BaNES, Wiltshire, Swindon CCGs Management of Infection Guidance for Primary Care (Quick Ref Guide) - Children up to 18 years

See also BNFc See BSW website for full guidelines Nov 2019

Antibiotic		CHILDREN UPTO 18 years (oral unless stated)	Length
General References: Feverish illness in children under 5 years: NICE FEVERISH CG160 When Should I Worry Booklet Treat your infection patient information leaflet RCGP			
Upper Respiratory Tract: When Should I Worry Booklet & Treat your infection patient info leaflet RCGP			
Influenza: PHE Influenza NICE Influenza Prophylaxis, NICE Influenza Treatment			
Acute Sore Throat: **NICE RTIs** ***FeverPAIN*** *Avoid antibiotics where possible. Use adequate analgesia first*			
1st Choice	**Penicillin V**		5-10 dys
Penicillin allergy	**Clarithromycin or Erythromycin**	Erythromycin should be used if **pregnant** and penicillin allergic.	5 days
Acute Otitis Media: CKS, BNFc NICE FEVERISH CG160 *Avoid antibiotics where possible Use analgesia first*			
1st Choice	**Amoxicillin**		5-7 days
Penicillin allergy	**Clarithromycin or Erythromycin**	Erythromycin should be used if **pregnant** and penicillin allergic.	5-7 days
Acute Otitis Externa CKS *Use adequate analgesia first*			
1st choice	**Acetic acid 2% (Ear-Calm spray available OTC)** Use 1 spray TDS (>12yrs)		7 days
2nd choice	**Neomycin sulfate & corticosteroid drops (Betnesol N)** 3 drops TDS		7-14 day
Cough / Chesty Cough: *Antibiotics of little benefit if no comorbidities. Symptom resolution can take 3 weeks(NICE NG120 Feb 2019)*			
Bronchiolitis See: NICE NG9 June 2015 *Do not use antibiotics (1.4.3)*			
Community Acquired Pneumonia: See NICE FEVERISH CG160 **& admit to hospital**			
Urinary Tract Infections:			
Diagnosis and Urine Testing of UTIs in children see NICE CG54 : • Infants younger than 3 months with a possible UTI should be referred immediately to the care of a paediatric specialist and sample sent for culture NICE CG54 (Being updated Sept 2017) • Infants ≥ 3 months use positive nitrite to guide antibiotic use; send pre-treatment MSU.			
Lower UTI in children NICE CG54 (Being updated Sept 2017)			
1st Choice	**Trimethoprim**		3 days
1st Choice	**Nitrofurantoin**	**NB:** syrup v costly use caps / tabs if possible	3 days
2nd Choice	**Cefalexin**		3 days
If susceptible	**Amoxicillin**		3 days
Upper UTI in children NICE CG54			
Consider referral to a paediatric specialist (NICE) (Being updated Sept 2017) Infants younger than 3 months with a possible UTI should be referred immediately to the care of a pediatric specialist (PHE)			
1st Choice	**Cefalexin**	1st choice in pregnancy as well	7-10 days
2nd Choice	**Co-amoxiclav or trimethoprim**	If culture results avail. (See full guide for details)	7-10 days
Skin Infections:			
Scarlet Fever PHE *NB Notifiable Disease – See full guidance for contact numbers*			
1st Choice	**Penicillin V**	*N.B. Amoxicillin may be used if swallowing issues or compliance is a concern*	10 days
Penicillin allergy	**Clarithromycin**		5 days
Impetigo PHE			
1st 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** *Only if visible signs of infection treat as for impetigo*			
Lyme Disease: **NICE NG95 2018** *See full guideline and seek specialist advice*			
Cellulitis CKS			
1st Choice	**Flucloxacillin**	See full guide for alternative options for facial cellulitis and pen allergy	5-7 days initially. If slow response continue for further 7 days
Penicillin allergy	**Clarithromycin**		
Facial cellulitis	**Co-amoxiclav**		
Animal bites / Human bites (consider tetanus) CKS *Irrigate the wound thoroughly*			
1st Choice *(not for penicillin allergy)*	**Co-amoxiclav**		7 days
Penicillin allergic	**Animal bite:** *If child <12 years contact local microbiologist for treatment choice*		
Penicillin allergic	**Animal bite:** *If child* ≥12 years **Metronidazole** 400mg TDS **AND** **Doxycycline** 100mg BD (if under 12 seek specialist advice)		7 days
Penicillin allergic	**Human bite: Metronidazole**7.5mg/kg (max 400mg) TDS **AND** **Clarithromycin**		7 days
Eye Infections: Conjunctivitis PHE: Guidance on Infection Control in Schools and other Childcare Settings *Mostly viral and self-limiting treat ONLY if severe* **AAO conjunctivitis**			
Gastro-intestinal Tract Infections:			
Infectious Diarrhoea PHE Diarrhoea *Check travel, replace fluid, check antibiotic history, stool specimen. Contact microbiology if necessary*			
Threadworms CKS *Treat all household contacts at same time and advise 2 weeks hygiene measures*			
Children *>6 months old* **Mebendazole** ('off label' if <2 yrs) 100mg STAT but repeat in 2 wks if infestation persists. *Babies <6 months old* six weeks of perianal wet wiping or washes 3 hourly during the day.			

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Antibiotic Doses: From Medicines Complete BNF for Children Nov 2019 (See also BNFc)

Penicillin V (Phenoxymethylpenicillin)
125mg/5ml suspension (100ml), 250mg/5ml suspension (100ml), 250mg tablet

Child 1 month –11 months 62.5mg QDS Doses can be increased if required up to 12.5 mg/kg QDS
Child 1 – 5 years 125mg QDS Doses can be increased if required up to 12.5 mg/kg QDS
Child 6 – 11 years 250mg QDS Doses can be increased if required up to 12.5 mg/kg QDS
Child 12 –17 years 500mg QDS Doses can be increased if required up to 1g QDS

Clarithromycin
125mg/5ml suspension (70ml), 250mg/5ml suspension (70ml), 250mg tablet, 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 (& over 40kg): 250mg BD (Can be increased to 500mg BD in severe infections)

Erythromycin
125mg/5ml suspension(100ml), 250mg/5ml suspension(100ml), 500mg/5ml suspension(100ml), 250mg tablets

Child 1 -23 months:125mg QDS, dose can be increased if required to 250mg QDS
Child 2- 7 years: 250mg QDS, dose can be increased if required to 500mg QDS
Child 8- 17 years: 250-500mg QDS, dose can be increased to 500-1000mg QDS
Erythromycin total daily dose may alternatively be given in two divided dose.

Flucloxacillin
125mg/5ml oral solution (100ml), 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

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.

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 12–17 years 200mg BD

Antibiotic Doses: From Medicines Complete BNF for Children Nov 2019 (See also BNFc)

Nitrofurantoin
25mg/5ml suspension (300ml) very expensive, 50mg caps, 100mg caps (immediate release)

Child 3 months –11 years 750 micrograms/kg QDS
Child 12–17 years 50mg QDS; increased to 100mg QDS in severe recurrent infections

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 12.5 mg/kg twice daily, alternatively 125mg TDS
Child 5 – 11 years 12.5 mg/kg twice daily, alternatively 250mg TDS
Child 12–17 years 500mg BD - TDS

Co-amoxiclav (amoxicillin / clavulanic acid)
125/31/5ml suspension (100ml), 250/62/5ml suspension (100ml), 250/125mg tablet, 500/125mg tablet

When using **125/31/ 5ml** suspension doses are as follows:
Child 1 month–11 months 0.25 mL/kg TDS (dose doubled in severe infection)
Child 1-5 years 5ml TDS (dose doubled in severe infection)
When using **250/62/5ml** suspension doses are as follows:
Child 6-11 years 5ml TDS (dose doubled in severe infection)
When using **250/125** tablets doses are as follows:
Child 12–17 years (Body weight >40kg) 250/125 = 1 tablet TDS, **increased to 500/125 mg every 8 hours, increased dose used for severe infection.**

Analgesic options for children:

Advise parent or carer to administer regular analgesia as per product dosing information.
Encourage parent / carer to purchase analgesics

Paracetamol: Pyrexia Pain and Discomfort
120mg/5ml suspension, 250mg/5ml suspension, 500mg tablet / caplet NO more than 4 doses in 24 hrs

Ibuprofen: Mild to moderate pain, pain & inflammation of soft-tissue injuries, pyrexia with discomfort
100mg/5ml oral suspension, 200mg tablets / capsules

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)

Penicillin allergic patients treat according to local Trust preferred injectable cephalosporin

For doses relating to indications not listed overleaf please refer to BNFC https://bnfc.nice.org.uk/