PREVENTION OF BACTERIAL ENDOCARDITIS
Wallet Card
This wallet card is to be given to patients (or parents) by their physi-
cian. Healthcare professionals: Please see back of card for reference
to the complete statement.

Name: _________________________________________
needs protection from BACTERIAL ENDOCARDITIS
because of an existing heart condition.

Diagnosis: _______________________________________
Prescribed by:  __________________________________
Date: ____________________________________________

You received this wallet card because you are at increased risk for
developing adverse outcomes from infective endocarditis, also known
as bacterial endocarditis (BE). The guidelines for prevention of BE
shown in this card are substantially different from previously published
guidelines. This card replaces the previous card that was based on

The American Heart Association’s Endocarditis Committee together with
national and international experts on BE extensively reviewed
published studies in order to determine whether dental, gastrointestinal
(GI), or genitourinary (GU) tract procedures are possible causes of BE.
These experts determined that there is no conclusive evidence that
links dental, GI, or GU tract procedures with the development of BE.

The current practice of giving patients antibiotics prior to a dental
procedure is no longer recommended EXCEPT for patients with the
highest risk of adverse outcomes resulting from BE (see below on this
card). The Committee cannot exclude the possibility that an exceedingly
small number of cases, if any, of BE may be prevented by antibiotic
prophylaxis prior to a dental procedure. If such benefit from prophylaxis
exists, it should be reserved ONLY for those patients listed below. The
Committee recognizes the importance of good oral and dental health
and regular visits to the dentist for patients at risk of BE.

The Committee no longer recommends administering antibiotics solely
to prevent BE in patients who undergo a GI or GU tract procedure.

Changes in these guidelines do not change the fact that your cardiac
condition puts you at increased risk for developing endocarditis. If you
develop signs or symptoms of endocarditis – such as unexplained fever –
see your doctor right away. If blood cultures are necessary (to deter-
mine if endocarditis is present), it is important for your doctor to obtain
these cultures and other relevant tests BEFORE antibiotics are started.

Antibiotic prophylaxis with dental procedures is recommended
only for patients with cardiac conditions associated with the
highest risk of adverse outcomes from 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.

Dental procedures for which prophylaxis is recommended in
patients with cardiac conditions listed above.
All dental procedures that involve manipulation of gingival tissue or the periapical region of teeth, or perforation of the oral mucosa*

*Antibiotic prophylaxis is NOT recommended for the following dental procedures or events: routine anesthetic injections through noninfected tissue; taking dental radiographs; placement of removable prosthetic 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.

### Antibiotic Prophylactic Regimens Recommended for Dental Procedures

<table>
<thead>
<tr>
<th>Situation</th>
<th>Agent</th>
<th>Regimen – Single Dose 30-60 minutes before procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral</td>
<td>Amoxicillin</td>
<td>2 g 50 mg/kg</td>
</tr>
<tr>
<td>Unable to take oral medication</td>
<td>Ampicillin OR</td>
<td>2 g IM or IV* 50 mg/kg IM or IV</td>
</tr>
<tr>
<td></td>
<td>Cefazolin or ceftriaxone</td>
<td>1 g IM or IV 50 mg/kg IM or IV</td>
</tr>
<tr>
<td>Allergic to penicillins or ampicillin – Oral regimen</td>
<td>Cephalexin**†</td>
<td>2 g 50 mg/kg</td>
</tr>
<tr>
<td></td>
<td>Clindamycin</td>
<td>600 mg 20 mg/kg</td>
</tr>
<tr>
<td></td>
<td>Azithromycin or clarithromycin</td>
<td>500 mg 15 mg/kg</td>
</tr>
<tr>
<td>Allergic to penicillins or ampicillin and unable to take oral medication</td>
<td>Cefazolin or ceftriaxone†</td>
<td>1 g IM or IV 50 mg/kg IM or IV</td>
</tr>
<tr>
<td></td>
<td>Clindamycin</td>
<td>600 mg IM or IV 20 mg/kg IM or IV</td>
</tr>
</tbody>
</table>

*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.

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


Healthcare Professionals – Please refer to these recommendations for more complete information as to which patients and which procedures need prophylaxis.