PREVENTION OF INFECTIVE (BACTERIAL) ENDOCARDITIS

Wallet Card

This wallet card is to be given to patients (or parents) by their physician. Healthcare professionals: Please see back of card for reference to the complete statement.

Name: _____

needs protection from

INFECTIVE (BACTERIAL) ENDOCARDITIS

because of an existing heart condition.

Diagnosis:_____

Prescribed by: _____

Date: _____

You received this wallet card because you are at increased risk for developing adverse outcomes from infective endocarditis (IE), also known as bacterial endocarditis (BE). The guidelines for prevention of IE shown in this card are substantially different from previously published guidelines. This card replaces the previous card that was based on guidelines published in 1997.

The American Heart Association's Endocarditis Committee together with national and international experts on IE extensively reviewed published studies in order to determine whether dental, gastrointestinal (GI), or genitourinary (GU) tract procedures are possible causes of IE. These experts determined that there is no conclusive evidence that links dental, GI, or GU tract procedures with the development of IE.

The current practice of giving patients antibiotics prior to a dental procedure is no longer recommended **EXCEPT** for patients with the highest risk of adverse outcomes resulting from IE (see below on this card). The Committee cannot exclude the possibility that an exceedingly small number of cases, if any, of IE may be prevented by antibiotic prophylaxis prior to a dental procedure. If such benefit from prophylaxis exists, it should be reserved **ONLY** for those patients listed below. The Committee recognizes the importance of good oral and dental health and regular visits to the dentist for patients at risk of IE.

The Committee no longer recommends administering antibiotics solely to prevent IE in patients who undergo a GI or GU tract procedure.

Changes in these guidelines do not change the fact that your cardiac condition puts you at increased risk for developing endocarditis. If you develop signs or symptoms of endocarditis—such as unexplained fever—see your doctor right away. If blood cultures are necessary (to determine if endocarditis is present), it is important for your doctor to obtain these cultures and other relevant tests **BEFORE** antibiotics are started.

Antibiotic prophylaxis with dental procedures is reasonable only for patients with cardiac conditions associated with the highest risk of adverse outcomes from endocarditis, including:

- Prosthetic cardiac valve or prosthetic material used in valve repair
- Previous endocarditis
- Congenital heart disease only in the following categories:
  - –Unrepaired cyanotic congenital heart disease, including those with palliative shunts and conduits
  - –Completely repaired congenital heart disease with prosthetic material or device, whether placed by surgery or catheter intervention, during the first six months after the procedure*
  - –Repaired congenital heart disease with residual defects at the site or adjacent to the site of a prosthetic patch or prosthetic device (which inhibit endothelialization)
- Cardiac transplantation recipients with cardiac valvular disease

*Prophylaxis is reasonable because endothelialization of prosthetic material occurs within six months after the procedure.

Dental procedures for which prophylaxis is reasonable in patients with cardiac conditions listed above.

All dental procedures that involve manipulation of gingival tissue or the periapical region of teeth, or perforation of the oral mucosa*

***Antibiotic prophylaxis is NOT recommended for the following dental procedures or events:** routine anesthetic injections through noninfected tissue; taking dental radiographs; placement of removable prosthodontic or orthodontic appliances; adjustment of orthodontic appliances; placement of orthodontic brackets; and shedding of deciduous teeth and bleeding from trauma to the lips or oral mucosa.

Antibiotic Prophylactic Regimens for Dental Procedures

Situation	Agent	Regimen—Single Dose 30-60 minutes before procedure	
		Adults	Children
Oral	Amoxicillin	2 g	50 mg/kg
Unable to take oral medication	Ampicillin **OR**	2 g IM or IV*	50 mg/kg IM or IV
	Cefazolin or ceftriaxone	1 g IM or IV	50 mg/kg IM or IV
Allergic to penicillins or ampicillin—Oral regimen	Cephalexin**†	2 g	50 mg/kg
	OR		
	Clindamycin	600 mg	20 mg/kg
	OR		
	Azithromycin or clarithromycin	500 mg	15 mg/kg
Allergic to penicillins or ampicillin and unable to take oral medication	Cefazolin or ceftriaxone†	1 g IM or IV	50 mg/kg IM or IV
	OR Clindamycin	600 mg IM or IV	20 mg/kg IM or IV

*IM—intramuscular; IV—intravenous
**Or other first or second generation oral cephalosporin in equivalent adult or pediatric dosage.
†Cephalosporins should not be used in an individual with a history of anaphylaxis, angioedema or urticaria with penicillins or ampicillin.

Gastrointestinal/Genitourinary Procedures: Antibiotic prophylaxis solely to prevent IE is no longer recommended for patients who undergo a GI or GU tract procedure, including patients with the highest risk of adverse outcomes due to IE.

Other Procedures: Procedures involving the respiratory tract or infected skin, tissues just under the skin, or musculoskeletal tissue for which prophylaxis is reasonable are discussed in the updated document (reference below).

Adapted from *Prevention of Infective Endocarditis: Guidelines From the American Heart Association,* by the Committee on Rheumatic Fever, Endocarditis, and Kawasaki Disease. *Circulation,* 2007; 116: 1736-1754. Accessible at http://circ.ahajournals.org/cgi/reprint/CIRCULATIONAHA.106.183095.

Healthcare Professionals—Please refer to these recommendations for more complete information as to which patients and which procedures need prophylaxis.

ADA ACCEPTED American Dental Association

The Council on Scientific Affairs of the American Dental Association has approved this statement as it relates to dentistry.

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