

SBE Prophylaxis

Aka: Endocarditis Prophylaxis

1. Background: Rationale regarding Guideline changes from 1997 to 2007
 1. Endocarditis is far more frequent randomly than during dental and other procedures
 2. Prophylaxis prevents few endocarditis cases
 3. Risk of adverse events from antibiotics outweighs benefit of endocarditis prevention
 4. Optimal [Oral Hygiene](#) is key in endocarditis prevention
 1. Much more important than SBE antibiotic prophylaxis
2. Indications: Prophylaxis recommended
 1. Prosthetic cardiac valves (biograft and homograft)
 2. Previous bacterial endocarditis with or without heart disease
 3. Specific congenital cardiac malformations
 1. Unrepaired [Cyanotic Congenital Heart Disease](#)
 2. Completely repaired [Congenital Heart Disease](#) with prosthetic material in first 6 months
 3. Partially repaired [Congenital Heart Disease](#) with residual defect
 4. [Cardiac Transplantation](#) recipients with cardiac valvulopathy
3. Indications: Prophylaxis NOT recommended (significant change from prior guidelines)
 1. Rheumatic and other acquired valve dysfunction
 2. [Hypertrophic Cardiomyopathy](#)
 3. [Mitral Valve Prolapse](#) with valvular regurgitation
 4. Isolated secundum [Atrial Septal Defect](#) (ASD)
 5. Surgical repair of secundum ASD, VSD, or PDA
 1. Without residual defect beyond 6 month post-operative period
 6. Previous Coronary Artery Bypass ([CABG](#))
 7. [Mitral Valve Prolapse](#) without valvular regurgitation
 8. Physiologic, functional, or innocent [Heart Murmurs](#)
 9. Previous Kawasaki disease without valve dysfunction
 10. Cardiac [Pacemakers](#) and implanted [Defibrillators](#)
4. Indications: Procedures warranting prophylaxis
 1. Invasive respiratory procedures (e.g. bronchoscopy)
 2. Dental Procedures
 1. [Gingival](#) or periapical region of teeth manipulated or
 2. [Oral Mucosa](#) perforated
 3. SBE Prophylaxis not indicated in other procedures
 1. Gastrointestinal and genitourinary procedures do not require SBE Prophylaxis
 2. Perioperative antibiotic prophylaxis may be indicated for reasons outside of SBE Prophylaxis

5. Protocol: General
 1. Oral prophylaxis given 1 hour before procedure
 2. IV prophylaxis given 30 minutes before procedure
 3. Dose after procedure not recommended in 2007 guidelines
6. Protocol: Adult Prophylaxis: Dental, Oral, Respiratory, Esophageal
 1. Standard Regimen
 1. [Amoxicillin](#) 2g PO 1h before procedure or
 2. [Ampicillin](#) 2g IM/IV 30m before procedure
 2. [Penicillin](#) Allergic
 1. [Clindamycin](#)
 1. 600 mg PO 1h before procedure or
 2. 600 mg IV 30m before
 2. [Cephalexin](#) OR [Cefadroxil](#) 2g PO 1 hour before
 3. [Cefazolin](#) or [Ceftriaxone](#) 1.0g IM/IV 30 min before procedure
 4. [Azithromycin](#) or [Clarithromycin](#) 500mg PO 1h before
7. Protocol: Child Prophylaxis: Dental, Oral, Respiratory, Esophageal
 1. Standard Regimen
 1. [Amoxicillin](#) 50 mg/kg (MAX 2g) 1h before procedure
 2. [Ampicillin](#) 50 mg/kg (MAX 2g) IM/IV 30m before
 2. [Penicillin](#) Allergic
 1. [Clindamycin](#)
 1. Oral: 20 mg/kg PO 1h (MAX 600mg) before or
 2. IV: 20 mg/kg (MAX 600mg) IV 30m before
 2. [Cephalexin](#) 50 mg/kg (MAX 2g) PO 1h before or
 3. [Cefadroxil](#) 50 mg/kg (MAX 2g) PO 1h before or
 4. [Cefazolin](#) or [Ceftriaxone](#) 50 mg/kg (MAX 1g) IM/IV 30m before
 5. [Azithromycin](#) 15 mg/kg (MAX 500mg) PO 1h before or
 6. [Clarithromycin](#) 15 mg/kg (MAX 500mg) PO
8. Protocol: Gastrointestinal or Genitourinary prophylaxis
 1. No longer recommended (see above)
 2. Prior guidelines (1997)
 1. High risk patients were given [Ampicillin](#) and [Gentamicin](#) before and [Ampicillin](#) after procedure
 2. Moderate risk patients were given [Ampicillin](#) before and after procedure
 3. [Penicillin](#) allergic patients were given [Vancomycin](#) in place of [Ampicillin](#)