

Table. Summary of clinical recommendations for the urgent management of symptomatic irreversible pulpitis with or without symptomatic apical periodontitis, pulp necrosis and symptomatic apical periodontitis, and pulp necrosis and localized acute apical abscess.

SETTING, CLINICAL QUESTION

EXPERT PANEL RECOMMENDATIONS AND GOOD PRACTICE STATEMENTS

Urgent Situations in Dental Settings in Which Pulpotomy, Pulpectomy, Nonsurgical Root Canal Treatment, or Incision for Drainage of Abscess Are Not an Immediate Option (Not On Same Visit)

1. For immunocompetent^a adults with **symptomatic irreversible pulpitis⁷ with or without symptomatic apical periodontitis⁸** should we recommend the use of oral systemic antibiotics compared with the nonuse of oral systemic antibiotics to improve health outcomes?

Recommendation 1: The expert panel recommends dentists *do not prescribe* oral systemic antibiotics for immunocompetent adults with **symptomatic irreversible pulpitis⁷ with or without symptomatic apical periodontitis⁸** (strong recommendation, low certainty). Clinicians should refer³ patients for DCDT⁴ while providing interim monitoring.⁶

2. For immunocompetent adults with **pulp necrosis and symptomatic apical periodontitis or localized acute apical abscess¹⁰** should we recommend the use of oral systemic antibiotics compared with the nonuse of oral systemic antibiotics to improve health outcomes?

Recommendation 2A: The expert panel suggests dentists *do not prescribe* oral systemic antibiotics for immunocompetent adults with **pulp necrosis and symptomatic apical periodontitis** (conditional recommendation, very low certainty). Clinicians should refer patients for DCDT while providing interim monitoring. If DCDT is not feasible, a delayed prescription¹¹ for oral amoxicillin (500 mg, 3 times per d, 3-7 d) or oral penicillin V potassium (500 mg, 4 times per d, 3-7 d)^{12,13,14,15,16,17,18,19} should be provided.

Recommendation 2B: The expert panel suggests dentists prescribe oral amoxicillin (500 mg, 3 times per d, 3-7 d) or oral penicillin V potassium (500 mg, 4 times per d, 3-7 d)^{12,13,14,15,16,17,18,19} for immunocompetent adults with **pulp necrosis and localized acute apical abscess** (conditional recommendation, very low certainty). Clinicians also should provide urgent referral as DCDT should not be delayed.⁶

No corresponding clinical question

Good practice statement: The expert panel suggests dentists prescribe oral amoxicillin (500 mg, 3 times per d, 3-7 d) or oral penicillin V potassium (500 mg, 4 times per d, 3-7 d)^{12,13,14,15,16,17,18,19} for immunocompetent adults with **pulp necrosis and acute apical abscess with systemic involvement¹⁰**.²⁰ Clinicians also should provide urgent referral as DCDT should not be delayed.⁶ If the clinical condition worsens or if there is concern for deeper space infection or immediate threat to life, refer patient for urgent evaluation.^{21,22}

Urgent Situations in Dental Settings and Pulpotomy, Pulpectomy, Nonsurgical Root Canal Treatment, or Incision for Drainage of Abscess Are an Immediate Option (Same Visit)

3. For immunocompetent adults with **pulp necrosis and symptomatic apical periodontitis or localized acute apical abscess**, should we recommend the use of oral systemic antibiotics compared with the nonuse of oral systemic antibiotics as adjuncts to DCDT^{3,5,9} to improve health outcomes?

Recommendation 3: The expert panel recommends dentists *do not prescribe* oral systemic antibiotics as an adjunct to DCDT^{3,5,9} for immunocompetent adults with **pulp necrosis and symptomatic apical periodontitis or localized acute apical abscess** (strong recommendation, very low certainty).

4. For immunocompetent adults with **symptomatic irreversible pulpitis with or without symptomatic apical periodontitis**, should we recommend the use of oral systemic antibiotics compared with the nonuse of oral systemic antibiotics as adjuncts to DCDT^{3,5} to improve health outcomes?

Recommendation 4: The expert panel suggests dentists *do not prescribe* oral systemic antibiotics as an adjunct to DCDT^{3,5} for immunocompetent adults with **symptomatic irreversible pulpitis with or without symptomatic apical periodontitis** (conditional recommendation, very low certainty).

No corresponding clinical question

Good practice statement: The expert panel suggests dentists perform urgent DCDT^{3,5,9} in conjunction with prescribing oral amoxicillin (500 mg, 3 times per d, 3-7 d) or oral penicillin V potassium (500 mg, 4 times per d, 3-7 d)^{12,13,14,15,16,17,18,19} for immunocompetent adults with **pulp necrosis and acute apical abscess with systemic involvement¹⁰**.²⁰ If the clinical condition worsens or if there is concern for deeper space infection or immediate threat to life, refer for urgent evaluation.^{21,22}