

CHLORHEXIDINE GLUCONATE 0.2% W/V MOUTH WASH

CLASS: Antibiotic, Oral Rinse; Antibiotic, Topical

INDICATIONS:

Topical: Skin cleanser for preoperative skin preparation, skin wound and general skin cleanser for patients; surgical scrub and antiseptic hand rinse for healthcare personnel

Oral rinse: Antibacterial dental rinse for gingivitis treatment

Periodontal chip: Adjunctive therapy to reduce pocket depth in patients with periodontitis

AVAILABLE DOSAGE FROM THE HOSPITAL:

CHLORHEXIDINE GLUCONATE 0.2% W/V MOUTH WASH, CHLORHEXIDINE GLUCONATE 0.2% W/V MOUTH WASH, CHLORHEXIDINE GUAZE, CHLORHEXIDINE ACETATE 0.5% PATCHES SIZE 15*20CM, CHLORHEXIDINE ACETATE 0.5% ROLLS 15*100 CM

TRADE NAMES:

DOSAGE:

- **Dosing: Adult**

Treatment of gingivitis: *Oral rinse:* Swish for 30 seconds with 15 mL (one capful) of undiluted oral rinse after toothbrushing, then expectorate; repeat twice daily (morning and evening). Therapy should be initiated immediately following a dental prophylaxis. Patient should be reevaluated and given a dental prophylaxis at intervals no longer than every 6 months.

Periodontitis: *Periodontal chip:* One chip is inserted into a periodontal pocket with a probing pocket depth ≥ 5 mm. Up to 8 chips may be inserted in a single visit. Treatment is recommended every 3 months in pockets with a remaining depth ≥ 5 mm. If dislodgment occurs 7 days or more after placement, the subject is considered to have had the full course of treatment. If dislodgment occurs within 48 hours, a new chip should be inserted. The chip biodegrades completely and does not need to be removed. Patients should avoid dental floss at the site of periodontal chip insertion for 10 days after placement because flossing might dislodge the chip.

Insertion of periodontal chip: Pocket should be isolated and surrounding area dried prior to chip insertion. The chip should be grasped using forceps with the rounded edges away from the forceps. The chip should be inserted into the periodontal pocket to its maximum depth. It may be maneuvered into position using the tips of the forceps or a flat instrument.

Skin cleanser for preoperative skin preparation, skin wound and general skin cleanser for patients; surgical scrub and antiseptic hand rinse for healthcare personnel: *Topical:*

Surgical scrub: Scrub hands and forearms for 3 minutes paying close attention to nails, cuticles, and interdigital spaces, and rinse thoroughly, wash for an additional 3 minutes, rinse, and dry thoroughly.

Surgical hand antiseptic: Lotion: Dispense 1 pumpful in palm of 1 hand; dip fingertips of opposite hand into solution and work it under nails. Spread remainder evenly over hand and just above elbow, covering all surfaces. Repeat on other hand. Dispense another pumpful in each hand and reapply to each hand up to the wrist. Allow to dry before gloving.

Healthcare personnel hand antiseptic:

Liquid or solution: Wash with ~5 mL for 15 seconds; rinse thoroughly with water and dry

Lotion: Apply to clean, dry hands and nails. Dispense 1 pumpful (2 mL) into the palm of 1 hand; apply evenly to cover both hands up to the wrists; allow to dry without wiping.

Towelette: Rub 15 seconds paying close attention to nails and interdigital spaces; no watering or toweling necessary

Preoperative skin preparation:

Solution: Apply liberally to surgical site and swab for at least 2 minutes. Dry with sterile towel. Repeat procedure (swab for additional 2 minutes and dry with sterile towel).

Applicator (Chloraprep®): Completely wet treatment area and use gentle back and forth strokes for 30 seconds (dry surgical sites) or 2 minutes (moist surgical sites [eg, inguinal area]); allow to completely dry (3 minutes for hairless skin; up to 1 hour in hair [avoid hairy areas]). **Note:** Do not use 26-mL applicator for head and neck surgery or an area smaller than 8.4 in. x 8.4 in.

Preparation of skin prior to an injection: Swab: Apply swab to procedure site for 15 seconds; allow to air dry for 30 seconds (do not blot or wipe dry). **Note:** Maximum treatment area for 1 swab is ~2.5 inches x 2.5 inches.

Wound care and general skin cleansing: Rinse area with water, then apply minimum amount necessary to cover skin or wound area and wash gently. Rinse again thoroughly.

- **Dosing: Geriatric**

Refer to adult dosing

COMMON SIDE EFFECT:

Oral:

>**10%**: Tartar on teeth increased, taste changes. Staining of oral surfaces (mucosa, teeth, dorsum of tongue) may be visible as soon as 1 week after therapy begins and is more pronounced when there is a heavy accumulation of unremoved plaque and when teeth fillings have rough surfaces. Stain does not have a clinically adverse effect but because removal may not be possible, patient with frontal restoration should be advised of the potential permanency of the stain.

PREGNANCY RISK FACTORS: B/C (manufacturer specific)