

## **LATEST AHA GUIDELINES ON ENDOCARDITIS PROPHYLAXIS**

Dear Colleagues:

As a service to you and your patients, we would like to provide you with the most recent American Heart Association guidelines for antibiotic prophylaxis for the prevention of endocarditis published on May 7, 2007. These guidelines will lead to reduced utilization of antibiotics for many but not all patients based on previous recommendations.

The current practice of giving patients antibiotics prior to a dental procedure is no longer recommended **EXCEPT** for patients with cardiac conditions associated with the highest risk of adverse outcomes resulting from Bacterial Endocarditis, including:

- Prosthetic cardiac valve
- 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 recommended because endothelialization of prosthetic material occurs within six months after the procedure.*

**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.

**Gastrointestinal/Genitourinary Procedures:** Antibiotic prophylaxis solely to prevent BEA 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 BE.

**Other procedures:** BE prophylaxis for procedures of the respiratory tract or infected skin, tissues just under the skin, or musculoskeletal tissue is recommended **ONLY** for patients with the underlying cardiac conditions shown above.

## Antibiotic Prophylactic Regimens Recommended for Dental Procedures

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

Please feel free to contact us with any questions you may have regarding these guidelines.

Sincerely,

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