## Galway: GAPP - Galway Antimicrobial Prescribing Policy / Guidelines (GAPP): Bacterial Endocarditis

## **Bacterial Endocarditis**

- 1. The following is intended primarily to provide initial short-term guidance on empiric therapy of seriously ill patients and those with prosthetic valves.
- 2. Immediate consultation on the next day with Microbiology or Infectious Diseases is recommended in all cases of suspected endocarditis.
- 3. In those with **sub-acute** presentation of suspected endocarditis, with a native valve and who are clinically stable at presentation it is often preferable to send blood cultures (as below) and to **withhold antibiotics pending consultation** and culture results.
- 4. In all but the most profoundly ill patients take 3 sets of blood cultures (10ml into each of two bottles for each set) BEFORE any antibiotics are given. If the patient is seriously ill the interval between cultures can be as short as 20 or 30 minutes.

Empiric Antibiotics for Bacteri	al Endocarditis		
Infection	1 <sup>st</sup> Line Antibiotics	Penicillin allergy: immediate or	Comment
		severe delayed reaction	
		See penicillin hypersensitivity section	
		for further information	
Bacterial Endocarditis	Native Valve or Prosthetic valve	Native Valve or Prosthetic valve	Once culture and sensitivity results
	Vancomycin IV infusion, dose per GAPP App calculator. See footnote*	Vancomycin IV infusion, dose nor	are available direct antibiotic therapy accordingly in discussion with
	re monitoring.	re monitoring.	Microbiology or Infectious Diseases.
	+	L.	Duration as advised by Microbiology or Infectious Diseases.
	Gentamicin IV 1mg/kg (maximum	Gentamicin IV 1mg/kg (maximum	
	80mg) every 12 hours. See footnote*	80mg) every 12 hours. See footnote*	
	re monitoring	re monitoring	
	+	+	
	CefTRIAXone IV 2g every 24 hours	Ciprofloxacin PO 500mg every 12 hours (IV 400mg every 12 hours if NPO)	
* For advice on monitoring see	Gentamicin & Vancomycin Dosing & Mon	itoring section.	1

## Refs:

- Gould et al. BSAC Guidelines for the diagnosis and antibiotic treatment of endocarditis in adults. <u>Journal of Antimicrobial Chemotherapy</u> 2012;67:269-289
- 2. Baddour et al. AHA Infective Endocarditis: Diagnosis, Antimicrobial Therapy, and Management of Complications. Circulation 2015;132:1435-1486
- 3. Delgado et al. ESC Guidelines for the management of endocarditis: Developed by the task force on the management of endocarditis of the European Society of Cardiology (ESC) Endorsed by the European Association for Cardio-Thoracic Surgery (EACTS) and the European Association of Nuclear Medicine (EANM). European Heart Journal, 2023; 44: 3948–4042

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