



IE = Infective Endocarditis, HTJI = Hematogenous Total Joint Infection

ANTIBIOTIC REGIMENS:

Prevention of Surgical Site Infection:

A) Wedge excisions of the lip and ear, skin flaps on the nose, and skin grafts

Cephalexin 2 g p.o.
If PCN allergic, Clindamycin 600 mg p.o. or Azithromycin/clarithromycin 500 mg p.o

B) Lesions in the groin & Lower extremity

Cephalexin 2 grams p.o.
If PCN allergic, TMP-SMX DS one tab p.o. or Levofloxacin 500 mg p.o.

Prevention of IE, HTJI :

A) Non-Oral Surgical Site

Cephalexin 2 grams p.o.
If PCN allergic, Clindamycin 600 mg p.o. or Azithromycin or clarithromycin 500 mg p.o.

B) Oral Surgical Site

Amoxicillin 2 grams p.o.
If PCN allergic, Clindamycin 600 mg p.o. or Azithromycin/clarithromycin 500 mg p.o

Note: -AHA recommends 30-60 minutes preoperative dosing, ADA-AAOS recommends 60 minutes preoperative dosing.

-For patients with PCN allergy and unable to take PO medication refer to Wright et al Tables III and VI.

-Treat any skin infection or SSI aggressively.

-We do not recommend prophylaxis for curettage & cryotherapy or electrodesiccation & cryotherapy.

-Be familiar with the risk of MRSA in your community.

-If you are in a community with increased risk of MRSA, consider SSI/IE/HTJI prophylaxis with:

Combination of TMP/SMX DS one tab and PEN VK p.o. OR Clindamycin 600 mg p.o.

HIGH RISK INDICATIONS:

For Surgical Site Infection:

- Lower extremity, especially leg
- Groin
- Wedge excision of the lip or ear
- Skin flaps on nose
- Skin grafting
- Extensive inflammatory skin disease

For Infective Endocarditis:

- Prosthetic cardiac valve
- Previous Infective Endocarditis
- Congenital Heart Disease (CHD):

- Unrepaired cyanotic CHD, including palliative shunts and conduits
- Completely repaired congenital heart defects with prosthetic material or device, whether placed by a surgery or a 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 inhibit endothelialization)
- Cardiac transplantation recipients who develop cardiac valvulopathy

For Hematogenous Total Joint Infection:

- First 2 years following joint placement
- Previous prosthetic joint infections
- Immunocompromised/Immunosuppressed patients
 - Inflammatory arthropathies such as rheumatoid arthritis, systemic lupus erythematosus
 - Drug-, or radiation induced immunosuppression
- Insulin Dependent (Type 1) Diabetes
- HIV Infection
- Malignancy
- Malnourishment
- Hemophilia