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**


**Quality Measures**

- Appropriate antibiotic prophylaxis per selected endoscopy and dental procedures

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**Guideline Approved**


**Disclaimer:** Clinical practice guidelines and algorithms at The Ohio State University Wexner Medical Center (OSUWMC) are standards that are intended to provide general guidance to clinicians. Patient choice and clinician judgment must remain central to the selection of diagnostic tests and therapy. OSUWMC’s guidelines and algorithms are reviewed periodically for consistency with new evidence; however, new developments may not be represented.
**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.