

Post-operative Medication Instructions

Oral Surgery – Paediatrics/Adolescents

Begin analgesia before the onset of pain.

To minimise nausea try to avoid swallowing blood/ooze from the operative site.

Accurately record drugs administered in an analgesia diary to avoid dose duplication.

Analgesia Options

- 1) Paracetamol tabs/soluble/elixir – weight appropriate dose(15mg/kg) 6 hourly
- 2) Ibuprofen(Nurofen) tabs/elixir – weight appropriate dose(5-10mg/kg) 8 hourly
- 5) Oxycodone tabs/Elixir(5mg/ml – 150ml bottle) – for severe pain. Dose as prescribed.

Please note that recent regulatory changes have restricted codeine based medications to prescription only and for children aged 12 and over.

For mild-moderate pain – give regular paracetamol and ibuprofen(Nurofen) in weight appropriate doses. Ideally overlap and alternate the drugs to permit something to be given every 3-6 hours.

For example – Paracetamol @ 2pm, Nurofen @ 5pm, Paracetamol @ 8pm, Nurofen @ 11pm

For moderate-severe pain refractory to the above – take oxycodone, if prescribed, as directed. In the first instance administer a dose at the low end of prescribed range to monitor for side effects(nausea, sleepiness) before using a dose at the higher end of the prescribed range.

Antibiotic Options

- 1) Cephalexin Suspension 250mg/5ml – take as prescribed(10-15mg/kg 6-8hourly – 100ml)
or
- 2) Roxithromycin D 50mg tab(dispersible) – take as prescribed(2-4mg/kg bd – 10 – 1rpt)
or
- 3) Clindamycin 7.5mg/kg orally 8 hourly(5 days) – after preop oral or IV load 15mg/kg
(NB – No liquid formulation exists in Australia.....so dissolve contents of 150mg capsule in 2ml of water and make up to 3ml in syringe yielding 50mg/ml. Dose then added to juice or soft food to disguise taste)(150mg cap, 24, no rpt).
or
- 4) Metronidazole 10-15mg/kg orally every 8 hours (200mg/5ml).

You may be prescribed antibiotics – take as prescribed

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