

NB guidelines assume normal renal and hepatic function.
Inform ID team
(Tay.id@nhs.scot) of all positive malaria results.
This flow chart provides a summary of clinical guidelines. Refer [here](#) for full guidance.

NHS Tayside Malaria Treatment Guidelines Summary

Guidance adapted by
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Returning traveller from the Tropics with a fever
(NB 10% of cases occur >3/12 post travel)

3 x negative thick and thin blood films within 24-48 hours are required to exclude malaria. Lab will routinely do a malaria RDT when films are requested (thick for parasitaemia, thin for speciation).

Non P. Falciparum malaria

P. Falciparum malaria

Caveats:

- If species uncertain treat as P. Falciparum
- If Non P. Falciparum and 'unwell' then admit for observation
- If vomiting and unable to tolerate oral therapy treat as severe P. Falciparum

Admit all P. falciparum malaria for minimum 24 hours observation

If no features of severe malaria are present first line therapy is Riamet (as per non P. Falciparum)

Are there features of severe malaria?

Parasitaemia > 2%?
Parasitaemia ≤ 2% & schizonts reported on blood film?
Parasitaemia ≤ 2% and evidence of following complications?

- Acidotic - pH <7.3
- Pulmonary oedema
- Renal failure - Cr >265 or U.O <0.4ml/kg/hr
- Anaemia - Hb <80
- Hypoglycaemia - <2.2
- Hypovolaemia/shock
- DIC/thrombocytopaenia <50
- Reduced GCS/drowsy/confused

If present - involve ICU early and treat as severe

1st Line Therapy;
IV Artesunate (available OOH in Ninewells Emergency Drug Cupboard) 2.4mg/kg IV @ 0hr, 12 hr, 24hr then OD

If Artesunate not available commence IV Quinine 20mg/kg (max 1.4g) in 250ml 5% glucose over 4 hours - then 10mg/kg (max 700mg) 8 hourly (NB Quinine S/E: Tinnitus, Hypoglycaemia, Prolonged QT)

1st Line Therapy;
Riamet (Artemether-Lumefantrine combination therapy) 4 tablets PO @ 0hr, 8hr, 24hr, 36hr, 48hr & 60hr

Consider Primaquine for relapse prevention for all P. Ovale and P. Vivax (discuss with ID first and check G6PD)

Monitoring and ongoing therapy:

- ¹Consider HDU for monitoring and accurate fluid balance
- ²If unable to take PO meds treat as per severe malaria
- ³Daily blood films to ensure reducing parasitaemia
- ⁴Continue Artesunate for minimum 24 hours - IVOST to Riamet to complete full course
- ⁵Check Hb at day 14 post Artesunate (can cause delayed haemolysis)