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| **PHARMACOLOGIC PROTOCOL FOR ORAL IMPLANTOLOGY - 2024** | | | | | | |
|  | **PATIENT SELECTION** | **PROCEDURES** | **ANTIBIOTIC** | **GLUCOCORTICOID** | **ANTI- MICROBIAL** | **ANALGESIC** |
| **CATEGORY**  **1** | ASA1 / ASA2  >ASA2 = Category 2 | * Single Implants w/minimal reflection | ***Amoxicillin 1gm*:** One hour before surgery | NONE | ***Chlorhexidine:***  ½ oz. BID for two weeks | Pain Control Protocol **PCP 1 - 2** |
| **CATEGORY**  **2** | ASA1 / ASA2  >ASA2 = Category 4 | * Traumatic Extractions w/pathology * Socket Grafting * Single Tooth Implants w/ extensive reflection * Multiple Implants with minimal tissue reflection * SA1 Sinus Procedures * Immediate Implants w/o pathology | ***Amoxicillin 1gm*** One hour before surgery, then 500 mg 6 hours after | ***Decadron 4mg***   * 1 tab AM day of surgery | ***Chlorhexidine:***  ½ oz. BID for two weeks | Pain Control Protocol **PCP 1 - 2** |
| **CATEGORY**  **3** | ASA1 / ASA2  >ASA2 = Category 4 | * Single Implants with bone grafting and excessive tissue reflection * Multiple Implants w/ extensive reflection * Bone Grafting (Allograft/Autograft) * SA2 Sinus Procedures | ***Amoxicillin 1gm*** One hour before surgery, then 500 mg TID for 3 days | ***Decadron 4mg***   * 1 tab AM day of surgery * 1 tab AM day after surgery * 1 tab AM two days after surg. | ***Chlorhexidine:***  ½ oz. BID for two weeks | Pain Control Protocol **PCP 2 - 3** |
| **CATEGORY**  **4** | **Any of the following:**   * >ASA2 * Long Duration Surgery * Less experienced Surgeon * Immuno-compromised * Active Periodontal Disease | * Any Category 3 Procedures with surgical or patient factors   <=<=<=<=<=<=<=<=   * Immediate Implants with pathology * Autogenous onlay grafting | ***Amoxicillin 1gm*** One hour before surgery, then 500mg TID for 5 days | ***Decadron 4mg***   * 2 tab AM day of surgery * 2 tabs AM day after surgery * 1 tab AM two days after surgery | ***Chlorhexidine:***  ½ oz. BID for two weeks | Pain Control Protocol **PCP 3 - 4** |
| **CATEGORY**  **5** | All  SA3 / SA4  Sinus Patients | All  SA3 / SA4  Sinus Procedures | ***Augmentin*** (875mg/125mg): 1 tab BID starting one day before, then 1 tab BID for 5 days | ***Decadron 4mg***   * 2 tab AM day before surgery * 2 tabs AM day of surgery * 1 tab AM day after surgery * 1 tab AM two days after   surgery | ***Chlorhexidine:***  ½ oz. BID for two weeks  or Stellalife | Pain Control Protocol **PCP 2 - 3** |

ALTERNATIVE MEDICATIONS

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Amoxicillin ( 1gm) = Cephalexin (1gm) , Doxycycline (100 mg)

Augmentin (875/125) = Ceftin (500 mg)= Doxycycline (100 mg)

\*\* SBE Prophylaxis : change pre-op antibiotic dose to

Amoxicillin (2 gm), Cephalexin (2 gm), or Azithromycin (250mg)\*\*

*Recommended Pain Control Protocol*

PCP 1: MILD PAIN EXPECTED

Ibuprofen 400 mg one hour prior to surgery OR Acetaminophen (1000mg) PCP 2: MILD TO MODERATE PAIN EXPECTED

Ibuprofen 400 -600 mg qid prn + Acetaminophen + 1000 mg tid prn PCP +3 :MODERATE PAIN EXPECTED

Hydrocodone VICODIN 5 mg/300 mg PCP 4: SEVERE PAIN EXPECTED

Hydrocodone Norco 7.5 mg/325 mg

Alternative Medications:

Ibuprofen (400 mg) > Acetaminophen (500mg) or Naproxen Sodium (375mg) Hydrocodone (5mg/500mg) > Tylenol # 2 / Tramadol (50mg)

Hydrocodone (7.5mg/750mg) > Tylenol # 3 / Tramadol (100 mg) / Nucynta (50,75,100 mg) Hydrocodone (10mg/660mg) > Oxycodone (Percocet) 7.5 / 500mg

\*\* If patient cannot take medication by mouth :

1. **Ibuprofen Oral Suspension (OTC)**
2. **Lortab Elixar (7.5mg hydrocodone/500mg APAP/ 15 ml)**