

Clinical Guideline

Topic/Heading:	1st line Antibiotic Choice for Childhood Infections
Lead Clinician for Guideline:	Dr A P Winrow
Discipline:	Paediatrics
Date of Guideline:	February 2014
Version:	Version 4
Approved By:	Paediatric Department
Date:	17.02.14
Audit Date:	To be announced
Guideline Review Date:	17. 02.2014 – review of previous guideline
Review Completed By:	A.P.Winrow
Rationale for Development:	To ensure consistent, cost-effective, safe and logical targeted antibiotic therapy in children in the Paediatric Department
Aims and Objectives:	Identify most appropriate therapeutic interventions
Method of Guideline Development:	Review of previously agreed guideline
Equality Impact Assessment:	No equality impact noted
Roles & Responsibilities:	Ensure safe and cost-effective prescribing
Guideline:	Antibiotic choice in children (excluding neonates)
Evidence Base:	Consensus; accepted clinical practices; prior multidisciplinary discussion
Consultation:	Previously Paediatrics and Microbiology
Implementation:	Paediatric Department
Monitoring:	n/a
Training Plan:	n/a
Outcome Measures and Audit Criteria:	n/a
Assessment of Competence to Carry Out the Procedure:	n/a
Audit Criteria:	n/a

Departments of Paediatrics & Microbiology

1st line Antibiotic Choice for Childhood Infections

Please review antibiotic regimen daily and change to ORAL as soon as clinically appropriate

If possible, please ensure adequate microbiological samples are sent prior to starting antibiotics if clinically safe to do so

INFECTION	1 ST LINE CHOICE	COMMENTS
<p>Cellulitis</p> <ul style="list-style-type: none"> Non facial Facial / peri-orbital 	<ul style="list-style-type: none"> Age < 5 yrs: IV benzyl penicillin & flucloxacillin Age ≥ 5 years IV flucloxacillin + IV gentamicin (if peri-anal) + IV benzyl penicillin (failure to improve after 48 hrs of therapy) [IV clindamycin for penicillin allergy] IV/IM ceftriaxone 	<p>5 – 7 days duration (dictated by clinical improvement)</p> <p>5 – 7 days</p> <p>For both: If oral route appropriate, use Co-amoxiclav</p>
<p>Encephalitis</p>	IV / IM ceftriaxone + IV aciclovir	<ul style="list-style-type: none"> Need travel / activity history Discuss serological investigations with Microbiology Add in IV erythromycin or clarithromycin at consultant's request Prolonged treatment with acyclovir may be necessary (~ 3 weeks)
<p>Impetigo</p>	<ul style="list-style-type: none"> IV flucloxacillin [IV clindamycin if penicillin allergic] Oral co-amoxiclav 	<p>5 days duration</p> <p>Usually highly infectious</p>
<p>Meningitis</p>	<ul style="list-style-type: none"> Age ≤ 6 weeks: IV benzyl penicillin & IV gentamicin (<i>consider amoxicillin replacing benzylpenicillin if Listeria suspected</i>) Age > 6 weeks ≤ 3 months: IV ceftriaxone and IV amoxicillin <i>Replace ceftriaxone with cefotaxime if jaundiced</i> Age > 3 months: IV / IM ceftriaxone 	<p>Meningococcus: 7 days Pneumococcus: 14 days Haemophilus : 10 days Group B Strep: 14 days Neonatal E.coli: 21 days</p> <p>Do not use dexamethasone in neonatal meningitis.</p> <p><i>Dexamethasone should only be used if diagnosis suspected or confirmed within ~ 1 hour of IVAB administration (preferably before IVAB administration see protocol)</i></p>
<p>Osteomyelitis / Septic Arthritis</p>	<p>IV Flucloxacillin & Ceftriaxone [IV clindamycin if penicillin allergic]</p> <p><i>Consider adding IV benzyl penicillin if infection associated with preceding / current varicella infection where risk of GAβH streptococcal infection is high</i></p>	<p>If failing to respond, consider adding IV clindamycin</p> <p>Osteo: ≥ IV 4 weeks + oral Arthritis: IV until ≥ 48 hrs afebrile + 4-6 weeks oral</p>
<p>Community acquired Pneumonia</p>	<ul style="list-style-type: none"> : IV /oral co-amoxiclav Consider Azithromycin as well or alone, >5 y.o. 	<p>Co-amoxiclav: 5 days Azithromycin: 3 days</p>

<p>Septicaemia <i>(documented or suspected)</i></p> <p>Febrile Neutropenia</p>	<p>As meningitis</p> <p>IV piptazobactam + IV gentamicin</p>	<p>Not for steroids unless directed by consultant in presence of adrenal insufficiency Please see oncology protocol folder</p>
<p>UTI</p> <ul style="list-style-type: none"> • Uncomplicated • Complicated / pyelonephritis/< 3months old 	<ul style="list-style-type: none"> • Oral Trimethoprim (if already receiving trimethoprim then co-amoxiclav) • IV amoxicillin and IV gentamicin 	<p>3 days</p> <p>5-10 days</p>