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 February 2023

Antibiotic	CHILDREN UPTO 18 years (oral unless stated)	Length
General References: Feverish illness in children under 5 years: NICE FEVERISH CG160When 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 NG84 *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: NICE BNFc NICE FEVERISH CG160 *Avoid antibiotics where possible Use analgesia first*		
Anaesthetic & analgesic eardrop	**Phenazone/lidocaine hydrochloride** 40 mg/10 mg/g ear drops (Otigo®) Apply 4 drops BD or TDS. Use only if an immediate oral antibiotic is not given & there is no eardrum perforation or otorrhoea	7 days
1st Choice oral abx	**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 NG224 • 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. • Infants ≥ 3 months use positive nitrite to guide antibiotic use; send pre-treatment MSU.		
Lower UTI in children NICE NG109		
1st Choice	**Trimethoprim OR Nitrofurantoin** — **NB: Nitrofurantoin** syrup v costly use caps / tabs if possible	3 days
2nd Choice	**Cefalexin OR Amoxicillin** (worsening lower UTI symptoms on first choice taken for at least 48 hours or when first choice not suitable)	3 days
Upper UTI in children NICE NG111		
Consider referral to a paediatric specialist (NICE) Infants younger than 3months 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**	If culture results avail. (See full guide for details)	7-10 days
Skin Infections:		
Scarlet Fever CKS NICE PHE *NB Notifiable Disease – See full guidance for contact numbers*		
1st Choice	**Penicillin V**	10 days
Penicillin allergy	**Clarithromycin**	10 days
Impetigo NICE NG153		
Topical treatment; **Hydrogen peroxide 1% cream** (Crystacide®) Apply BD or TDS if unsuitable or ineffective; **Fusidic acid 2%** Thinly TDS if MRSA; **Mupirocin 2% ointment** topically TDS and consult local microbiologist		5 days, increased to 7 days based on clinical judgement
Oral treatment: 1st **Flucloxacillin,** If penicillin allergic; **Clarithromycin**		
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) NICG NG184 CKS *Irrigate the wound thoroughly.* Seek specialist advice for children aged under 1 month. See full guideline human and animal bites section for further assessment advice.		
1st Choice for aged 1 month and over *(not for penicillin allergy)*	**Co-amoxiclav**	3 days for prophylaxis course OR 5 days for infected bites treatment course Course length can be increased to 7 days (with review) based on clinical assessment of the wound
Children aged under 12 years with Penicillin allergic	**Co-trimoxazole (off label use)** See the BNF for Children and summary of product characteristics for appropriate use and dosing in specific populations	
Children aged 12- 17 years with Penicillin allergic	**Metronidazole** 400mg TDS **AND Doxycycline** 200mg STAT, then 100mg or 200mg	
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**		

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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.		
Antibiotic Doses: (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 QDSErythromycin 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.	

Antibiotic	CHILDREN UPTO 18 years (oral unless stated)	Length
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 TDSChild 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 every8 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/		

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