

# Infective endocarditis | For professionals



## Diagnosis | Does this patient have endocarditis?

- Patient presentation - fever, heart valve or congenital disease, IV lines or drug use, malaise and weight loss, stroke, high CRP
- Early transfer to a cardiac centre if high-risk features present (A)
- Early indications for surgery (B)
- Blood cultures ( $\geq 3$ ) before starting antibiotics (unless critically ill)
- Early echo if diagnosis likely (but never as a fever screen)
- Joint care by a cardiologist and microbiologist/infection specialist

**Discuss all cases with the regional cardiothoracic endocarditis team**

Contact: \_\_\_\_\_

## Monitoring, treatment, and aftercare

- CRP, blood count, renal function, antibiotic levels
- Check for portal of entry (teeth if oral *Streptococcus*, gut if *Streptococcus gallolyticus*)
- Echocardiography (pre-discharge or for a clinical change *only*)
- Outpatient follow up (4-6 weeks after discharge)
- Discuss with patient the future need for antibiotic prophylaxis and complete the Endocarditis Information Card

### (A) High risk features

- Any indications for surgery (B)
- *Staph aureus* infection
- Infected replacement valve, TAVI or pacemaker
- Reduced kidney function
- Abscess

### (B) Indications for surgery

- Severe valve regurgitation
- Failure to control infection
- Organism difficult to treat medically (e.g. fungus, bartonella)
- Emboli despite adequate antibiotics
- Large mobile vegetations (especially with severe valve disease or stroke)

## Infective endocarditis | For patients

### Diagnosis | Do you have endocarditis?

Your doctor will make a diagnosis based on your symptoms and tests. These may be blood tests and an echocardiogram (an ultrasound scan of your heart).

### Post diagnosis | Treatment and monitoring

- If you have been diagnosed with infective endocarditis, you will need to be treated in hospital with high dose antibiotics through a drip (intravenously).
- You will be cared for by a cardiologist and an infection specialist and sometimes a cardiac surgeon, too.
- Your case will be discussed with the **regional cardiothoracic endocarditis team**.
- You will have regular blood tests during your hospital stay to monitor the infection and treatment

### Aftercare

- You will see your heart team for **follow up 4-6 weeks** after you leave hospital.
- Unfortunately, you will have an **increased risk** of developing infective endocarditis again, but there are ways to minimise this risk.
- You should receive and review the information in the **patient leaflet, *Infective endocarditis***.
- You may also be issued an **endocarditis information card**. An antibiotic should be considered before invasive dental procedures including extractions, scaling or any procedure going below the gum-line. This card can be shared with your dentist.