Galway: GAPP - Galway Antimicrobial Prescribing Policy / Guidelines (GAPP): Malaria

Malaria

Discussion with Infectious Diseases or Microbiology recommended.

Species of infecting parasite is frequently uncertain .

Severe malaria is a medical emergency. After rapid clinical assessment, a diagnostic test should be sent. In patients with clinically severe malaria or high parasitaemia (2% or greater) first line treatment is intravenous Artesunate which should be started within one hour of assessment. Intravenous Quinine (Unlicensed) may be used if Artesunate is unavailable for any reason.

Follow-on therapy Note for some kinds of malaria additional follow on therapy with **Primaquine** is required to eradicate the persistent liver stage. All cases must be discussed with Infectious Diseases or Microbiology.

Discharge prescriptions There are frequent problems with availability and medical card coverage of oral treatment on discharge. Please contact ward and community pharmacy at least 24hrs prior to discharge to arrange supply.

Malaria Treatment					
Indication	Oral Antimalarials		Comment		
	1 st Line	2 nd & 3 rd line			
Non-severe malaria	Riamet® PO (over 35kg body	Second line:	Avoid quinine if hypersensitive		
Non-Pregnant Adult	weight) 4 tablets at 0,8,24,36,48,60 hours (total 24	Malarone® PO 4 tablets every			
·	tablets over 60 hours)	24 hours for 3 days			
	labiets over ou riours)				
	(Four tablets of	(Four tablets of			
	Riamet® contain 80mg of	Malarone® contain 1g of Atovaquone & 400mg of			
	Artemether & 480mg of	Proguanil)			
	Lumefantrine)				
		OR			
		Third line option -			
		non-pregnant adult only:			
		Quinine PO 600mg			
		(Unlicensed) every 8 hours			
		Doxycycline PO 200mg every			
		24 hours			
		Duration 7 days			
Non-severe malaria	All Trimesters :	Second line:			
	L				
Pregnant Adult	Riamet® PO (over 35kg body weight) 4 tablets at	Quinine PO 600mg every 8 hours			
	0,8,24,36,48,60 hours (total 24				
	tablets over 60 hours)	+			
	1	Olia da munio DO 450 autoro			
	(Four tablets of	Clindamycin PO 450mg every 8 hours			
	Riamet® contain 80mg of	b riours			
	Artemether & 480mg of	Duration 7 days			
Severe Malaria	Lumefantrine)	seriously ill or unable to take	o tableta	Comment	
Severe maiaria	1 st Line	2 nd line (if artesunate not av		Comment	
Treat as a medical	. 2	hypersensitive.	unubioji revolu quimilo ii		
emergency. See notes	Artesunate IV 2.4mg/kg at 0,	Quinine IV infusion (Unlicense	d)	Give intravenous antimalaria	
above.	12, 24 hours, then every 24			in the treatment of severe	
	hours until oral treatment can	Loading dose* : 20mg/kg (ma		malaria for a minimum of 24	
	be substituted (see below).	hours, followed 8 hours after s	tart of the loading dose by	hours -irrespective of the	
		Maintenance dose : 10mg/kg	(maximum 700mg) IV Infusion	patient's ability to tolerate or	
		(over 4 hours) every 8 hours		medication earlier.	
		Reduce maintenance dose to	•	Quinine toxicity: ECG	
		Reduce maintenance dose to		monitoring required in the	
			g) every 8 hours in severe rena		
		impairment, severe hepatic imp		cardiac disease	
		continues for more than 48 hor	urs.	Significant risk of	
		*Do NOT give loading dose if	f patient has received quinine	hypoglycaemia with IV	
		or mefloquine in previous 12 h		quinine. Monitor blood gluce	
		L		regularly (about every 2 hou	
		Oral switch after 24 hours: se		regularly (about every 2 hou in the acute situation.	
	A full course of oral treatment	Switch to oral therapy after the	first 24 hours (3 doses) to		
	should always follow IV	Switch to oral therapy after the complete a full oral course who	first 24 hours (3 doses) to en the patient is able to		
	should always follow IV artesunate (see below). This	Switch to oral therapy after the complete a full oral course who swallow AND retain oral medic	first 24 hours (3 doses) to en the patient is able to eation by giving a course of:		
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