PREVENTION OF INFECTIVE (BACTERIAL) ENDOCARDITIS

Wallet Card

This wallet card is to be given to patients (or parents) by their physician. Health care 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 recommendations for prevention of IE shown in this card are based on the current AHA guidelines.

Members of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines and the American Heart Association's Rheumatic Fever, Endocarditis, and Kawasaki Disease 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. Findings from these studies showed no conclusive evidence linking GI or GU tract procedures with the development of IE. They also concluded that antibiotics before dental procedures are reasonable for certain patients at increased risk of developing IE and at highest risk of poor outcomes from IE.

The practice of routinely giving antibiotics to patients at risk for endocarditis prior to a dental procedure is not recommended **EXCEPT** for patients with the highest risk of adverse outcomes resulting from IE (see below on this card). The Committees concluded that only a small number of IE cases might be prevented by antibiotic prophylaxis prior to a dental procedure. In addition, prophylaxis should be reserved **ONLY** for patients with cardiac conditions associated with the highest risk that are listed below. The Committees recognize the importance of good oral and dental health and regular visits to the dentist for patients at risk of IE.

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 for patients with cardiac conditions associated with the highest risk of adverse outcomes from endocarditis, including:

- Prosthetic cardiac valves, including transcatheter-implanted prostheses and homografts
- Prosthetic material used for cardiac valve repair, such as annuloplasty rings and chords
- Previous endocarditis
- Congenital heart disease (CHD) only in the following categories:*
  - –Unrepaired cyanotic CHD, including those with palliative shunts and conduits
  - –Completely repaired congenital heart defect with prosthetic material or device, whether placed by surgery or catheter intervention, during the first six months after the procedure†
  - –Repaired CHD with residual shunts or valvular regurgitation at the site or adjacent to the site of a prosthetic patch or prosthetic device (which inhibit endothelialization)
- Cardiac transplantation recipients with valve regurgitation due to a structurally abnormal valve

*Except for the conditions listed above, antibiotic prophylaxis before dental procedures is not recommended for any other form of CHD.

†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 on reverse side.

If you have one of these conditions, prophylaxis against IE is reasonable before 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: There is no evidence for IE prophylaxis in GI or GU procedures absent known active infection.

Other Procedures: Prophylaxis for procedures involving the respiratory tract, infected skin and skin structures, tissues just under the skin, or musculoskeletal tissue for which prophylaxis is reasonable are discussed in the document referenced 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.

Health care Professionals – Please refer to these recommendations for more complete information as to which patients and which dental procedures it would be reasonable for antibiotic prophylaxis to reduce risk of infective endocarditis.

ADA 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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