ANTIBIOTIC PROPHYLAXIS QUICK REFERENCE GUIDE
The new recommendations apply to many dental procedures, including teeth cleaning and extractions. Patients with congenital heart disease can have complicated circumstances. If there is any question at all as to the category that best fits their needs, these patients should check with their cardiologists before treatment.

Endocarditis Prophylaxis Recommended
Preventive antibiotics prior to a dental procedure are advised for patients with:
• Artificial heart valves
• Infective endocarditis history
• Certain specific, serious congenital (present from birth) heart conditions, including:
  ○ Unrepaired or incompletely repaired cyanotic congenital heart disease, as well as those with palliative shunts and conduits
  ○ Completely repaired congenital heart defect with prosthetic material or device, whether placed by surgery or by catheter intervention, during the first six months after the procedure
  ○ Any repaired congenital heart defect with residual defect at the site or adjacent to the site of a prosthetic patch or a prosthetic device
• Cardiac transplant that develops a problem in a heart valve

Endocarditis Prophylaxis Not Recommended
Patients who have taken prophylactic antibiotics routinely in the past but no longer need them include people with:
• Mitral valve prolapse
• Rheumatic heart disease
• Bicuspid valve disease
• Calcified aortic stenosis
• Congenital heart conditions, such as ventricular septal defect, atrial septal defect and hypertrophic cardiomyopathy

Regimen: Single Dose 30 to 60 min Before Procedure

<table>
<thead>
<tr>
<th>SITUATION</th>
<th>AGENT</th>
<th>ADULTS</th>
<th>CHILDREN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral</td>
<td>Amoxicillin</td>
<td>2 g</td>
<td>50 mg/kg</td>
</tr>
<tr>
<td>Unable to take oral medication</td>
<td>Ampicillin</td>
<td>2 g IM* or IV+</td>
<td>50 mg/kg IM or IV</td>
</tr>
<tr>
<td></td>
<td>Cefazolin or ceftriaxone</td>
<td>1 g IM or IV</td>
<td>50 mg/kg IM or IV</td>
</tr>
<tr>
<td>Allergic to penicillins or ampicillin—oral</td>
<td>Cephalexin φδ</td>
<td>2 g</td>
<td>50 mg/kg</td>
</tr>
<tr>
<td></td>
<td>OR</td>
<td>600 mg</td>
<td>20 mg/kg</td>
</tr>
<tr>
<td></td>
<td>Clindamycin</td>
<td>500 mg</td>
<td>15 mg/kg</td>
</tr>
<tr>
<td>Allergic to penicillins or ampicillin and</td>
<td>Cefazolin or ceftriaxoneδ</td>
<td>1 g IM or IV</td>
<td>50 mg/kg IM or IV</td>
</tr>
<tr>
<td>unable to take oral medication</td>
<td>OR</td>
<td>600 mg IM or IV</td>
<td>20 mg/kg IM or IV</td>
</tr>
<tr>
<td></td>
<td>Clindamycin</td>
<td></td>
<td></td>
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* IM: Intramuscular
+ IV: Intravenous
φ Or other first- or second-generation oral cephalosporin in equivalent adult or pediatric dosage.
δ Cephalosporins should not be used in an individual with a history of anaphylaxis, angioedema, or urticaria with penicillins or ampicillin.

*American Dental Association Division of Legal Affairs.
Patients at Potential Increased Risk of Hematogenous Total Joint Infection

All patients during the first two (2) years after prosthetic joint replacement.
Immunocompromised/immunosuppressed patients
Inflammatory arthropathies (e.g.: rheumatoid arthritis, systemic lupus erythematosus)
Drug-induced immunosuppression
Radiation-induced immunosuppression
Patients with co-morbidities (e.g.)
Previous prosthetic joint infections
Malnourishment
Hemophilia
HIV infection
Insulin-dependent (Type 1) diabetes
Malignancy

Incidence Stratification of Bacteremic Dental Procedures
Higher Incidence (Prophylaxis should be considered)

Dental extractions
Periodontal procedures including surgery, subgingival placement of antibiotic fibers/strips, scaling and root planing, probing, recall maintenance
Dental implant placement and replantation of avulsed teeth
Endodontic (root canal) instrumentation or surgery only beyond the apex
Initial placement of orthodontic bands but not brackets
Intraligamentary and intraosseous local anesthetic injections
Prophylactic cleaning of teeth or implants where bleeding is anticipated

Lower Incidence (Prophylaxis not indicated, but clinical judgment may indicate antibiotic use in selected circumstances that may create significant bleeding)
Restorative dentistry2 (operative and prosthodontic) with/without retraction cord
Local anesthetic injections (nonintraligamentary and nonintraosseous)
Intracanal endodontic treatment; post-placement and buildup
Placement of rubber dam
Postoperative suture removal
Placement of removable prosthodontic/orthodontic appliances
Taking of oral impressions
Fluoride treatments
Taking of oral radiographs
Orthodontic appliance adjustment
This includes restoration of carious (decayed) or missing teeth.

Suggested antibiotic prophylaxis regimens
No second doses are recommended for any of these dosing regimens

<table>
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<tr>
<th>SITUATION</th>
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<th>DOSAGE</th>
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<tbody>
<tr>
<td>Patients not allergic to penicillin</td>
<td>cephalexin, cephradine or amoxicillin</td>
<td>2 grams orally 1 hour prior to dental procedure</td>
</tr>
<tr>
<td>Patients not allergic to penicillin and unable to take oral medications</td>
<td>cefazolin 1 gram or ampicillin</td>
<td>2 grams IM/IV 1 hour prior to the procedure</td>
</tr>
<tr>
<td>Patients allergic to penicillin</td>
<td>clindamycin:</td>
<td>600 mg orally 1 hour prior to the dental procedure</td>
</tr>
<tr>
<td>Patients allergic to penicillin and unable to take oral medications</td>
<td>clindamycin:</td>
<td>600 mg IV, 1 hour prior to the procedure</td>
</tr>
</tbody>
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