Table 2. Medication dosages for the management of acute dental pain in children.

AGE	WEIGHT		DOSAGE, MG
	kg	lb	
Ibuprofen (Suspension, Tablet)*			
6-11 mo	5.4-8.1	12-17	50
12-23 mo	8.2-10.8	18-23	75
2-3 y	10.9-16.3	24-35	100
4-5 y	16.4-21.7	36-47	150
6-8 y	21.8-27.2	48-59	200
9-10 y	27.3-32.6	60-71	250
11 y	32.7-43.2	72-95	300
Acetaminophen (Suspension, Tablet, Oral Disintegrating Tablet, Caplet, Rectal Suppository)†			
0-3 mo	2.7-5.3	6-11	40
4-11 mo	5.4-8.1	12-17	80
1-2 y	8.2-10.8	18-23	120
2-3 y	10.9-16.3	24-35	160
4-5 y	16.4-21.7	36-47	240
6-8 y	21.8-27.2	48-59	320
9-10 y	27.3-32.6	60-71	400
11 y	32.7-43.2	72-95	480
Naproxen (Suspension, Tablet)‡			
>2 y	<60	<132	5-6 per kg every 12 h as needed; maximum daily dose of 1,000 for naproxen and 1,100 for naproxen sodium
>2 y	≥60	≥132	250-375 every 12 h as needed; maximum daily dose of 1,000 for naproxen and 1,100 for naproxen sodium

* Dosing based on child's weight and age. Usual oral dosage: infants and children ≤ 11 y and < 50 kg, 4-10 mg/kg per dose every 6-8 h as needed (maximum single dose, 400 mg; maximum dose, 40 mg/kg per 24 h). † Dosing based on child's weight and age. Usual oral dosage: infants and children ≤ 11 y, 10-15 mg/kg per dose every 4-6 h as needed (maximum 75 mg/kg per 24 h but not to exceed 4,000 mg per 24 h). Both short- and long-term doses of acetaminophen are associated with hepatotoxicity. For this reason, this drug has been reformulated, so the products are limited to 325 mg per dosage unit. ‡ Dosage expressed as 200 mg naproxen base is equivalent to 220 mg naproxen sodium. For acute pain, naproxen sodium may be preferred because of increased solubility leading to faster onset, higher peak concentration, and decreased adverse drug events.

these recommendations using indirect evidence from the RCTs evaluating the effect of analgesics on postoperative pain after tooth extractions.

Remarks

- The panel reminds users of these recommendations that they only apply to settings in which definitive dental treatment is not immediately available. The use of any analgesic strategy is temporary and does not represent definitive dental care (for example, tooth extraction, pulp therapy, and endodontic treatment).
- The recommendations are based on dosing for professionally prescribed analgesics and do not address over-the-counter indications and dosages. The recommendation for the use of naproxen in children older than 2 years in this guideline is an off-label use. Naproxen is FDA approved for use as young as 12 years. Naproxen is approved for prescription use only in pediatric patients with polyarticular juvenile idiopathic arthritis as young as 2 years. Naproxen is not FDA approved in children aged 0 through 2 years.[21]
- These recommendations also serve as a bridge between the first consultation for toothache and a second referral consultation to receive definitive dental treatment.
- Although not included in the scope of this guideline, the guideline panel reminds clinicians that the FDA states, "Benzocaine can cause a serious condition in which the amount of oxygen carried through the blood is greatly reduced. This condition, called methemoglobinemia, is life-