	Document Scope: Hospital-wide Patient Care	
	Document Type: Clinical Practice Guideline Approved on 2019-09-10 Next Review Date: 2021-09-09	
	Dental Abscess with Facial Cellulitis Clinical Practice Guideline	Version: 2

Introduction

Patients with acute dental abscesses frequently present to the Paediatric Emergency Department (ED) with acute onset of facial cellulitis, warranting urgent assessment and therapy. Management of these patients involves dental surgery or extraction to control the source, with adjunctive intravenous antibiotic therapy.

This patient population remains clinically stable and typically demonstrates rapid response to therapy with IV antibiotics. Given the predictable clinical course and limited nursing care required, previously healthy paediatric patients with dental abscesses and associated facial cellulitis are managed on an ambulatory basis in Paediatric Medicine's Alternate Care Environment (ACE).

This Clinical Pathway is intended to guide the ambulatory management of patients who present to SickKids with a dental abscess and associated facial cellulitis.


Objectives:

In the target population, the objectives of this guideline are to:

- Streamline the care of these patients from hospital arrival to discharge;
- Decrease the use of unnecessary diagnostic studies;
- Outline each service's role and responsibilities, as well as facilitate clear communication and handover among parties;
- Optimize the patient experience when presenting to the hospital with this condition;
- Increase hospital bed capacity for acutely ill patients

Target Patient Population

- Clinically stable children ≥ 2 years old and ≤ 18 years old with a dental abscess and associated facial cellulitis and no significant comorbidities or chronic health conditions

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Target users

Target Users include, but are not limited to:


- Emergency Medicine physicians, nurses, nurse practitioners, and trainees
- Paediatric Medicine physicians, nurse practitioners, and trainees,
- Nurses in the Alternate Care Environment
- Pharmacists
- Patients and families

Exclusion Criteria

This Pathway is not intended for use in patients who:

- ≤ 2 years old
- Are systemically ill (ill-appearing, hemodynamically unstable);
- Have an immunodeficiency;
- Have a metabolic disorder;
- Have significant comorbidities*;
- Are in significant pain requiring IV analgesia; or
- Are unable to maintain adequate oral hydration or tolerate oral antibiotics

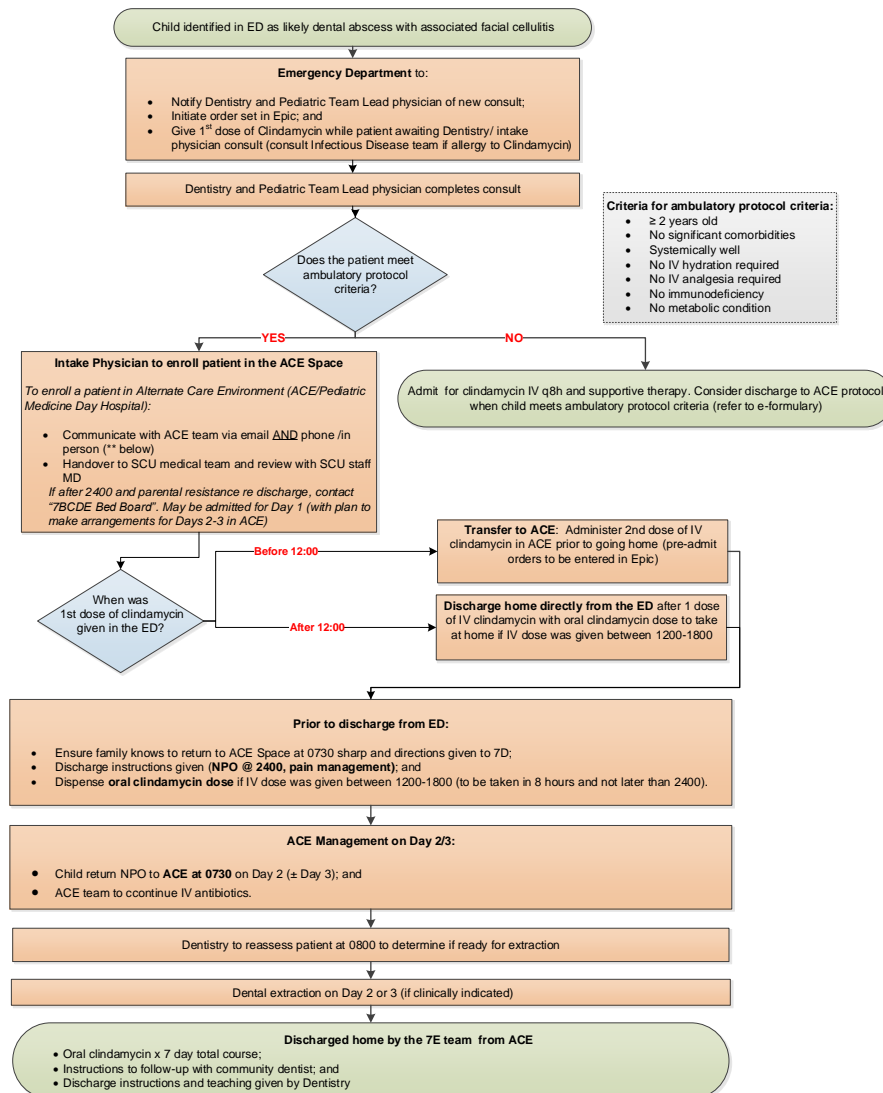
** Exceptions may be made on a case-by-case basis and require discussion with and acceptance by the Intake Physician*

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Clinical Pathway

[Printable version](#)

Dental Abscess with Facial Cellulitis Management Pathway



****To book a patient into ACE:**
Email ACE.requests@sickkids.ca with the following info: name, MRN, time IV clindamycin was given in ED, pertinent history / concerns / social issues

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Clinical pearls for discharge from ACE:

- Systemically ill, immune-deficient, and metabolic patients warrant admission.
- Life-threatening complications include sepsis, airway compromise, toxic shock syndrome, cavernous sinus thrombosis, descending necrotizing mediastinitis, brain abscess, and Ludwig's angina.
- In children appear unwell, including signs and symptoms above, blood cultures are recommended.
- *Clindamycin* is recommended as the first line treatment due to the polymicrobial anaerobic nature of dental infections.
- The Infectious Diseases team should be consulted should the patient have an allergy or intolerance to clindamycin
- Surgical elimination of the source of infection via extraction or endodontic treatment and drainage of pus is recommended as soon as clinically possible
- **Discharge criteria:** Considerable improvement on IV antibiotics, afebrile > 24 hours, well-controlled pain, tolerating oral intake and oral medications well


Related Documents

- [Guideline on Paediatric Oral Surgery](#) : American Academy of Paediatric Dentistry, 2014
- [Guideline on use of Antibiotic Therapy for Paediatric Dental Patients](#): American Academy of Paediatric Dentistry, 2014
- [Guideline on use of Local Anesthesia for Paediatric Dental Patients](#): American Academy of Paediatric Dentistry, 2015
- [Guideline for Monitoring and Management of Paediatric Patients during and after Sedation for Diagnostic and Therapeutic Procedures](#): American Academy of Pediatrics and the American Academy of Paediatric Dentistry, 2011
- [Cellulitis and Abscess Pathway](#) : Seattle Children's Hospital, 2013
- [Systemic Antibiotics in Periodontics](#): American Academy of Periodontics, 2004

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Guideline Group and Reviewers


Guideline Revision Group Membership (2019)

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Initial Guideline Group Membership (2014-2015)

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- Iris Liu, Nurse Practitioner, Paediatric Medicine
- Paediatric Medicine Alternate Care Environment RNs

Implementation

- Pathway has been implemented since 2015 with good effect and no patient safety concerns have arisen during this time
- Divisions of Paediatric Medicine and Emergency Medicine need to continue to build awareness during new trainee orientation
- ED and Inpatient Medical Director to communicate any updates in practice to ED and Paediatric Medicine Divisions respectively.

Evaluation

- Ongoing monitoring of adherence to the pathway

Attachments:

[pathway_aug 6.pdf](#)