

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 inhibits endothelialization)

Cardiac transplantation recipients who develop cardiac valvulopathy

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

Adapted from Wilson W, Taubert K, Gewitz M, et al: Prevention of infective endocarditis: guidelines from the American Heart Association, *Circulation* 116(15):1736–1754, 2007.

Nursing Care Management

Nurses counsel parents of high-risk children concerning the signs and symptoms of endocarditis and the need for prophylactic antibiotic therapy before dental work. The family's dentist should be advised of the child's cardiac diagnosis as an added precaution to ensure preventive treatment. It is important that all children with congenital or acquired heart disease maintain the highest level of oral health to reduce the chance of bacteremia from oral infections.

Parents should also have a high index of suspicion regarding potential infections. Without unduly alarming them, the nurse stresses that any unexplained fever, weight loss, or change in behavior (lethargy, malaise, anorexia) must be brought to the practitioner's attention. Early diagnosis and treatment are important in preventing further cardiac damage, embolic complications, and growth of resistant organisms.

Treatment of endocarditis requires long-term parenteral drug therapy. In many cases, IV antibiotics may be administered at home with nursing supervision. Nursing goals during this period are (1) preparation of the child for IV infusion, usually with an intermittent-infusion device and several venipunctures for blood cultures; (2) observation for side effects of antibiotics, especially