Prevention of Infective Endocarditis: Guidelines from the American Heart Association

**Table: Cardiac Conditions Associated With the Highest Risk of Adverse Outcome From Endocarditis for Which Prophylaxis With Dental Procedures Is Reasonable**

- Prosthetic cardiac valve or prosthetic material used for cardiac valve repair
- Previous IE
- 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 by catheter intervention, during the first 6 months after the procedure**
  - Repaired CHD with residual defects at the site or adjacent to the site of a prosthetic patch or prosthetic device (which inhibit endothelialization)
- Cardiac transplantation recipients who develop cardiac valvulopathy

*Except for the conditions listed above, antibiotic prophylaxis is no longer recommended for any other form of CHD.

**Prophylaxis is reasonable because endothelialization of prosthetic material occurs within 6 months after the procedure.

TO VIEW THE COMPLETE GUIDELINES CLICK ON THE LINK BELOW:
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Antibiotic prophylaxis with dental procedures should be directed against viridans group streptococci:
- Amoxicillin
- Ampicillin
- Cefazolin
- Ceftriaxone
- Cephalexin
- Clindamycin
- Azithromycin
- Clarithromycin