

Endocarditis prophylaxis

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Key Documents Owner:	Dr T Dawson	Consultant Paediatrician
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This is the most current document and should be used until a revised version is in place		

The following guidance is taken from the Partners In Paediatrics (PIP)

Endocarditis 2018–20

ENDOCARDITIS PROPHYLAXIS

PATIENTS AT RISK OF INFECTIVE ENDOCARDITIS

- Acquired valvular heart disease with stenosis or regurgitation
- Hypertrophic cardiomyopathy
- Previous infective endocarditis (IE)
- Structural congenital heart disease, including surgically corrected/palliated structural conditions, but excluding isolated atrial septal defect, fully repaired ventricular septal defect or fully repaired patent ductus arteriosus, and closure devices judged to be endothelialised
- Valve replacement

PATIENT ADVICE

- Provide explanation of:
 - why antibiotic prophylaxis not routinely recommended
 - importance of maintaining good oral health
 - symptoms that may indicate IE, and when to seek expert advice
 - risks of undergoing invasive procedures, including non-medical procedures e.g. body piercing or tattooing

PROPHYLAXIS AGAINST INFECTIVE ENDOCARDITIS

- Not recommended routinely for children undergoing:
 - dental procedure
 - do not offer chlorhexidine mouthwash as prophylaxis
 - non-dental procedure at following sites:
 - upper and lower gastrointestinal tract
 - genitourinary tract
 - upper and lower respiratory tract; includes ENT procedures and bronchoscopy

INFECTION

- To reduce risk investigate and treat promptly any episode of infection in a child at risk of IE
- If at risk of IE and receiving antibiotic for gastrointestinal/genitourinary procedure at a site with suspected infection, give antibiotic that covers organisms that cause IE

If uncertain, seek advice from cardiology team at regional paediatric cardiac centre