

Informed Consent

Prophylactic Antibiotic Pre-Medication

(Antibiotics taken prior to treatment to prevent infections)

I have been made aware that the American Heart Association has changed its' guidelines (2007) for the use of antibiotics prior to dental treatment. Antibiotic pre-medication was previously recommended to reduce the chance of spreading infection from mouth bacteria that are released during dental treatment. These bacteria were thought to travel through the body and harm the heart (and possibly prosthetic joints, and other organs and tissues). Although antibiotic pre-medication has been used for several decades, new evidence shows that it may not be necessary in many situations.

According to the American Heart Association and the ADA, preventive antibiotics are **currently not recommended** for patients with:

- Mitral valve prolapse
- Rheumatic heart disease
- Bicuspid valve disease (born with heart where a normally 3-section valve has only two)
- Calcified aortic stenosis (hardening and narrowing of the aortic valve)
- Most congenital (a person is born with it) heart conditions

Antibiotics **are still recommended** for:

- Artificial heart valves
- A history of infective endocarditis (infection of the heart's chambers or valves)
- Certain specific, serious, congenital (a person is born with it) heart conditions
- A cardiac transplant that develops a problem in the transplanted heart's valves

I understand that recommendations for antibiotic pre-medication have changed and that if I have any questions about whether or not I should be pre-medicated before dental treatment, I should obtain the answer from the physician who performed my medical procedure or who is in charge of my related physical condition. **I understand that in the absence of my physician's recommendation, my dentist will follow the guidelines of the American Heart Association.**

Patient Signature _____ **Date** _____

Other conditions that were previously linked to possible infections after dental treatment are:

1. Heart and lung conditions or devices
2. Prosthetic (replacement) joints, or non-dental implants
3. Nonvascular shunts (shunts not in veins or arteries)
4. Vascular grafts and shunts (repairs and shunts in veins or arteries)
5. Organ transplants, stem cell and marrow transplants
6. Immunosuppression (anything that makes the immune system not function well)
7. Asplenism (the absence of a spleen)
8. Systemic lupus erythematosus
9. Head and-neck radiation
10. Indwelling catheters
11. Autoimmune diseases such as rheumatoid arthritis
12. Sickle cell anemia

If any of these situations #1-12, applies to me, I understand that it is important for my dentist, my physician and I, to talk over my proposed treatment and medications. Input from my physician is required. If not, my dentist may delay my treatment until clarification of my condition is obtained. *Even though some recommendations for pre-medication have changed, I may still need to be pre-medicated prior to dental treatment.*

Patient Signature _____ **Date** _____

Witness _____