

DENTAL HEALTH CENTER OF HOLMDEL

NEW GUIDELINES FOR ANTIBIOTICS BEFORE DENTAL TREATMENT

PREVENTING BACTERIAL ENDOCARDITIS

The American Heart Association has updated their guidelines and now recommends that *most patients no longer require antibiotic premedication* prior to dental treatment.

Patients who have taken prophylactic antibiotics routinely in the past but no longer need them include people with:

- Mitral valve prolapsed
- Rheumatic heart disease
- Bicuspid valve disease
- Calcified aortic stenosis
- Congenital heart conditions such as ventricular septal defect, arterial septal defect and hypertrophic cardiomyopathy.

Preventative antibiotics prior to a dental procedure are advised for patients with:

- Artificial heart valves
- A history of infective endocarditis
- Cardiac transplant that develops valvular problems
- Certain specific, serious congenital (present from birth) heart conditions, including:
 1. Unrepaired or incompletely repaired cyanotic congenital heart disease, including those with palliative shunts and conduits
 2. A completely repaired congenital heart defect with prosthetic material or device, whether placed by surgery or by catheter intervention, during the first six months after the procedure
 3. Any repaired congenital heart defect with residual defect at the site or adjacent to the site of a prosthetic patch or a prosthetic device.

The new recommendations apply to many dental procedures, including teeth cleaning and extractions. Patients with congenital heart disease can have complicated circumstances. Please check with your cardiologist if there is any question at all as to the category that best fits your needs.

For your reference, here is a link to the American Heart Association website: <http://www.americanheart.org/>

MEDICAL HISTORY

Name _____

Family Physician _____ Specialty _____ Phone _____

Additional Physician _____ Specialty _____ Phone _____

Height _____ Weight _____ Age _____ Last Complete Medical Exam _____

Please circle "Y" for Yes and "N" for No

- | | | |
|--------------------------------|----------------------------|-------------------------------|
| 1. Y N Medical Problem | 14. Y N Stroke | 27. Y N Major Operation |
| 2. Y N Heart Ailment | 15. Y N Diabetes | 28. Y N Serious Accident |
| 3. Y N Heart Murmur | 16. Y N Fainting/Dizziness | 29. Y N HIV +/-or AIDS |
| 4. Y N Rheumatic Fever | 17. Y N Insomnia | 30. Y N Change in Weight |
| 5. Y N High/Low Blood Pressure | 18. Y N Nervous Disorder | 31. Y N Easily Fatigued |
| 6. Y N Thyroid Problems | 19. Y N Asthma/Hay fever | 32. Y N Ulcers |
| 7. Y N Mitral Valve Prolapse | 20. Y N Tuberculosis | 33. Y N Cough |
| 8. Y N Shortness of Breath | 21. Y N Hepatitis | 34. Y N Communicative Disease |
| 9. Y N Swollen Ankles | 22. Y N Arthritis | 35. Y N Liver Problem |
| 10. Y N Anemia | 23. Y N Tumor/Cancer | 36. Y N Kidney Problem |
| 11. Y N Headaches | 24. Y N Excessive Bleeding | 37. Y N Psychiatric Treatment |
| 12. Y N Supervised Diet | 25. Y N Prosthetic Implant | 38. Y N Drug Dependency |
| 13. Y N Alcohol Dependency | 26. Y N Tobacco Dependency | 39. Y N Medication Allergies |

Women: 1. Y N Pregnant? _____ Month _____

2. Y N Supportive Medication _____

If "YES" to any of the above, please explain (by number)

List all medications (including aspirin, sleeping medication, weight loss medication, sedative)

Taking: _____ For: _____
Taking: _____ For: _____
Taking: _____ For: _____

Have you ever had a bad reaction to a dental anesthetic?	Yes	No
Are you allergic to latex?	Yes	No
Have you ever taken Phen-fen or any weight loss medication	Yes	No
Do you need to be pre-medicated with antibiotics before dental treatment?	Yes	No

Medication _____

Are there any medical concerns or situations that you would like to discuss? _____

Signed _____ Date _____