

administration of high doses of appropriate antibiotics intravenously for 2 to 8 weeks. Blood cultures are taken periodically to evaluate the response to antibiotic therapy. Cardiac function is monitored by echocardiograms. Heart surgery to repair or replace the affected valve may be necessary.

Prevention involves administration of prophylactic antibiotic therapy to high-risk patients prior to dental procedures that are associated with the risk of entry of organisms (Box 23-9). Drugs of choice for prophylaxis, given 1 hour prior to the procedure, include amoxicillin, ampicillin, and clindamycin in penicillin allergic patients (Wilson, Taubert, Gewitz, et al, 2007).

### **Quality Patient Outcomes: Bacterial (Infective) Endocarditis**

- Prevention in high-risk patients with antibiotic prophylaxis
- Early recognition and treatment

#### **Box 23-9**

### **Cardiac Conditions Associated with the Highest Risk of Adverse Outcome from Endocarditis**

Prophylaxis with dental procedures recommended for\*:

- Previous episode of infective endocarditis (IE)
- Prosthetic cardiac valve

Congenital heart disease (CHD), including only:

- Unrepaired cyanotic CHD, including palliative shunts and conduits
- Completely repaired congenital heart defect with