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American heart association infective endocarditis guidelines 2015

Infectious endocarditis (IE), also known as bacterial endocarditis (BE), is an infection caused by bacteria that enter the bloodstream and settle in the lining of the heart, heart valve or IE blood vessels, but people with certain heart conditions are at greater risk of developing. See an illustration of endocarditis, dental procedures and endocarditis, historically infected patients with congenital heart defects, almost all types of antibiotics need to be given antibiotics an hour before dental procedures or operations in the mouth, throat, genitals, gastrointestinal or urinary tract. However, in 2007, the American Heart Association made the recommendations easier. Today, antibiotics are recommended before dental procedures for patients at highest risk of IE those with: artificial heart valves or those with heart valves that are repaired with artificial materials. The history of endocarditis, heart transplantation with abnormal heart valve function, some congenital heart defects, include: cyanotic congenital heart disease (birth defects with lower normal oxygen levels) that have not been fully repaired, including children with surgery and conduits. Congenital heart defects that are completely repaired with artificial materials or devices during the first six months after the repair process. † congenital heart disease that is repaired with residual defects such as constant leakage or abnormal flow at or attached to artificial patches or artificial devices. Major changes for patients with congenital heart defects, preventive antibiotics are not recommended for other congenital heart disease. Over these: congenital Cyanotic heart disease (birth defects with lower normal oxygen levels) that have not been fully repaired, including children with surgery and conduits. Congenital heart defects that are completely repaired with artificial materials or devices during the first six months after the repair process. † congenital heart disease that is repaired with residual defects such as constant leakage or abnormal flow at or attached to artificial patches or artificial devices. In addition, the use of antibiotics only to prevent endocarditis is not recommended for patients with procedures associated with the reproductive, urinary or gastrointestinal tract. If you still need antibiotics, anti-disease, for dental or oral surgery, your card card may give the American Heart Association wallet card. It is recommended that they give you the right antibiotics and medications. For young children, the dosage varies according to the child's weight. Always warn your dentist or doctor if you (or your child) are allergic to antibiotics or other medications, brushing your teeth and visiting a dentist regularly will help brighten your smile and prevent infections to your teeth and gums that may lead to your heart disease endocarditis. You can further information and can answer your questions about the prevention of endocarditis † prophylaxis is reasonable, since endothelialization of artificial materials occurs within six months after the procedure. David S. Bach, MD, AUTHOR OF FACC: Baddour LM, Wilson WR, Bayer AS, et al.; on behalf of the American Heart Association Board on Rheumatic Fever, Endocarditis, and Kawasaki's Council on Cardiovascular Disease in Children and Stroke, Council on Cardiovascular Surgery, Board of Cardiovascular Surgery, and Council. Reference: Endocarditis Adult infections: diagnosis, antimicrobial therapy and complication management: a scientific statement for healthcare professionals from the American Heart Association This scientific statement for healthcare professionals from the American Heart Association is an update 2015 to repeat 2005 on the same topic - infective endocarditis (IE) in adults. Here are some key points to remember: The definition of IE is based on the corrected Duke criteria, including pathological criteria (evidence of microbes) and clinical criteria, and of course, the possibility or rejection of IE blood culture should be given at least three sets of blood from different venipuncture sites, with the first and second separations at least 1 hour Echocardiography. It should be urgently given transthoracic echocardiography (TTE) in all patients suspected of having IE should use the transesophageal echocardiography (TEE) if the initial TTE image is insufficient or negative in patients with ongoing doubts for IE or with positive TTE at first among patients with concerns about complications within the heart. If there is a high doubt for IE, even with negative TEE, tee should be repeated after 3-5 days. Finally, TTE is sensible when completing antibiotic therapy to create a new basis. Possible requirements for surgical intervention The following clinical and echocardiographic properties suggest potential requirements for surgical intervention: permanent plant after the thrombosis of the system. Plant leaves especially tan friendly >10 mm ≥1 Embolism during the first 2 weeks of antimicrobial therapy Increase the size of the plant, even with proper antimicrobial therapy. Acute or mitral regurgitation with signs of heart failure Heart failure does not respond to medical attention. Paraval dilation, valvular depravity, cracking or formation of fistula block new hearts. Large abscesses or extensions of abscesses, even with proper antimicrobial therapy. Antimicrobial therapy Specific antibiotic treatment recommendations are made for: native valves are highly sensitive (MIC ≤0.12 µg / ml). Viridans group streptococci (VGS) IE VGS and S gallolyticus (bovis) with >0.12 to defective strains and Granulicatella and VGS with penicillin MIC ≥0.5 VGS or S gallolyticus related to artificial materials Staphyococci Staphyococci staphyococci related artificial material Enterococci.000 small organism HACEK non-HACEK g- Remove the bacillus of cultural endocarditis and remove Premature surgery (IE native valve) is recommended to pre-or consider valve surgery for native left IE in the following situations: valve dysfunction results in symptoms or signs of heart failure, IE is caused by fungus or high wear-resistant organisms, IE complicated by heart blocks, annular abscesses or destructive porous wounds. Persistent infection (bacteria or fever) >5-7 The day after starting proper antimicrobial therapy, assuming that other sources of infection or fever are excluded, emboli relapsed or permanently / enlarged the plant, despite proper antimicrobial therapy. Premature surgery (IE artificial valve) is recommended to pre-operate the valve or should be considered for the vale IE prosthetic leg in the following situations: symptoms or signs of heart failure caused by dehiscence valves, fistula intracardiac or severe prosthetic leg disorders. The day after the start of proper antimicrobial therapy. IE artificial valve complex by heart block, annular abscess or perforated wound shattering IE artificial valves caused by fungi or highly durable organisms, emboli relapsed despite proper antimicrobial therapy. Blood clotting Among patients with mechanical and IE valves who experienced atherosclerosis event of the central nervous system (CNS), it makes sense to stop for 2 weeks all forms of blood clotting, although the continuation of established antiplastic therapy is reasonable among patients with IE and no aspirin hemorrhagic complications or another antiplatelet agent should not start as an auxiliary treatment while diagnosing IE imaging CNS imaging, CNS imaging should be carried out to detect mycotic aneurism mycotic intracranial aneurism or CNS bleeding. Clinical topics: managing blood clotting, Arrhythmias and clinical EP, heart surgery, heart failure and heart disease, Angiography Invasive cardiovascular and intervention, non-invasive imaging, Valvular heart disease, implantation device, heart surgery and arrhythmia, heart and heart failure surgery, heart and vhd surgery, acute heart failure, intervention and imaging, intervention and imaging Mitral manifestations: blood clotting, anticoagulant, heart surgery procedure, Echocardiography, Echocardio, Transesophageal, Endocarditis, Bacteria, Endocarditis, Heart block, heart failure, heart disease, insufficient heart valves, platelet incorporation inhibitors, < staphylococcus