

Women & Infants Hospital

PREVENTING PERI-OPERATIVE INFECTIVE ENDOCARDITIS

Provider's Orders

Addressograph:

Room No: _____

Allergies: _____

The antibiotic regimen recommended varies with the procedure the patient is undergoing. If your patient has a high risk lesion, please check one of the following options below.

FOR GU/GI PROCEDURES:

If patient has NO history of a prior allergic reaction to a penicillin:

- ☐ Give ampicillin 2 gram IV 30-60 minutes prior to procedure

If patient HAS a history of a previous allergic reaction to a penicillin:

- ☐ Give vancomycin 1 gram IV 60-120 minutes prior to procedure

FOR PROCEDURES THAT INVOLVE INCISION THROUGH INFECTED SKIN, INFECTED MUSCULOSKELETAL TISSUES, RESPIRATORY TRACT OR MOUTH:

If patient has NO history of a prior allergic reaction to a penicillin:

- ☐ Give ampicillin 2 gram IV 30-60 minutes prior to procedure

If patient HAS a history of a previous allergic reaction to a penicillin (such as a rash) that DID NOT involve difficulty breathing or hypotension:

- ☐ Give cefazolin 2 gram IV 30-60 minutes prior to procedure

If patient HAS a history of a previous allergic reaction to a cephalosporin or a history of a previous allergic reaction to penicillin that DID involve difficulty breathing or hypotension:

- ☐ Give clindamycin 600 mg IV 30-60 minutes prior to procedure

PROVIDER SIGNATURE: _____

PROVIDER NAME (if signature unclear) _____

DATE: _____

TIME: _____

RN

Summary of 2007 American Heart Association (AHA) Guidelines to Prevent Infective Endocarditis

Routine administration of antibiotics to prevent infective endocarditis (IE) is now recommended ONLY for patients with high risk cardiac lesion who are undergoing a procedure deemed to have a significant risk of causing IE. 'At risk' procedures and cardiac lesions are listed in the two boxes below

Procedures requiring antibiotics to prevent IE when performed on patients with high risk cardiac lesions:

- Procedures that involve incision through infected skin, skin structures, or musculoskeletal tissue
- Invasive procedures on respiratory tract
- Dental procedures involving manipulation of the gingival tissues or periapical region of teeth or perforation of the oral mucosa.

IE prophylaxis aimed at enterococci may also be warranted (in addition to routine surgical wound prophylaxis) in patients undergoing GU/GI procedures. This IE prevention treatment should be given IN ADDITION to routine surgical wound infection prophylaxis.

Cardiac lesions requiring antibiotics to prevent IE in patients who undergo a procedure associated with a high risk of IE:

- Prosthetic cardiac valves
- Prior history of bacterial endocarditis
- Unrepaired cyanotic congenital heart disease including palliative shunts and conduits
- Repaired congenital heart defects with prosthetic material or device placed in the previous 6 months
- Repaired congenital heart disease with residual defects at the site (or adjacent to the site) of a prosthetic patch or device
- Cardiac transplantation recipients who develop cardiac valvulopathy

IE prophylaxis is no longer recommended for all other cardiac lesions.

Prevention of Infective Endocarditis: Guidelines from the American Heart Association. Circulation 2007;115:1656-8