



CLINICAL GUIDELINE

Antibiotic Prophylaxis for Infective Endocarditis in Dental Patients Undergoing Interventional Procedures (Adults and Children)

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Important Note:

The Intranet version of this document is the only version that is maintained. Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

Greater Glasgow and Clyde Antibiotic Prophylaxis for Infective Endocarditis in Dental Patients Undergoing Interventional Procedures (Adults and Children)

Antibiotic prophylaxis is NOT routinely required for the majority of patients undergoing dental procedures.

Which patients require antibiotic prophylaxis?

Healthcare professionals should regard patients with the following cardiac conditions as being at increased risk of developing infective endocarditis and prescribe these patients antibiotics:

- Patients with any prosthetic valve, including a transcatheter valve, or those in whom any prosthetic material was used for cardiac valve repair;
- Patients with a previous episode of infective endocarditis
- Patients with cyanotic congenital heart disease (CHD) who continue to be cyanosed
- Any type of CHD repaired with a prosthetic material, whether placed surgically or by percutaneous techniques, up to 6 months after the procedure or lifelong if residual shunt or valvular regurgitation remains

In all cases clinicians should discuss the risks associated with/without antimicrobial prophylaxis with the patient and record in clinical records as appropriate. Advice should also be given on symptoms that may indicate infective endocarditis and when to seek expert advice.

Antibiotic Prophylaxis Required

	Antibiotic
Adults	Oral Amoxicillin 3g (Single dose Oral Powder Sachet) <i>In true penicillin or beta lactam allergy</i> Oral Clindamycin 600mg Single dose 60 minutes before the procedure.
	IV Amoxicillin 1g IV within 60 minutes before procedure <i>In true penicillin or beta lactam allergy</i> IV Clindamycin 300mg within 60 minutes before procedure
Children	Oral Amoxicillin 50mg/kg (maximum dose 3g) <i>In true penicillin or beta lactam allergy</i> Oral Clindamycin 20mg/kg (maximum dose 600mg)
	IV Amoxicillin 50 mg/kg (maximum dose 1g) <i>In true penicillin or beta lactam allergy</i> IV Clindamycin 20 mg/kg (maximum dose 300mg)

For patients who have received a treatment course of antibiotics (for a medical or dental infection) in the previous 6 weeks, select an antibiotic from a different antibiotic class for the prophylaxis prescription. If neither amoxicillin nor clindamycin are unsuitable see below

Azithromycin

Single dose 60 minutes before the procedure.

	Antibiotic
Adult	Oral Azithromycin 500 mg single dose
Child	6 months to 11 years – Oral Azithromycin 12 mg/kg (maximum dose 500 mg) single dose 12-17 years Oral Azithromycin 500 mg single dose

References

Prophylaxis against infective endocarditis: antimicrobial prophylaxis against infective endocarditis in adults and children undergoing interventional procedures,

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[sdcep-antibiotic-prophylaxis-implementation-advice.pdf](#) Accessed 23 April 2024