



**SOUTH AFRICAN PRIMARY HEALTHCARE LEVEL ESSENTIAL MEDICINES LIST  
CHAPTER 1: DENTAL AND ORAL CONDITIONS  
NEMLC RECOMMENDATIONS FOR MEDICINE AMENDMENTS (2016 -2018)**

Medicine amendment recommendations, with supporting evidence and rationale are listed below. Kindly review the medicine amendments in the context of the dental and oral conditions chapter.

SECTION	MEDICINE	ADDED/DELETED/NOT ADDED/AMENDED
1.1.1 Abscess, dental	Amoxicillin	Dose in children amended
1.1.2 Caries, dental	Lidocaine, injection	Directions for use amended to include prescribing by dental therapists
	Lidocaine with epinephrine (adrenaline), injection	

**1.1.1 ABSCESS, DENTAL**

Amoxicillin, oral: children dose amended

Amoxicillin dose amended as follows, for correctness:

Initiate treatment before referral:

Children

Amoxicillin, oral, 10–20 mg/kg 8 hourly for 5 days.

Weight kg	Dose mg	Use one of the following:				Age Months/years
		Susp		Capsule		
		125mg/5mL	250mg/5mL	250 mg	500 mg	
>11–25 kg	250 mg	10 mL	5 mL	1 cap	–	> 8-18 months–7 years
>25 kg	500 mg	–	–	2 caps	1 cap	>7 years

**Level of Evidence: III Guidelines<sup>1</sup>**

**1.1.2 CRIES, DENTAL**

Lidocaine, injection: Directions for use amended to include prescribing by dental therapists

Lidocaine with epinephrine (adrenaline), injection: Directions for use amended to include prescribing by dental therapists

**Recommendation:** Lidocaine and lidocaine with epinephrine (adrenaline) be recommended for prescribing and administration by dental therapists in this clinical setting.

**Rationale:** Prescribing and use of local anaesthesia by dental therapists is provided for by the Health Professions Council of South Africa (HPCSA) Regulations - No 674 of September 2013

**Level of evidence: III Legislation**

**Following review of external stakeholder comments, the following conditions were not recommended for inclusion to the dental chapter:**

**LUDWIG'S ANGINA AND PERICORONITIS**

Guidance for the management of Ludwig's angina and pericoronitis not be included in the dental chapter.

<sup>1</sup> SAMF, 2016

*Rationale:* Syndromic management, rather than diagnostic management occurs at primary level of care and both conditions are relatively uncommon. Management of Ludwig's angina and pericoronitis is similar to that of abscess<sup>2 3</sup>, which is already included in the dental chapter.

**Level of Evidence: III Case series, Case Report, Expert opinion**

## CANCER, ORAL

Guidance for screening for oral cancer was not included in the STG.

*Rationale:* The PHC Expert Review Committee was of the opinion that this was not the mandate of the Committee as provided for by the National Drug Policy<sup>4</sup>.

Furthermore, the Non-Communicable Diseases Programme of the National Department of Health is in the process of releasing Guidelines for Cancer. However, the following referral criterion was added to Section 1.5: Aphthous ulcers, as an interim measure:

### Referral

- » Major ulcers for further diagnostic evaluation.
- » Ulcers that are not healing within 10 days.

**Level of Evidence: III Expert opinion**

<sup>2</sup> Britt JC, Josephson GD, Gross CW. Ludwig's angina in the pediatric population: report of a case and review of the literature. Int J Pediatr Otorhinolaryngol. 2000 Jan 30;52(1):79-87.

<sup>3</sup> Marioni G, Rinaldi R, Staffieri C, Marchese-Ragona R, Saia G, Stramare R, Bertolin A, Dal Borgo R, Ragno F, Staffieri A. Deep neck infection with dental origin: analysis of 85 consecutive cases (2000-2006). Acta Otolaryngol. 2008 Feb;128(2):201-6.

<sup>4</sup> National Drug Policy, 1996.