Antibiotic Prophylaxis

Antibiotic prophylaxis should be considered only for the following conditions:

- Prosthetic cardiac valve.
- Previous infective endocarditis.
- Cardiac transplant recipients who have cardiac valvulopathy.
- Congenital heart disease (CHD) that meets at least one of the following characteristics:
  - Unrepaired cyanotic CHD, including palliative shunts and conduits.
  - Completely repaired congenital heart defect with prosthetic material or device, whether placed by surgery or by catheter intervention, during the first 6 months after the procedure.
  - Repaired CHD with residual defects at the site or adjacent to the site of a prosthetic patch or prosthetic device (which inhibit endothelialization).

Antibiotic prophylaxis is reasonable for patients with cardiac conditions listed above that are undergoing the following procedures:

- Dental
  - All dental procedures that involve:
    - Manipulation of gingival tissue.
    - Manipulation of the periapical region of teeth.
    - Perforation of the mucosa.

- Respiratory
  - All invasive procedures of the respiratory tract that involve incision or biopsy of the respiratory mucosa.
    - Tonsillectomy and adenoidectomy.
    - Bronchoscopy with biopsy.
  - Invasive respiratory tract procedure to treat an established infection.
    - Drainage of an abscess or empyema.

- Procedures Involving Infected Areas
  - Procedures involving areas currently infected such as the genitourinary tract, skin, or soft tissue should be delayed if possible until the infection is resolved.

Note: See Appendix A for antibiotic prophylaxis regimens. 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.

Reference

Appendix A. Antibiotic Prophylaxis Regimens

<table>
<thead>
<tr>
<th>Situation</th>
<th>Agent</th>
<th>Regimen*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral</td>
<td>Amoxicillin</td>
<td>2 g oral</td>
</tr>
<tr>
<td>IV/IM alternative†</td>
<td>Ampicillin OR</td>
<td>2 g IM / IV</td>
</tr>
<tr>
<td></td>
<td>Cefazolin or ceftriaxone §</td>
<td>1 g IM / IV</td>
</tr>
<tr>
<td>Allergic to penicillins or ampicillin oral</td>
<td>Cephalexin §</td>
<td>2 g oral</td>
</tr>
<tr>
<td></td>
<td>Cindamycin</td>
<td>600 mg oral</td>
</tr>
<tr>
<td></td>
<td>Azithromycin or clarithromycin‡</td>
<td>500 mg oral</td>
</tr>
<tr>
<td>Allergic to penicillins or ampicillin unable to take oral medication</td>
<td>Cefazolin or ceftriaxone § OR</td>
<td>1 g IM / IV</td>
</tr>
<tr>
<td></td>
<td>Clindamycin</td>
<td>600 mg IM / IV</td>
</tr>
</tbody>
</table>

* Oral medications given 30 to 60 min prior; IV/IM medications completed 30 min prior; if not given prior, either oral or IV/IM may be given up to 2 hours post procedure.

† IM injection should be avoided in patients on anticoagulants.

§ Cephalosporins should not be used in an individual with a history of anaphylaxis, angioedema, or urticaria with penicillins or ampicillin.

‡ Erythromycin should not be given in conjunction with cisapride, pimozide, astemizole, terfenadine, ergotamine, or dihydroergotamine

Note: If patient is already receiving long-term antibiotic therapy, select an antibiotic from a different class.