

## Antibiotic Pre-Medication Guidelines for Dental Procedures (For Prevention of Infective Endocarditis)

**Regimen-Single Dose 30 to 60 minutes before procedure**

Situation	Agent	Adult	Child
Oral	Amoxicillin	2 gm	50 mg/kg
Unable to take oral medication	Ampicillin <b>OR</b>	2 g IM or IV*	50 mg/kg IM or IV
	Cefazolin or Ceftriaxone	1 g IM or IV*	50 mg/kg IM OR IV
Allergic to Penicillin or Ampicillin-Oral Regiment	Cephalexin*	2G	50mg/kg
	<b>OR</b> Doxycycline	100mg	<45 kg, 2.2mg/kg >45 kg, 100mg
	<b>OR</b> Azithromycin or Clarithromycin	500mg	15mg/ kg
Allergic to Penicillin or ampicillin and unable to take oral medicaiton	Cefazolin or Ceftriaxone	1gm IM or IV	60 mg/kg IM or IV

**Clindamycin is NO longer recommended for antibiotic prophylaxis for a dental procedure.**

IM indicates intramuscular; and IV, Intravenous

\*Or other first-or second-generation oral cephalosporin in equivalent adult or pediatric dosing

\*\*Cephalosporins should not be used in an individual with a history of anaphylaxis, angioedema, or urticaria with penicillin or ampicillin

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Antibiotic prophylaxis is NOT recommended for the following dental procedures or events: routine anesthetic injections through noninfected tissue; taking dental radiographs; placement of removable prosthodontic or orthodontic appliances; adjustment of orthodontic appliances; placement of orthodontic brackets; and shedding of deciduous teeth and bleeding from trauma to the lips or oral mucosa

In Conclusion:

For most heart & joint replacement patients, this means you will no longer be asked to pre-medicate prior to dental treatment.

For more information about this subject, you can visit [www.heart.org](http://www.heart.org) and [www.ada.org](http://www.ada.org)

\*\*Or contact the patient's physician when there is additional guidance needed.\*\*

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<p style="text-align: center;"><b>Patients NO longer needing to take an Antibiotic Pre-Medication (Most Patients)</b></p>	<p style="text-align: center;"><b>Patients STILL recommended to take Antibiotic Pre-Medication (Few Patients) that involve Manipulation of gingival tissue, manipulation of periapical region of teeth, or perforation of oral mucosa</b></p>
<ul style="list-style-type: none"> <li>• Mitral Valve Prolapse</li> <li>• Rheumatic Heart Disease</li> <li>• Bicuspid Valve Disease</li> <li>• Calcified Aortic Stenosis</li> <li>• Congenital Heart Conditions             <ul style="list-style-type: none"> <li>◦ Hypertrophic Cardiomyopathy</li> <li>◦ Ventricular Septal Defect</li> <li>◦ Atrial Septal Defect</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Prosthetic cardiac valves, including transcatheter-implanted prostheses and homografts</li> <li>• Prosthetic material used for cardiac valve repair, such as annuloplasty rings, chords or clips</li> <li>• Previous infective endocarditis</li> <li>• Cardiac transplant with valve regurgitation due to a structurally abnormal valve</li> <li>• Unrepaired cyanotic congenital heart defect (CHD), or repaired CHD, with residual shunts or valvular regurgitation at the site of or adjacent to the site of prosthetic patch or prosthetic device*</li> </ul> <p>*Except for the conditions listed above, antibiotic prophylaxis before dental procedures is not recommend for any other types of CHD (congenital heart defect)</p>

### **Joint Replacement Regimen:**

Clinical Recommendation: In general, for patients with prosthetic joint implants, prophylactic antibiotics are not recommended prior to dental procedures to prevent prosthetic joint infection. For patients with a history of complications associated with their joint replacement surgery who are undergoing dental procedures that include gingival manipulation or mucosal incision, prophylactic antibiotics should only be considered after consultation with the patient and orthopedic surgeon.\* To assess a patient's medical status, a complete health history is always recommended when making final decisions regarding the need for antibiotic prophylaxis.

#### **Clinical Reasoning for the Recommendation:**

- There is evidence that dental procedures are not associated with prosthetic joint implant infections.
- There is evidence that antibiotics provided before oral care do not prevent prosthetic joint implant infections.
- There are potential harms of antibiotics including risk for anaphylaxis, antibiotic resistance, and opportunistic infections like Clostridium difficile.
- The benefits of antibiotic prophylaxis may not exceed the harms for most patients.
- The individual patient's circumstances and preferences should be considered when deciding whether to prescribe prophylactic antibiotics prior to dental procedures.