

Preventing
infective endocarditis

This patient is at risk of infective endocarditis.

Name

NHS #

Heart condition

Valve type

(if applicable)

Implant date

(if applicable)

Given to the patient by

Dr

Hospital

Contact

After discussion with their cardiac specialist this patient is classified as **higher risk** of endocarditis and has decided to:

☐ Take antibiotic prophylaxis

☐ Not take antibiotic prophylaxis

Please carry this card with you and show it to your doctor or dentist BEFORE treatment is started.

For your healthcare professional

Dental work where antibiotic prophylaxis should be considered in **higher risk patients** includes:

- Extractions
- Subgingival scaling
- All procedures that involve manipulation of the gingival tissue or the periapical region of teeth or perforation of the oral mucosa.

For patients who have not received a penicillin or cephalosporin-group antibiotic in the past four weeks:
Amoxicillin 3g orally (child 50mg/kg up to 3g); orally, 1 hour before the procedure.

For patients who have a penicillin allergy or who have taken a penicillin or cephalosporin-group antibiotic more than once in the past four weeks: Clindamycin 600mg (child – 20mg/kg up to 600mg); orally, 1 hour before the procedure.

Risk groups for endocarditis

Higher risk

- Previously had infective endocarditis
- Heart valve replacement or repair
- Unrepaired cyanotic congenital heart disease or residual shunt

Moderate risk

- Un-operated heart valve disease (a leaking or narrowed heart valve)
- Hypertrophic cardiomyopathy

Reducing your risk

- Maintain good oral hygiene (teeth and gums) and have regular check-ups with your dentist
- Avoid body piercing or tattooing
- Don't inject recreational drugs

Recognising endocarditis

The symptoms of endocarditis are often very vague.

If you are at risk of getting endocarditis and have flu-like symptoms (fever, sweats or chills) that are severe or last longer than a week, you should seek medical attention from your GP urgently and **bring this card**.

For GPs: Always obtain blood cultures BEFORE starting antibiotics in patients with possible endocarditis.

NHS

South London

Cardiac Operational Delivery Network

British Cardiovascular Society

British Heart Valve Society

Chambers JB. *Heart* 2019; 105:1913–1922. doi: 10.1136/heartjnl-2019-315203