme Disease: A Review of Clinical Effectiveness and Guidelines

Last Updated: May 21, 2019

Result type: Reports

Product Line: [Rapid Response](#)

Research Type: Drug

Details

11. Triclosan in Single Use Medical Devices for Preventing Infections: A Review of Clinical Effectiveness, Safety and Guidelines

Last Updated: July 11, 2019

Result type: Reports

Product Line: [Rapid Response](#)

Research Type: Devices and Systems

Details

Medline (081019)

Database(s): **Ovid MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Daily and Versions(R)** 1946 to October 07, 2019

Search Strategy:

#	Searches	Results
1	antibiotic agent/ or anti bacterial agent*.mp.	321537
2	anti-bacterial agent?.mp. or antiinfective agent/	321537
3	penicillins.mp. or penicillin derivative/	44061
4	antibiotic prophylaxis/ or antibiotic prophylaxis*.mp.	18826
5	antibiotic prophylax*.mp.	18846
6	periodontal disease/ or periodontal disease*.mp.	37867
7	dentist/ or dentist*.mp.	125409
8	dentistry*.mp. or dentistry/	86802
9	dental*.mp.	451863
10	(Guideline* or practice guideline* or clinical guideline* or guidance or consensus or recommendations).ti,kw,kf,pt.	163436
11	Practice Guidelines as Topic/ or Practice Guideline/	137645
12	10 or 11	239264
13	1 or 2 or 3 or 5	367398
14	6 or 7 or 8 or 9	510870
15	12 and 13 and 14	468
16	limit 15 to yr="2015 - 2019"	73
17	(comment or letter or newspaper article or conference).pt.	1439546
18	16 not 17	67
19	limit 18 to (danish or english or norwegian or swedish)	63
20	Cochrane.jw.	14593
21	13 and 14 and 20	24
22	limit 21 to yr="2015 - 2019"	7
23	19 or 22	70

Embase (081019)

Database(s): **Embase** 1996 to 2019 Week 40

Search Strategy:

#	Searches	Results
1	antibiotic agent/ or anti bacterial agent*.mp.	252974
2	anti-bacterial agent?.mp. or antiinfective agent/	138603
3	penicillins.mp. or penicillin derivative/	27886
4	antibiotic prophylaxis/ or antibiotic prophylaxis*.mp.	29968
5	antibiotic prophylax*.mp.	29984
6	periodontal disease/ or periodontal disease*.mp.	35206
7	pediatric dentist/ or dentist/ or dentist*.mp.	64997
8	dentistry*.mp. or dentistry/	42221
9	dental*.mp.	228453
10	(Guideline* or practice guideline* or clinical guideline* or guidance or consensus or recommendations).ti,kw,pt.	183046
11	practice guideline/	389187
12	10 or 11	481247
13	1 or 2 or 3 or 5	414462
14	6 or 7 or 8 or 9	267701
15	12 and 13 and 14	681
16	limit 15 to yr="2015 - 2019"	171
17	(comment or letter or newspaper article or conference).pt.	4899617
18	16 not 17	121
19	limit 18 to (danish or english or norwegian or swedish)	118
20	Cochrane.jx.	20775
21	13 and 14 and 20	31
22	limit 21 to yr="2015 - 2019"	10
23	19 or 22	128

Referencerne fra medline = 70 og Embase =128, sorteret for dubletter = 142 referencer som er lagt i Covidence.