What is Endocarditis?

Endocarditis is an infection of the inside lining of the heart, caused by bacteria. Bacteria can enter your body in different ways, such as during surgery, during a visit to the dentist, or during the injection of street drugs. These bacteria get into the blood and may get into your heart. The bacteria can damage the valves in the heart. They can grow in clumps and can also break off and send infection to other parts of the body. This can cause damage to other body organs. It is very important that endocarditis be treated immediately with antibiotics. Patients often need to go to the hospital, at least for the first several days or weeks of treatment.

There are two types of endocarditis:

- Acute Bacterial Endocarditis (ABE)
- Sub-Acute Bacterial Endocarditis (SBE)

**Acute Bacterial Endocarditis** begins suddenly and can get worse quickly. Immediate hospitalization and treatment is needed to prevent serious complications.

**Subacute Bacterial Endocarditis** symptoms appear more slowly. Patients most at risk for endocarditis include those with:

- Existing heart problems such as mitral valve prolapse, congenital heart diseases or rheumatic heart disease
- Diabetes
- Pneumonia or other upper respiratory infections
- Osteomyelitis (infection in the bone)
- Skin or soft tissue infections
- Persons with HIV/AIDS
- Persons who have had organ or bone marrow transplants

Most patients are diagnosed with endocarditis by their physician when they complain of the following symptoms:

- Feeling weak or tired
- Feeling sore all over, like having the flu
- Fever
- Heart murmur
• Large spleen (usually found after patient complains of abdominal pain)
• Hard time breathing
• Weight loss
• Pain in the joints
• Very sick and unable to care for themselves

Tests are done to make the diagnosis of endocarditis. Some of these tests can be blood tests, breathing tests, x-rays, and CT scans. Most of these tests are done in the hospital and may be repeated even after the patient goes home.

How Endocarditis is Treated

Doctors treat bacterial endocarditis with intravenous (IV) antibiotic therapy. The length of antibiotic therapy is usually 4-8 weeks, depending on the type of bacteria and your response to therapy. After a hospital stay of several days or weeks, many patients are able to receive the rest of their therapy at home. This therapy should be given according to the doctor’s instructions. The type of medication and length of therapy will be different with each patient.

What You Can Expect From Your Home Therapy

Successful antibiotic treatment at home includes:

• Your willingness to be a part of your treatment (or having an adult partner to help you give your antibiotics)
• Giving your antibiotics on schedule, as your doctor has ordered
• Your ability and willingness to check your progress according to your physician, pharmacist, or nurses’ instructions and to report important facts back to your healthcare team

The hardest part for most people is having an intravenous catheter (often called a “line” or “IV”). There are many types of IV catheters and your doctor or nurse will discuss which catheter is the best for you and the type of antibiotic you will receive.

About Your IV Catheter

You may have an IV in your hand or arm that is placed by a nurse, or a much longer line that is threaded up the veins in your arm and into the veins in your chest. Your doctor may have chosen a central line (in the chest) that was placed during your stay in the hospital. The longer lines are used most often when antibiotics are needed for several weeks. Since those veins are bigger, the medication moves quickly in your blood and is absorbed better.

The IV catheter will only stay in until the antibiotics are complete or just a few days after you have finished the antibiotic therapy. Sometimes, a doctor will choose to leave the IV in for a few days in case the symptoms return and more doses of medication are needed. The nurse will teach you to watch for signs that a catheter has slipped out of the vein or any other problems that would mean you have to start a new catheter.
Your Plan of Care

The overall goals of the antibiotics that your doctor orders are:

- To get rid of infection
- To avoid any problems from the endocarditis or antibiotic therapy

Your Coram team will work closely with you and your doctor to help you reach these goals. The Coram nurse will teach you and your carepartner to administer your therapy at home and how to care for your IV catheter.

Although you will be helping in your own care, your Coram team will be involved with you throughout the time you are on therapy at home.

Your doctor may order blood to be drawn for laboratory tests. The nurse will help you in the care of your IV catheter as well. The Coram pharmacist will talk to you about your therapy and plan of care at the beginning of your treatment and throughout your treatment period. The pharmacist will review any problems you may have during treatment, as well as the results of the blood tests. Be sure to tell the pharmacist of any past medical problems, surgeries, allergies and other medication you are taking (both prescription and non-prescription). The pharmacist will work closely with your doctor and nurse.

After Your Therapy is Completed

Endocarditis may return, but the chances are less if you take these steps:

- Always take your medicine as ordered by your doctor. If you think it is not helping or if you feel you are having side effects, call your doctor. Stop the medication and call your Coram pharmacist or doctor if you experience any of the serious side effects that were listed before.
- Keep a list of what medicines you are taking and when you take them. Bring the list of your medicines or the pill bottles when you see your doctor. You may also want to take your Coram Home Chart if you visit the doctor or hospital as it will have important information about your care.
- In the future, you may need antibiotics (usually in the pill form) before having dental care or other procedures. Taking antibiotics first may help keep bacteria from causing the endocarditis from coming back. Talk to your doctor before your next dental appointment.
- See your dentist regularly and take good care of your teeth and gums. Be sure to tell your dentist that you have had endocarditis.

It is important that you watch for symptoms of endocarditis. You should call your doctor if any of the following symptoms do not go away, come back or appear for the first time:

- Fever
- Shortness of breath
- Difficulty breathing
- Fast heart rate
- Abdominal pain