



## ENDOCARDITIS PROPHYLAXIS RECOMMENDED<sup>1</sup>

<sup>1</sup> MODIFIED FROM THE JAMA JUNE 11, 1997, VOLUME 277, NO. 22, PREVENTION OF BACTERIAL ENDOCARDITIS. DAJANI, AS, ET. AL.

### **I. HIGH - RISK CATEGORY:**

- A. PROSTHETIC CARDIAC VALVES, INCLUDING BIOPROSTHETIC AND HOMOGRAFT VALVES.
- B. PREVIOUS HISTORY OF BACTERIAL ENDOCARDITIS.
- C. COMPLEX CYANOTIC CONGENITAL HEART DISEASE (E.G., SINGLE VENTRICLE STATES, TRANSPOSITION OF GREATER ARTERIES, TETRALOGY OF FALLOT).
- D. SURGICALLY CONSTRUCTED SYSTEMIC PULMONARY SHUNTS AND CONDUITS.

### **II. MODERATE - RISK CATEGORY:**

- A. MOST CARDIAC CONGENITAL MALFORMATION (E.G., PATENT DUCTUS ARTERIOSUS, VENTRICULAR SEPTAL DEFECT, PRIMUM ARTERIAL SEPTAL DEFECT, COARCTATION OF THE AORTA, AND BICUSPID AORTIC VALVE).
- B. ACQUIRED VALVULAR DYSFUNCTION DUE TO RHEUMATIC HEART DISEASE OR COLLAGEN VASCULAR DISEASE.
- C. HYPERTROPHIC CARDIOMYOPATHY.
- D. MITRAL VALVE PROLAPSE WITH VALVULAR REGURGITATION AND/OR THICKENED LEAFLETS (E.G., MITRAL REGURGITATION, MITRAL INSUFFICIENCY, AND MITRAL VALVE PROLAPSE RELATED TO MYXOMATOUS DEGENERATION).

## **ENDOCARDITIS PROPHYLAXIS NOT RECOMMENDED**

(NO GREATER RISK OF DEVELOPING ENDOCARDITIS THAN THE GENERAL POPULATION)

### **III. NEGLIGIBLE - RISK CATEGORY:**

- A. ISOLATED SECUNDUM ATRIAL SEPTAL DEFECT.
- B. SURGICAL REPAIR OF ATRIAL SEPTAL DEFECT, VENTRICULAR SEPTAL DEFECT, OR PATENT DUCTUS ARTERIOSUS (WITHOUT RESIDUA BEYOND 6 MONTHS).
- C. PREVIOUS CORONARY ARTERY BYPASS GRAFT SURGERY.
- D. MITRAL VALVE PROLAPSE WITHOUT REGURGITATION.
- E. PHYSIOLOGIC, FUNCTIONAL OR INNOCENT HEART MURMURS.
- F. PREVIOUS KAWASAKI DISEASE (MUCOCUTANEOUS LYMPH NODE SYNDROME) WITHOUT VALVULAR DYSFUNCTION.
- G. PREVIOUS RHEUMATIC FEVER WITHOUT VALVULAR DYSFUNCTION.
- H. CARDIAC PACEMAKERS (INTRAVASCULAR AND EPICARDIAL) AND IMPLANTED DEFIBRILLATORS.

## **ENDOCARDITIS PROPHYLAXIS RECOMMENDED FOR DENTAL PROCEDURES**

- 1. DENTAL EXTRACTIONS.
- 2. PERIODONTAL PROCEDURES INCLUDING SURGERY, SCALING AND ROOT PLANING, PROBING AND RECALL MAINTENANCE.
- 3. DENTAL IMPLANT PLACEMENT AND REIMPLANTATION OF AVULSED TEETH.
- 4. ENDODONTIC INSTRUMENTATION OR SURGERY BEYOND THE APEX. THE SUBGINGIVAL PLACEMENT OF ANTIBIOTIC FIBERS ARE STRIPPED.
- 5. INITIAL PLACEMENT OF ORTHODONTIC BANDS BUT NOT BRACKETS.
- 6. INTRALIGAMENTARY LOCAL ANESTHETIC INJECTIONS.
- 7. PROPHYLACTIC CLEANING OF TEETH OR IMPLANTS WHERE BLEEDING AS ANTICIPATED.

## **ENDOCARDITIS PROPHYLAXIS NOT RECOMMENDED FOR DENTAL PROCEDURES**

- 1. RESTORATIVE DENTISTRY WHICH INCLUDES OPERATIVE AND PROSTHODONTICS WITH AND WITHOUT RETRACTION CORD.
- 2. LOCAL ANESTHETIC INJECTIONS (NOT INTRALIGAMENTARY).
- 3. INTRACANAL ENDODONTIC TREATMENT; POST PLACEMENT AND CORE BUILD-UP.
- 4. PLACEMENT OF RUBBER DAMS.
- 5. POSTOPERATIVE SUTURE REMOVAL.
- 6. PLACEMENT OF REMOVAL OF PROSTHODONTIC OR ORTHODONTIC APPLIANCES.
- 7. TAKING OF ORAL IMPRESSIONS.

8. FLUORIDE TREATMENT.
9. TAKING OF ORAL RADIOGRAPHS.
10. ORTHODONTIC APPLIANCE ADJUSTMENT.
11. SHEDDING OF PRIMARY TEETH.

## PROPHYLACTIC REGIMENS FOR DENTAL, ORAL, RESPIRATORY TRACT OR ESOPHAGEAL PROCEDURES<sup>1</sup>

SITUATION	AGENT	REGIMEN*
STANDARD GENERAL PROPHYLAXIS	AMOXICILLIN	ADULTS: 2.0 G CHILDREN: 50MG/KG ORALLY 1 HR BEFORE PROCEDURE
UNABLE TO TAKE ORAL MEDICATIONS	AMPICILLIN	ADULTS: 2.0 G INTRAMUSCULARLY (IM) OR INTRAVENOUSLY (IV) CHILDREN: 50MG/KG IM OR IV WITHIN 30 MINUTES OF PROCEDURE
ALLERGIC TO PENICILLIN	CLINDAMYCIN	ADULTS: 600 MG CHILDREN: 20MG/KG ORALLY 1 HR BEFORE PROCEDURE
OR	CEPHALEXIN (KEFLEX <sup>®</sup> )† OR CEFADROXIL (DURICEF <sup>®</sup> )†	ADULTS: 2.0 G CHILDREN: 50MG/KG ORALLY 1 HR BEFORE PROCEDURE
OR	AZITHROMYCIN OR CLARITHROMYCIN	ADULTS: 500 MG CHILDREN: 15MG/KG ORALLY 1 HR BEFORE PROCEDURE
ALLERGIC TO PENICILLIN AND UNABLE TO TAKE ORAL MEDICATIONS	CLINDAMYCIN	ADULTS: 600MG IV CHILDREN: 20MG/KG IV WITHIN 30 MINUTES OF PROCEDURE
OR	CEFAZOLIN (ANCEF <sup>®</sup> )†	ADULTS: 1.0 G IV CHILDREN: 25MG/KG IM OR IV WITHIN 30 MINUTES OF PROCEDURE

\* TOTAL CHILDREN'S DOSE SHOULD NOT EXCEED ADULT DOSE

† CEPHALOSPORINS SHOULD NOT BE USED IN INDIVIDUALS WITH IMMEDIATE-TYPE HYPERSENSITIVITY REACTION (URTICARIA, ANGIOEDEMA OR ANAPHYLAXIS) TO PENICILLINS.