

# Galway: GAPP - Galway Antimicrobial Prescribing Policy / Guidelines (GAPP): Prophylaxis of Infective Endocarditis

## Prophylaxis of Infective Endocarditis

1. The **routine use** of antibiotics in most situations is **NOT** justified on the balance of risk and benefit.
2. Consult with Microbiology or Infectious Diseases recommended if infection at procedure site.
3. **Only patients identified with the following cardiac conditions** undergoing one of the following **high risk procedures** should be considered for prophylaxis for infective endocarditis (IE):

### Prophylaxis of Infective Endocarditis

#### Box 1: Cardiac conditions requiring endocarditis prophylaxis - for high risk procedures

- Prosthetic valve or prosthetic material used for cardiac valve repair.
- Previous infective endocarditis.
- Cardiac transplantation recipients who develop cardiac valvulopathy.
- Congenital heart disease (CHD):
  - Unrepaired cyanotic CHD, including palliative shunts and conduits
  - Completely repaired congenital heart defect with prosthetic material or device, whether placed by surgery or catheter intervention, during the first 6 months after the procedure
  - Repaired CHD with residual defects at or adjacent to the site of a prosthetic patch or prosthetic device (which inhibit endothelialisation).

#### Box 2: Recommendations by procedure - for patients with identified cardiac conditions

##### A. Dental Procedures

Antibiotic **prophylaxis** should only be **considered** for dental procedures requiring manipulation of gingival or periapical region of teeth or perforation of oral mucosa.

Antibiotic prophylaxis is **not recommended** for local anaesthetic injections in non-infected tissue, removal of sutures, dental X-rays, placement or adjustment of removable prosthodontic or orthodontic appliances or braces, or following shedding of deciduous teeth, or trauma to lips or oral mucosa.

##### B. Respiratory Tract Procedures

Antibiotic **prophylaxis** should only be **considered** for invasive procedures involving incision or biopsy of the respiratory mucosa e.g. tonsillectomy or adenoidectomy, or to treat infection e.g. drainage of abscess or empyema.

Antibiotic prophylaxis is **not recommended** for respiratory tract procedures, including bronchoscopy or laryngoscopy, transnasal or endotracheal intubation.

##### C. Gastrointestinal or genitourinary tract procedures

Antibiotic prophylaxis is **not recommended** for any procedure.

#### Box 3: Recommended prophylaxis for procedures at risk

Give as a single dose 30 to 60 minutes before procedure

Procedure	1st line antibiotic	Penicillin allergy: delayed onset non-severe reaction	Penicillin allergy: immediate or severe delayed reaction
		See <a href="#">penicillin hypersensitivity</a> section for further information	
Dental	Amoxicillin PO/IV 2g (can give 3g sachet)	Doxycycline PO 100mg	Doxycycline PO 100mg
		If unable to take oral medication:	
		Ceftriaxone IV 2g	Clindamycin IV 600mg
Respiratory	As for dental		

Refs:

Walter et al. Prevention of Viridans Group Streptococcal Infective Endocarditis. A Scientific Statement from the American Heart Association. *Circulation*. 2021;143:e963–e978

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.