Endocarditis Prophylaxis Recommended

<table>
<thead>
<tr>
<th>High Risk Category</th>
<th>Moderate Risk Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prosthetic cardiac valves</td>
<td>Most other congenital cardiac malformations not mentioned in other risk categories</td>
</tr>
<tr>
<td>Previous bacterial endocarditis</td>
<td>Acquired valvular dysfunction (e.g., rheumatic heart disease)</td>
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<tr>
<td>Complex cyanotic congenital heart disease</td>
<td>Hypertrophic cardiomyopathy</td>
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<tr>
<td>(e.g. single ventricle states, transposition of the great arteries, tetralogy of Fallot)</td>
<td></td>
</tr>
<tr>
<td>Surgically constructed systemic-pulmonary shunts or conduits</td>
<td>Mitral valve prolapse with valvular regurgitation and/or thickened leaflets</td>
</tr>
</tbody>
</table>

Endocarditis Prophylaxis Not Recommended

Negligible Risk Category (No Greater Risk than the General Population)

Isolated secundum atrial septal defect
Surgical repair of atrial septal defect, ventricular septal defect, or patent ductus arteriosus (without residua beyond 6 mo)
Previous coronary artery bypass graft surgery
Mitral valve prolapse without valvular regurgitation
Physiologic, functional, or innocent heart murmurs
Previous Kawasaki disease without valvular dysfunction
Previous rheumatic fever without valvular dysfunction
Cardiac pacemakers (intravascular and epicardial) and implanted defibrillators
**Procedures for Which Prophylaxis Is and Is Not Required**

**Prophylaxis Is Required:**

- Dental extractions
- Periodontal procedures including surgery, scaling and root planing, probing, recall maintenance
- Dental implant placement and reimplantation of avulsed teeth
- Endodontic (root canal) instrumentation or surgery only beyond the apex
- Subgingival placement of antibiotic fibers/strips
- Initial placement of orthodontic bands but not brackets
- Intraligamentary local anesthetic injections
- Prophylactic cleaning of teeth or implants where bleeding is anticipated
- Tonsillectomy and/or adenoidectomy
- Surgical operations that involve respiratory mucosa
- Bronchoscopy with a rigid bronchoscope
- Sclerotherapy for esophageal varices
- Esophageal stricture dilation
- Endoscopic retrograde cholangiography with biliary obstruction
- Biliary tract surgery
- Surgical operations that involve intestinal mucosa
- Prostatic surgery
- Cystoscopy
- Urethral dilation

**Prophylaxis Is NOT required:**

- Restorative dentistry (this includes restoration of decayed teeth - filling cavities - and replacement of missing teeth
- Local anesthetic injections (nonintraligamental)
- Intracanal endodontic treatment; post placement and buildup
- Placement of rubber dams
- Postoperative suture removal
- Placement of removable prosthodontic/orthodontic appliances
- Taking of oral impressions
- Fluoride treatments
- Taking of oral radiographs
- Orthodontic appliance adjustment
- Shedding of primary teeth
- Endotracheal intubation
- Bronchoscopy with a flexible bronchoscope, with or without biopsy*
- Tympanostomy tube insertion
- Transesophageal echocardiography*
- Endoscopy with or without gastrointestinal biopsy*
- Vaginal hysterectomy*
- Vaginal delivery*
- Cesarean section
- If uninfected:
  - Urethral catheterization
  - Uterine dilatation and curettage
  - Therapeutic abortion
  - Sterilization procedures
  - Insertion or removal of intrauterine devices
  - Cardiac catheterization, including balloon angioplasty
  - Implantation of cardiac pacemakers, implanted defibrillators, and coronary stents
- Incision or biopsy of surgically scrubbed skin
- Circumcision

*Prophylaxis is Optinal for High Risk Patients
### REGIMENS FOR DENTAL, ORAL, RESPIRATORY TRACT, OR ESOPHAGEAL PROCEDURES

<table>
<thead>
<tr>
<th>SITUATION</th>
<th>ADULT REGIMEN</th>
<th>PEDIATRIC REGIMEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard general prophylaxis</td>
<td>Amoxicillin 2 g PO 1 hr before procedure</td>
<td>Amoxicillin 50 mg/kg PO 1 hr before procedure</td>
</tr>
<tr>
<td>Unable to take oral meds</td>
<td>Ampicillin 2 g I.M./I.V. within 30 min before procedure</td>
<td>Ampicillin 50 mg/kg I.M./I.V. within 30 min before procedure</td>
</tr>
<tr>
<td>Penicillin-allergic</td>
<td>Clindamycin 600 mg PO 1 hr before procedure</td>
<td>Clindamycin 20 mg/kg PO 1 hr before procedure</td>
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<tr>
<td></td>
<td>--or-- Cephalexin/cefadroxil 2 gm PO 1 hr before procedure</td>
<td>--or-- Cephalexin/cefadroxil 50 mg/kg PO 1 hr before procedure</td>
</tr>
<tr>
<td></td>
<td>--or-- Azithromycin or clarithromycin 500 mg PO 1 hr before procedure</td>
<td>--or-- Azithromycin or clarithromycin 15 mg/kg PO 1 hr before procedure</td>
</tr>
<tr>
<td>Unable to take oral meds and allergic to penicillin</td>
<td>Clindamycin 600 mg IV within 30 min before procedure</td>
<td>Clindamycin 20 mg/kg IV within 30 min before procedure</td>
</tr>
<tr>
<td></td>
<td>--or-- Cefazolin 1 gm IV/IM within 30 min before procedure</td>
<td>--or-- Cefazolin 25 mg/kg IV/IM within 30 min before procedure</td>
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### REGIMENS FOR GU/GI (EXCLUDING ESOPHAGEAL PROCEDURES)

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<tr>
<td>High Risk Patients</td>
<td>Ampicillin 2 gm I.M. or I.V. plus gentamicin 1.5 mg/kg (not to exceed 120 mg) within 30 min of starting the procedure; 6 h later, ampicillin 1 gm I.M./I.V. or amoxicillin 1 gm PO</td>
<td>Ampicillin 50 mg/kg I.M./I.V. (not to exceed 2 g) plus gentamicin 1.5 mg/kg within 30 min of starting the procedure; 6 h later, ampicillin 25 mg/kg I.M./I.V. or amoxicillin 25 mg/kg PO</td>
</tr>
<tr>
<td>High-risk patients allergic to PCN</td>
<td>Vancomycin 1 gm I.V. over 1-2 hr plus gentamicin 1.5 mg/kg I.M./I.V. (not to exceed 120 mg); complete injection/infusion within 30 min of starting the procedure</td>
<td>Vancomycin 20 mg/kg I.V. over 1-2 hr plus gentamicin 1.5 mg/kg I.M./I.V.; complete injection/infusion within 30 min of starting the procedure</td>
</tr>
<tr>
<td>Moderate Risk Patients</td>
<td>Amoxicillin 2 gm PO 1 hr before procedure, or amoxicillin 2 gm I.M./I.V within 30 min of starting the procedure</td>
<td>Amoxicillin 50 mg/kg PO 1 hr before procedure, or amoxicillin 50 mg/kg I.M./I.V. within 30 min of starting the procedure</td>
</tr>
<tr>
<td>Moderate-risk patients allergic to PCN</td>
<td>Vancomycin 1 gm I.V. over 1-2 hr; complete infusion within 30 min of starting the procedure</td>
<td>Vancomycin 20 mg/kg I.V. over 1-2 hr; complete infusion within 30 min of starting the procedure</td>
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**NOTE:** Total Children's dose should not exceed adult dose!