

Antibiotic	CHILDREN UP TO 18 years (oral unless stated)		Length
General References: NICE FEVERISH CG160 When Should I Worry Booklet Treat your infection PIL RCGP			
Upper Respiratory Tract:			
Influenza: PHE Influenza NICE Influenza Prophylaxis , NICE Influenza Treatment			
Acute Sore Throat: NICE sore throat FeverPAIN <i>Avoid antibiotics where possible. Use analgesia first</i>			
1 st Choice	Penicillin V		5-10 days
Penicillin allergy	Clarithromycin		5 days
Acute Otitis Media: NICE BNFc NICE FEVERISH CG160 <i>Avoid antibiotics where possible Use analgesia first</i>			
1 st Choice	Amoxicillin		5-7 days
Penicillin allergy	Clarithromycin	or erythromycin	5-7 days
2 nd line	Co-amoxiclav	If pt has worsening symptoms on 1 st line option for at least 2-3 days	5-7 days
Acute Otitis Externa CKS <i>Use adequate analgesia first</i> For topical 1st line treatments- see full guideline			
If cellulitis	Flucloxacillin		7 days
Acute rhinosinusitis NICE sinusitis (acute)			
1 st line	Penicillin V		5 days
Penicillin allergy	Doxycycline or Clarithromycin		5 days
1 st line	Co-amoxiclav	<i>if systemically v. unwell/high risk of complications</i>	5 days
2 nd line	Co-amoxiclav	<i>if worsening symptoms on 1st line option taken for 2-3 days</i>	5 days
Bronchiectasis (acute exacerbation) NICE bronchiectasis <i>Obtain sputum culture to guide treatment</i>			
1 st line	Amoxicillin		7-14 days
1 st line	Clarithromycin		7-14 days
1 st line	Doxycycline (over 12s only)		7-14 days
High risk of failure	Co-amoxiclav	<i>seek advice if penicillin allergic</i>	7-14 days
Cough / Chesty Cough: <i>Antibiotics little benefit if no comorbidities. Symptom resolution can take 3 wks</i> (NICE CG69)			
Bronchiolitis See: NICE NG9 June 2015 <i>Do not use antibiotics (1.4.3)</i>			
Community Acquired Pneumonia: See NICE FEVERISH CG160 & admit to hospital			
Urinary Tract Infections:			
Diagnosis and Urine Testing of UTIs in children see NICE CG54 :			
<ul style="list-style-type: none"> Infants younger than 3 months with a possible UTI should be referred immediately to the care of a paediatric specialist, sample sent for culture & treat with IV antibiotics as per NICE Fever in under 5s Infants ≥ 3 months use positive nitrite to guide antibiotic use; send pre-treatment MSU. Check any previous urine culture & susceptibility results & antibiotic prescribing & choose accordingly 			

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Lower UTI in children NICE UTI (lower) NICE CG54 (Updated Oct 2018)			
1 st Choice	Trimethoprim	If low risk of resistance	3 days
1 st Choice	Nitrofurantoin	If eGFR >45ml/min.	3 days
2 nd Choice	Nitrofurantoin	If eGFR >45ml/min & not already tried.	3 days
2 nd Choice	Cefalexin	Use if worsening symptoms on 1 st line antibiotic taken for 48 hours or if 1 st line unsuitable	3 days
If susceptible	Amoxicillin	If culture results available & susceptible	3 days
Acute pyelonephritis NICE Pyelonephritis (acute) NICE CG54			
1 st Choice	Cefalexin		7-10 days
2 nd Choice	Co-amoxiclav	(only if culture results available & susceptible)	7-10 days
Recurrent UTI NICE UTI (recurrent)			
1 st choice	Trimethoprim		Review at least every 6 months
1 st choice	Nitrofurantoin	If eGFR > 45ml/min	
2 nd choice	Cefalexin		
2 nd choice	Amoxicillin	Off-label	
UTI (catheter associated) NICE UTI (catheter associated)			
1 st choice	Trimethoprim	If low risk of resistance	7-10 days
1 st choice	Amoxicillin	Only if culture results available & susceptible	7-10 days
1 st choice	Cefalexin		7-10 days
1 st choice	Co-amoxiclav	Only if culture results available & susceptible	7-10 days
Skin Infections:			
Scarlet Fever PHE NB Notifiable Disease – See full guidance for contact numbers			
1st Choice	Penicillin V	<i>Amoxicillin may be used if swallowing/ compliance issues</i>	10 days
Penicillin allergy	Clarithromycin		5 days
Impetigo PHE			
1 st Choice	Flucloxacillin		7 days
Penicillin allergy	Clarithromycin		7 days
If v. localised	Fusidic Acid	Cream 2% topically TDS (apply thinly)	5 days
If MRSA	Mupirocin	Ointment 2% topically TDS	5 days
Eczema NICE Eczema <i>Only if visible signs of infection treat as for impetigo</i>			
Lyme Disease: NICE NG95 2018 See full guideline and seek specialist advice			

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Cellulitis CKS			
1 st Choice	Flucloxacillin	If treating facial cellulitis & child is penicillin allergic, contact micro for advice	7 days initially. If slow response continue for further 7 days
Penicillin allergy	Clarithromycin		
Facial cellulitis	Co-amoxiclav		
Animal bites / Human bites (consider tetanus) CKS <i>Irrigate the wound thoroughly</i>			
1 st Choice	Co-amoxiclav		7 days
Penicillin allergic	Animal bite: <i>If child <12 years contact local microbiologist for treatment choice</i>		
Penicillin allergic	Animal bite: <i>If child ≥12 years</i> Metronidazole 400mg TDS AND Doxycycline 100mg BD		7 days
Penicillin allergic	Human bite: Metronidazole 7.5mg/kg (max 400mg) TDS AND Clarithromycin		7 days
Eye Infections: Conjunctivitis <i>Mostly viral and self-limiting. Treat ONLY if severe. See full guideline.</i>			
Gastro-intestinal Tract Infections:			
Infectious Diarrhoea PHE Diarrhoea <i>Check travel, replace fluid, check antibiotic history, stool specimen.</i>			
Threadworms CKS <i>Treat all household contacts at same time and advise 2 weeks hygiene measures</i>			
Children >6 months old Mebendazole ('off label' if <2 yrs) 100mg STAT but repeat in 2 wks if infestation persists. <i>Babies <6 months old</i> six weeks of perianal wet wiping or washes 3 hourly during the day.			

Antibiotic Doses (from NICE antibiotic guidance): (Also see BNFc)
Amoxicillin 125mg/5ml suspension (100ml), 250mg/5ml suspension (100ml), 250mg capsule, 500mg capsule Child 1 month – 11 months: 125mg TDS (UTIs children under 3 months specialist treatment) Child 1 - 4 years: 250mg TDS Child 5 - 17 years: 500mg TDS Above doses may be increased if necessary- see BNF-C.
Cefalexin 125mg/ 5ml suspension (100ml). 250mg/5ml suspension (100ml), 250mg tab/caps, 500mg tab/ caps Child 3 month– 11 months 12.5 mg/kg twice daily, alternatively 125mg BD Child 1 – 4 years 125mg TDS Child 5 – 11 years 250mg TDS 25mg/kg BD to QDS (max 1g QDS) can be used for severe infections from 3 months to 11 years Child 12–17 years 500mg BD – TDS Up to 1-1.5g TDS-QDS can be used for severe infections

Clarithromycin 125mg/5ml suspension (70ml), 250mg/5ml suspension (70ml), 250mg & 500mg tablet Body weight under 8kg: 7.5mg/kg BD Body weight 8-11kg: 62.5mg BD Body weight 12-19kg: 125mg BD Body weight 20-29kg: 187.5mg BD Body weight 30-40kg: 250mg BD CHILD 12-17 years: 250mg to 500mg BD	
Co-amoxiclav (amoxicillin / clavulanic acid) 125/31/5ml suspension (100ml), 250/62/5ml suspension (100ml), 250/125mg tablet, 500/125mg tablet 3 to 11 months: 0.25 ml/kg of 125/31 suspension three times a day (dose doubled in severe infection) 1 to 5 years: 0.25 ml/kg of 125/31 suspension or 5 ml of 125/31 suspension three times a day (dose doubled in severe infection) 6 to 11 years: 0.15 ml/kg of 250/62 suspension or 5 ml of 250/62 suspension three times a day (dose doubled in severe infection) 12 to 15 years: 250/125 mg or 500/125 mg three times a day	
Flucloxacillin 125mg/5ml & 250mg/5ml oral solution (100ml), 250mg capsule, 500mg capsule Child 1 month–1 year 62.5–125mg QDS Child 2–9 years 125–250mg QDS Child 10–17 years 250–500mg QDS	
Nitrofurantoin 25mg/5ml suspension (300ml) £££ , 50mg caps, 100mg caps (immediate release) Child 3 months –11 years 750 micrograms/kg QDS Child 12–15 years 50mg QDS or 100mg M/R BD	
Penicillin V (Phenoxymethylpenicillin) 125mg/5ml & 250mg/5ml suspension (100ml), 250mg tablet Child 1 month –11 months 62.5mg QDS or 125mg BD Child 1 – 5 years 125mg QDS or 250mg BD Child 6 – 11 years 250mg QDS or 500mg BD Child 12 –17 years 500mg QDS or 1g BD	
Trimethoprim 50mg/5ml suspension (100ml), 100mg tablet, 200mg tablet Child 3 months–5 months 4mg/kg BD (max per dose 200mg) alternatively 25mg BD Child 6 months–5 years 4mg/kg BD (max per dose 200mg) alternatively 50mg BD Child 6–11 years 4mg/kg BD (max per dose 200mg) alternatively 100mg BD Child 12–15 years 200mg BD	
Suspected Meningococcal meningitis: PHE Meningococcal disease : When purpura or non-blanching petechiae present	
Benzyl Penicillin	Child 1-11months 300 mg; Child 1–9 years 600 mg, 10 -17 years 1.2 g (IV OR IM)
<i>Penicillin allergic patients treat according to local Trust preferred injectable cephalosporin</i>	