Comagine Health

Dental Opioid Prescribing & Pain Management

FIRST LINE Pain Recommendations

2016 ADA and 2017 AAOMS Guidelines

Ibuprofen (400–600 mg) with **Acetaminophen** (500 mg)

Every 4–6 hours as needed for pain

Do not exceed 2,400 mg ibuprofen or 3,000 mg of acetaminophen per day.

BEST PRESCRIBING PRACTICES

Center for Opioid Research and Education
(www.SolveTheCrisis.org)

Procedure	Start with	If needed, maximum Oxycodone 5 mg pills recommended
Alveoloplasty	**Ibuprofen** and/or **Acetaminophen** (NSAIDs)	12
Bone grafting procedures		12
Extractions of impacted teeth including 3rd molars		15
Flap procedures		0
Gingivectomy		0
Implant surgery		10
Osseous procedures		0
Periodontal bone grafting and regeneration procedures		6
Peri-radicular surgery		4
Routine Tooth Extractions		0
Soft tissue procedures		0
Soft tissue grafting procedures		10
Surgical extractions		12
Tooth resection/root amputation		0

CORE convened a multidisciplinary consortium of dentists, periodontists, oral and maxillofacial surgeons, endodontists, and patients to develop ideal opioid prescribing patterns after common dental procedures utilizing a modified Delphi approach. Best prescribing practices are listed for post-operative narcotic naive patients at discharge.

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Pain management decisions should be based on careful diagnosis and assessment of the patient, which is ultimately up to the judgment and expertise of the practitioner. However, **responsible prescribing of opioid medications must be a priority for all clinicians**.

Acetaminophen (APAP), non-steroidal anti-inflammatory drugs (NSAIDs), or a combination of the two will relieve most dental pain. In some circumstances, a very small amount of opioid medications followed by over-the-counter medications will provide appropriate pain relief.

PAIN MANAGEMENT RECOMMENDATIONS for Dental Procedures

Adapted from the 2017 AAOMS Guidelines and the Oregon Pain Guidance recommendations for dentists

Prior

- Assess for a history of substance/opioid use disorder
- Ask if patients are receiving prescriptions from other providers
- Check the state prescription drug monitoring program

During

- An NSAID prior to surgery may decrease postoperative pain
- A perioperative corticosteroid like dexamethasone may limit postoperative swelling and pain
- A long-acting local anesthetic like bupivacaine or etidocaine may delay the onset and severity of postoperative pain

After

- NSAIDs should be prescribed first, unless contraindicated
- APAP should be prescribed if NSAIDs can't be tolerated
- When taken together, NSAIDs and APAP work synergistically and can provide pain relief similar to opioids

When prescribing opioids

- Begin with the lowest effective dose and the shortest possible duration
- Refills should only be provided after assessment in the clinic
- Avoid or limit prescriptions to patients who take benzodiazepines or other opioid medications
- Prolonged pain management should be managed by and/or coordinated with the patient's primary care provider