PREVENTION OF INFECTIVE ENDOCARDITIS

This wallet card is to be given to patients (or parents) by their healthcare professional. Please see the back of the card for reference to the complete statement.

Name: _____

Needs protection from
INFECTIVE 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 (IE). The recommendations for the prevention of IE shown in this card are based on the most current evidence.

Members of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines and the American Heart Association's Rheumatic Fever, Endocarditis, and Kawasaki Disease Committee, together with national and international experts on IE, extensively reviewed published studies to determine whether dental, gastrointestinal (GI) or genitourinary (GU) tract procedures are possible causes of IE. Findings from these studies showed no conclusive evidence linking GI or GU tract procedures with the development of IE. They also concluded that antibiotics before dental procedures are reasonable only for certain patients at increased risk of developing IE and at the highest risk of poor outcomes from IE.

The practice of routinely giving antibiotics to patients at risk for IE before dental procedures is not recommended **EXCEPT** for patients with the highest risk of adverse outcomes resulting from IE (see below on this card). The Committees concluded that only a small number of IE cases might be prevented by antibiotic prophylaxis before a dental procedure. In addition, prophylaxis should be reserved **ONLY** for patients with cardiac conditions associated with the highest risk that are listed below. You can reduce the risk of IE by maintaining good oral health through regular professional dental care and the use of dental products, such as manual, powered and ultrasonic toothbrushes; dental floss; and other plaque-removal devices.

This guidance does not change the fact that your cardiac condition may increase your risk of developing IE. If you develop signs or symptoms of IE — such as unexplained fever — see your healthcare professional right away. If blood cultures are necessary (to determine if endocarditis is present), it is important for your healthcare professional to obtain these cultures and other relevant tests **BEFORE** antibiotics are started.

Antibiotic prophylaxis is reasonable before dental procedures that involve manipulation of the gingival tissue, manipulation of the periapical region of teeth, or perforation of the oral mucosa in patients with cardiac conditions at highest risk of adverse outcomes from IE who have any of the following:

- Prosthetic cardiac valves, including transcatheter-implanted prostheses and homografts
- Prosthetic material used for cardiac valve repair, such as annuloplasty rings, chords, patch material or clips
- Previous IE
- Unrepaired cyanotic congenital heart disease (CHD) or repaired CHD, with residual shunts or valvular regurgitation at the site of, or adjacent to, a prosthetic patch or prosthetic device*
- Cardiac transplant with valve regurgitation due to a structurally abnormal valve

* Except for the conditions listed above, antibiotic prophylaxis before dental procedures is not recommended for any other types of CHD.

Dental procedures for which prophylaxis is reasonable in patients with cardiac conditions are listed on the reverse side.

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.

Antibiotic Prophylactic Regimens for Dental Procedures

Regimen – Single dose 30 to 60 minutes before procedure

Situation	Agent	Adults	Children
Oral	Amoxicillin	2 g	50 mg/kg
Unable to take oral medication	Ampicillin **OR**	2 g IM or IV	50 mg/kg IM or IV
	Cefazolin or ceftriaxone	1 g IM or IV	50 mg/kg IM or IV
Allergic to penicillin or ampicillin — oral regimen	Cephalexin*	2 g	50 mg/kg
	OR		
	Azithromycin or clarithromycin	500 mg	15 mg/kg
	OR		
	Doxycycline	100 mg	<45 kg, 2.2 mg/kg >45 kg, 100 mg
Allergic to penicillin or ampicillin and unable to take oral medication	Cefazolin or ceftriaxone†	1 g IM or IV	50 mg/kg IM or IV

Clindamycin is no longer recommended for antibiotic prophylaxis for a dental procedure.

IM indicates intramuscular; and IV, intravenous.

* Or other first- or second-generation oral cephalosporin in equivalent adult or pediatric dosing.

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

Nondental Procedures: Antibiotic prophylaxis solely to prevent IE is not recommended before nondental procedures, such as TEE, esophagogastroduodenoscopy, colonoscopy or cystoscopy, in the absence of active infection. Antibiotics may be appropriate when treating an established infection or for other procedural indications.

Other Procedures: Prophylaxis for procedures involving the respiratory tract, infected skin and skin structures, tissues just under the skin or musculoskeletal tissue is discussed in the documents referenced below.

2025 ACC/AHA/HRS/ISACHD/SCAI Guideline for the Management of Adults With Congenital Heart Disease. Circulation. 2026;.153: e115-e251. Accessible at https://www.ahajournals.org/doi/10.1161/CIR.0000000000001402

Nondental Invasive Procedures and Risk of Infective Endocarditis: Time for a Revisit: A Science Advisory From the American Heart Association. Circulation. 2023;148:1529–1541. Accessible at https://doi.org/10.1161/CIR.0000000000000118

Prevention of Viridans Group Streptococcal Infective Endocarditis: A Scientific Statement From the American Heart Association. Circulation. 2021;143:e963–e978. Accessible at https://www.ahajournals.org/doi/10.1161/CIR.0000000000000969

2020 ACC/AHA Guideline for the Management of Patients With Valvular Heart Disease: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. Circulation. 2021;143:e72-e227. Accessible at https://www.ahajournals.org/doi/10.1161/CIR.0000000000000923

Healthcare professionals – Please refer to the above guidance for additional information regarding the use of antibiotic prophylaxis to reduce the risk of infective endocarditis.

American Heart Association.

National Center
7272 Greenville Avenue
Dallas, Texas 75231-4596
www.heart.org

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