



ENDOCARDITIS PROPHYLAXIS RECOMMENDED¹

¹ 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 PROCEDURES¹

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 [®])† OR CEFADROXIL (DURICEF [®])†	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 [®])†	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.