Endocarditis

Initial assessment
- Vitals
- History, with focus on risk factors
- Physical exam, with focus on murmur and embolic phenomenon

Simultaneous diagnostics and therapeutics:
- Labs and cultures (see Stable pathway)
- Imaging as needed
- Antimicrobials

Admission
- Unstable: MICU
- Stable: Medicine

Empiric Antimicrobials: 3
- Vancomycin [15 mg/kg q12h, max dose 2g]
- Ceftiraxone [2g daily] (ceftepime [2g q8h] if h/o culture positive for Pseudomonas)
- Severe shock, neutropenia, active chemotherapy within last 14 days: consider adding gentamicin (1mg/kg q8h)
- H/o fungus: consider adding amphotericin B or micafungin [100mg daily]

Diagnostics: 1
- Blood cultures (3 separate cultures from different sites over 1 hour) 1
- CBC with differential
- BMP
- Hepatic panel
- ESR and CRP
- Urinalysis and urine culture
- Troponin and NT-pro BNP
- BID and lactate
- HIV and HCV (if h/o IVDU)
- EKG
- Chest x-ray

Imaging (indications): 2
- POCUS TTE
- CT head w/o contrast + CTA head/neck (AMS, headache, neurologic deficits)
- CT (hypoxia, tachypnea, hypothermia)
- CT abdomen-pelvis w/ contrast (abdominal/flank pain, hematuria, pyuria, evidence of end-organ dysfunction)
- MRI (CIFL spine [back pain, incontinence, LE neurologic deficits])


MAJOR:
- Positive blood cultures (2 for typical IE organisms, 4 for typical skin contaminants, 1 for Coxiella burnetii)
- Echocardiogram with vegetation, abscess, new prosthetic valve dehiscence, or new regurgitation

MINOR:
- Predisposition: IVDU, predisposing heart condition
- Fever ≥ 100.4°F (38.0°C)
- Vascular phenomena: Arterial emboli, mycotic aneurysm, pulm infarcts, intracranial/conjunctival hemorrhage, Janeway lesions
- Immunologic phenomena: Osler nodes, Roth spots, glomerulonephritis, Rh factor
- Microbiologic evidence: culture data that do not meet major criteria or serologic evidence of infection with typical organism

References
3. Institution-specific protocol

Most recent update: 11/5/2019
Department(s): Emergency Medicine