

**PREVENTION OF INFECTIVE ENDOCARDITIS**

Modified recommendations by the American Heart Association (*Circulation 2007; 115:&NA;-*.)

V.O. Morell, MD  
Co-Director  
S.A. Webber, MBChB  
Co-Director  
V. Allada, MD  
G. Arora, MD  
L.B. Beerman, MD  
J.G. Cain, MD  
C. Chrysostomou, MD  
P.J. Davis, MD  
C.G. DeGross, MD  
S.E. Drant, MD  
J.L. Drickman, MD  
B.D. Feingold, MD  
D.R. Fischer, MD  
B.B. Keller, MD  
J. Kreutzer, MD  
L.M. Lanford, MD  
S.E. Lichtenstein, MD  
F.M. McCaffrey, MD  
K.R. McCurry, MD  
S.A. Miller, MD, MBA  
R.A. Munoz, MD  
R.A. Orr, MD  
S.C. Park, MD  
E.S. Quivers, MD  
J.C. Ralphe, MD  
L.M. Russo, MD  
F.S. Sherman, MD, MBA  
K. Tobita, MD  
P.D. Wearden, MD, PhD  
A. Cashdollar, Director

**Pediatric Cardiac Anesthesiology**  
Department of Anesthesiology  
University of Pittsburgh  
School of Medicine

**Pediatric Cardiology**  
Department of Pediatrics  
University of Pittsburgh  
School of Medicine

**Pediatric Cardiothoracic Surgery**  
Department of Surgery  
University of Pittsburgh  
School of Medicine

**Pediatric Critical Care Medicine**  
Department of Critical Care  
Medicine  
University of Pittsburgh  
School of Medicine

**Children's East**  
Corporate One Office Park  
Building One  
4055 Monroeville Blvd.  
Monroeville, PA 15146

**Children's North**  
2599 Wexford Bayne Road  
Sewickley, PA 15143

**Children's South**  
1300 Oxford Drive  
Bethel Park, PA 15102

**Who requires Infective Endocarditis (IE) prophylaxis?**

Patients with a:

1. Prosthetic cardiac valve
2. Previous endocarditis even in the absence of underlying heart disease.
3. Congenital Heart Disease (CHD), with one of the following conditions:
  - a. Unrepaired or incompletely repaired cyanotic (blue) heart disease including shunts and conduits
  - b. Completely repaired CHD with prosthetic material or device (placed by surgery or catheter intervention) during the first 6 months after procedure (to place prosthetic material)
  - c. Repaired CHD with residual defects at the site or adjacent to prosthetic patch or device
4. Cardiac transplant recipients who develop transplant valvulopathy

**What procedures are indications for IE prophylaxis?**

1. Dental procedures likely to involve manipulation of the gingival tissue or the periapical region of teeth or perforation of the oral mucosa.
2. Respiratory procedures involving incision or biopsy of the respiratory mucosa such as tonsillectomy, adenoidectomy.
3. Infected tissue Incision and drainage of infected tissue.

**What procedures DO NOT require IE prophylaxis?**

1. Dental Procedures that IE Prophylaxis is NOT recommended:
  - a. Anesthetic injection in non-infected tissue
  - b. Placement of removable orthodontic appliances
  - c. Adjustment of orthodontic appliances
  - d. Placement of orthodontic brackets
  - e. Shedding of deciduous teeth
  - f. Bleeding from trauma to the lips or oral mucosa
2. Respiratory procedures that IE prophylaxis is NOT recommended:
  - a. Bronchoscopy without biopsy
  - b. Endotracheal intubation
  - c. Myringotomy with tube insertion (PET's)
3. ALL gastrointestinal or genitourinary procedures
  - a. Including esophagogastroduodenoscopy (EGD) or colonoscopy even if biopsy performed
4. Other situations that IE prophylaxis is NOT recommended
  - a. Ear and body piercing, tattoos
  - b. Vaginal delivery or hysterectomy

**Regimen for IE Prophylaxis**

Single dose 30-60 minutes before procedure, complete dose within 30 minutes of starting the procedure.

1. <b>Standard</b> – Not allergic to penicillin:	<b>Route</b>	<b>Child*</b>	<b>Adult (max child dose)</b>
	Amoxicillin	Oral	50 mg/kg
	Ampicillin	IV or IM	50 mg/kg
	Cefazolin/ceftriaxone	IV or IM	50 mg/kg
2. <b>Penicillin allergy</b>	<b>Route</b>	<b>Child*</b>	<b>Adult (max child dose)</b>
	Clindamycin	Oral	20 mg/kg
	Cephalexin	Oral	50 mg/kg
	Azithromycin/Clarithro	Oral	15 mg/kg
	Cefazolin/ceftriaxone	IV/IM	50 mg/kg
	Clindamycin	IV/IM	20 mg/kg

**\*Maximum Child Dose = Adult Dose**

**If you have questions, please call (412) 692-5759**

