

ANMC Dental Prophylaxis Guideline

General Recommendations

- Prophylaxis is recommended for patients at increased risk of developing infective endocarditis.
- In general, prophylactic antibiotics are **NOT** recommended prior to dental procedures to prevent prosthetic joint infection.

Risk Factors

Risk factors for developing infective endocarditis may include:

- Prosthetic cardiac valves (including transcatheter-implanted prostheses, homografts)
- Prosthetic material used for cardiac valve repair (i.e. annuloplasty rings and chords)
- Unrepaired cyanotic congenital heart disease or repaired congenital heart disease, with residual shunts or valvular regurgitation at the site of or adjacent to the site of a prosthetic patch/device
- Cardiac transplant with valve regurgitation due to a structurally abnormal valve
- Previous Infective Endocarditis

Treatment Selection

Prosthetic Joint

In general, prophylactic antibiotics are **NOT** recommended prior to dental procedures to prevent prosthetic joint infection.

**Note: For patients with a history of complications associated with their joint replacement surgery who are undergoing dental procedures that include gingival manipulation or mucosal incision, prophylactic antibiotics should only be considered after consultation with the patient and orthopedic surgeon.

Heart Conditions

Empiric Antibiotic Treatment*	Adults	Children
Preferred Prophylaxis *Given 30-60 mins BEFORE Procedure* ^{£§}	<ul style="list-style-type: none"> • Amoxicillin 2gm PO once • Unable to tolerate orals: Ampicillin 2gm IV/IM once 	<ul style="list-style-type: none"> • Amoxicillin 50mg/kg PO once (max dose 2000mg) • Unable to tolerate orals: Ampicillin 50mg/kg IM/IV once (max dose 2000mg)
Non-anaphylactic PCN Allergy or has tolerated cephalosporins	<ul style="list-style-type: none"> • Cephalexin 2gm PO once • Unable to tolerate orals: Cefazolin 1gm IV/IM once 	<ul style="list-style-type: none"> • Cephalexin 50mg/kg PO once (max dose 2000mg) • Unable to tolerate orals: Cefazolin 50mg/kg IM/IV once (max dose 1000mg)
Anaphylactic PCN or Cephalosporin Allergy	<ul style="list-style-type: none"> • Clindamycin 600mg PO once • Unable to tolerate orals: Clindamycin 600mg IV/IM once 	<ul style="list-style-type: none"> • Clindamycin 20mg/kg PO once (max dose 600mg) • Unable to tolerate orals: Clindamycin 20mg/kg IM/IV once (max dose 600mg)

CONSIDERATIONS

- The American Dental Association does not recommend antibiotics for all dental patients who have had orthopedic implants. However, some people with orthopedic implants, such as those who have weak immune systems, may decide to take antibiotics. (e.g. uncontrolled diabetes, rheumatoid arthritis on immunosuppressants, cancer patients undergoing chemotherapy/radiation, chronic steroid users).
- ¥. If patient is already receiving an antibiotic that is recommended for IE prophylaxis, a drug from a different class should be selected OR delay procedure until at least 10 days of completion of antibiotic therapy to allow re-establishment of usual oral flora.
- £. In the event prophylaxis is appropriate and not taken prior to procedure, dose may be administered up to two hours after the procedure.
- §. Patients who are currently receiving long-term parenteral antibiotic for IE, dental procedure should be timed to occur 30-60 min after delivery of parenteral antibiotic.

Antimicrobial Stewardship Program Approved 2019

References: American Dental Association. Antibiotics and Dental Treatment Brochure. 2015.; Sollecito T, Abt E, Lockhart P, et al. The use of prophylactic antibiotics prior to dental procedures in patients with prosthetic joints: Evidence-based clinical practice guideline for dental practitioners—a report of the American Dental Association Council on Scientific Affairs. *JADA*. 2015;146(1):11-16.; AAE Quick Reference Guide on Antibiotic Prophylaxis 2017 Update. American Association of Endodontists. www.aae.org. 2017.