PRIMARY CARE PAEDIATRIC GUIDANCE –
Empirical Treatment of Infection

This policy should be used in all children from birth to 16 years of age

SEPSIS is a clinical emergency. Early treatment improves outcome.

STOP AND THINK BEFORE YOU PRESCRIBE ANTIBIOTICS

- The dose of an antibacterial varies according to age, weight, hepatic/renal function and severity of infection.
- Duration of therapy depends on nature of infection and response to treatment. Courses should not be unduly prolonged.
- **For Guidance on drug dosage please refer to current BNF for Children**

CNS

MENINGITIS	Urgent hospital transfer. Give antibiotics if non-blanching rash, in combination with signs of meningism or sepsis, **and time permits.** Antibiotics should also be given if transfer time is >1 hour. Benzylpenicillin or cefotaxime IM/IV Health Protection Team will deal with prophylaxis for contacts.

EYE

CONJUNCTIVITIS	Usually self-limiting. If necessary, use chloramphenicol eye drops 2 hourly for 2 days reducing to 4 times daily OR just at night if using eye ointment. Continue for 48 hours after resolution.
ORBITAL CELLULITIS	Medical emergency – transfer to hospital immediately.
PERI-ORBITAL/PRE-SEPTAL CELLULITIS	If oral antibiotics clinically appropriate Co-amoxiclav or Clarithromycin. If any concerns or for further treatment options seek specialist opinion.

DENTAL

ALL DENTAL	Refer to GDP. SDCEP provides dental prescribing guidance.

ENT

TONSILLITIS/ PHARYNGITIS/ SORE THROAT	Av. length illness 1 week. Most are viral. If >4 on FeverPAIN score consider immediate antibiotic if severe, or 48hr back up prescription. In most cases antibiotics reduce duration of symptoms by <1 day. FeverPAIN is only for children≥3 years of age 1st LINE penicillin V (5 days) 2nd LINE clarithromycin (5 days for true penicillin allergy only)
SINUSITIS	Av. length illness 2.5 weeks. Reserve antibiotics for severe/deteriorating cases of >7-10 days duration. 1st LINE penicillin V (5 days) 2nd LINE clarithromycin (5 days)
OTITIS MEDIA	Most cases will resolve without antibiotics and if used, they generally reduce symptom duration by <1 day. Consider antibiotics if otorrhoea present. 1st LINE amoxicillin 2nd LINE clarithromycin (5 days)
ORAL THRUSH	1ST LINE Nystatin oral suspension 1ml qds after feeds for 48h after symptoms have cleared (unlicensed in neonates. 2ND LINE fluconazole daily (7 days). Support for breastfeeding mums. For additional advice on treatment options for mum click here
SCARLET FEVER	Prompt treatment with antibiotics significantly reduces the risk of complications. 1st LINE Penicillin V (10 days) 2nd LINE Clarithromycin (10 days)
PRIMARY HERPETIC GINGIVOSTOMATITIS	If clinically indicated then consider treatment with Aciclovir.

LUNG

BACTERIAL LOWER RESPTRACT INFECTION	1st LINE Amoxicillin (5 days) 2nd LINE Clarithromycin (5 days)
BRONCHIOLITIS	Does not require antibiotic treatment. See NHS Tayside Bronchiolitis guidance
PERTUSSIS	Perinasal swab to diagnose. Clarithromycin (7 days) to avoid spread. Contact Public Health
INFLUENZA	See HPS Guidance

GI

C. DIFFICILE INFECTION	Stop unnecessary antibiotics and antiperistaltic agents. 1st Line Vancomycin (10 days). 2nd Line Discuss with Paediatric Gastro team on diagnosis. Metronidazole may be prescribed if delays in supply of oral vancomycin would result in delayed initiation of treatment. Metronidazole should be substituted with oral vancomycin as soon as availability is resolved to complete a total of 10 days treatment. Vancomycin caps should be swallowed whole (see SAPG Guidance)
ACUTE GASTROENTERITIS	Refer children with acute bloody diarrhoea and confirmed *STEC* infection
THREADWORM	Treat all household contacts at same time. Advise hygiene measures for 2 weeks. Child > 6 months Mebendazole Child <6 months hygiene measures alone are recommended for 6 weeks (NICE guidance). Click here for Patient Management Leaflet.

GU

UNCOMPLICATED (LOWER) UTI	Obtain a urine sample for culture. Refer to hospital if child <4 months or pyrexial and unwell. 1st Line Trimethoprim 2nd Line as per sensitivities (3 days for boys and girls if > 3 months of age) *NB. Nitrofurantoin liquid is a **very high cost** item.*
COMPLICATED (UPPER) UTI	Obtain a urine sample for culture. Assess for signs of systemic infection and consider admission. Co-amoxiclav or Cefalexin.
UTI PROPHYLAXIS	May be considered in children with recurrent UTI. Trimethoprim or Cefalexin as guided by sensitivities. Review need for prophylaxis regularly (min 3 monthly). For further info see SPRUN network guidelines
THRUSH	Clotrimazole 1% cream. Apply 2-3 times a day
INFECTIVE BALANITIS	Clotrimazole 1% cream. Apply2-3 times a day. Antibiotics not usually required unless becoming cellulitic. If inflammation causing discomfort add in hydrocortisone 1% cream

SKIN

CELLULITIS/INFECTED ECZEMA	Flucloxacillin or Clarithromycin (5-7 days). *NB. Use higher strength of flucloxacillin to minimise volume as liquid unpalatable*. Consider swabbing for Panton-Valentine Leucocidin if recurrent boils or abscesses. If swab taken add '? PVL' on clinical details. If history or risk of MRSA clindamycin (*liquid is a 'special' and so may not be readily available. Contact community pharmacy)*
IMPETIGO	Localised lesions topical fusidic acid otherwise 1st LINE flucloxacillin 2nd LINE clarithromycin (5 days) Consider Hydrogen Peroxide 1% as per Pharmacy first PGD
BITES (DOG/CAT/HUMAN)	Thorough irrigation is important. Refer to NICE Bite Assessment chart for treatment options
ATHLETES FOOT	Topical 1% terbinafine bd for 7 days.
CHICKENPOX	Antivirals not recommended in immunocompetent children
HEADLICE	Wet combing or Dimeticone 4% is recommended first line. Shampoos not recommended due to insufficient contact time to kill eggs. Traditional insecticide is also used but resistance has been noted. Only treat if live lice are present. Click here for Patient Management Leaflet.
SCABIES	1st Line Permethrin 5% cream. 2nd Line Ivermectin. Apply to whole body including face and scalp. Second application is required ONE week later. All members of the household should be treated
LYME DISEASE	If relevant tick exposure and presence of erythema migrans rash 1st line amoxicillin (21 days) Click for NICE GUIDANCE

For further information about when children need to be excluded from school/nursery/childcare - HPS Advice

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