

## 1. Antibiotic prophylaxis prior to invasive dental treatment

### 1.1 Should be given to patients with a history of:

- Prosthetic cardiac valve
- Previous infective endocarditis
- Cardiac transplantation recipients, who develop cardiac valvulopathy
- Congenital heart disease ( CHD)\* including:

- Un-repaired 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 six months after the procedure \*\*
- Repaired congenital heart defect with residual defect at the site or adjacent to the site of a prosthetic patch or a prosthetic device ( which inhibit endothelialisation)

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

\*\* Prophylaxis is recommended for the first 6 months because endothelialisation of prosthetic material occurs within 6 months after the procedure and then prophylaxis is unnecessary.

### 1.2 Should not be given to patients with a history of:

- Heart murmur (not as listed in 1.1)
- 'Floppy valve'
- Hypertrophic cardiomyopathy
- Previous Rheumatic Fever
- Atrial Septal Defect (ASD), Ventricular Septal Defect (VSD)
- Angina, Coronary disease, Previous MI
- Cardiac Failure

### 1.3 Dental Procedures for which endocarditis prophylaxis is recommended in cardiac cases indicated in 1.1:

All dental procedures that involve manipulation of gingival tissue or the periapical region of teeth or perforation of the oral mucosa.

- Dentoalveolar surgery/Periodontal surgery
- Apical surgery
- Biopsy
- Matrix bands or rubber dam clamp (subgingival)
- Orthodontic bands (subgingival)
- Subgingival scaling/probing
- Mucosal suture removal

#### 1.4 The following procedures and events do not need prophylaxis:

- Taking dental radiographs
- Dental impressions
- Routine dental anaesthetic injections through non-infected tissue
- Fissure sealants
- Supragingival restorations
- placement of removable prosthodontic or orthodontic appliances
- adjustment of orthodontic appliances
- placement of orthodontic brackets supragingival
- root canal treatment, if not penetrating the apex
- shedding of deciduous teeth, and
- bleeding from trauma to the lips or oral mucosa.

#### 1.5 Antibiotic prophylaxis for dental procedures

Population	AGE			Timing of dose before procedure
	>10 years	5-10 years	<5 years	
General:	amoxicillin 3g po	amoxicillin 1.5g po	amoxicillin 750 mg po	1h
Allergic to penicillin	clindamycin 600 mg po	clindamycin 300 mg po	clindamycin 150 mg po	1h
Allergic to penicillin and unable to swallow capsules	azithromycin 500 mg po	azithromycin 300 mg po	azithromycin 200 mg po	1h
Intravenous regimen expedient	amoxicillin 1g iv	amoxicillin 500mg iv	amoxicillin 250 mg iv	just before the procedure or at induction of GA
Intravenous regimen expedient and allergic to penicillin	clindamycin 300mg iv*	clindamycin 150mg iv*	clindamycin 75mg iv*	just before the procedure or at induction of GA

\*Given over at least 10 min.

Where a course of treatment involves several visits, the antibiotic regimen should alternate between amoxicillin and clindamycin.

Pre-operative mouth rinse with chlorhexidine gluconate 0.2% ( 10 mL for 1min)