


Louth: Antimicrobial Guidelines - Louth Hospitals: Antimicrobial Guidelines: Paediatric Quick Reference Indication and Dose Poster

LH Quick Reference Paediatric Guideline		July 2024
Adapted with kind permission from Children's Health Ireland (CHI) Guidelines		
CENTRAL NERVOUS SYSTEM / SEPSIS		
Meningitis/Sepsis If <i>H.influenzae/S.pneumoniae</i> suspected and > 6 weeks old, add dexamethasone (0.15mg/kg – Max 10mg) 6 hourly IV x 4/7. Give before or within 1 hour of first dose of antibiotics. *Empiric choice ≤ 8 weeks: Cef-O-taxime + Amoxicillin *Empiric choice > 8 weeks: Cef-O-taxime		
Cef-O-taxime IV	< 7 days 7 - 21 days > 21 days	50mg/kg 12 hourly 50mg/kg 8 hourly 50mg/kg 6 hourly (max 12g/day)
Amoxicillin IV	< 7 days 7 - 28 days > 28 days - ≤ 8 weeks	100mg/kg 12 hourly 100mg/kg 8 hourly 50mg/kg (max 2g) 4 hourly
+ If history of recent foreign travel for mother or baby, contact Micro for advice		
+ Gentamicin if severe sepsis/haemodynamically unstable, inotropes/critical care, likely resistant organisms, e.g. frequent or prolonged hospitalisation, > 48 hrs since admission, recent foreign travel.		
Gentamicin IV	< 7 days 7 - 28 days > 28 days - ≤ 8 weeks	5mg/kg 36 hourly 5mg/kg 24 hourly 7mg/kg 24 hourly
+ Vancomycin if MRSA positive, recent foreign travel, prolonged antibiotics in past 3 months, concern about infected prosthetic material, e.g. PICC line in-situ. See LH App for dose.		
+ Clindamycin if suspected staphylococcal/streptococcal toxic shock.		
+ Aciclovir IV if HSV suspected	0-3 months 3 months – 12 years ≥12 years	20mg/kg 8 hourly 20mg/kg or 500mg/m ² 8 hourly 10mg/kg 8 hourly
OSTEOMYELITIS/SEPTIC ARTHRITIS		
If penetrating injury to foot, use Pip/Tazobactam IV ± Gentamicin IV		
< 3months ≥ 3months – 5 years ≥ 5 years	Cef-O-taxime IV + Flucloxacillin IV + Gentamicin IV Cef-AZ-olin IV (50mg/kg TDS – usual max 6g/day, max adult dose 12g/day) Flucloxacillin IV or Cef-AZ-olin IV	
SKIN, SOFT TISSUE & SURGICAL WOUNDS		Duration IV+PO
Cellulitis Full resolution after 5 - 7 days is not expected as skin takes time to return to normal	Mild/Moderate: Flucloxacillin PO or Cef-AL-exin PO Severe: Cef-AZ-olin IV (25mg/kg TDS) or Flucloxacillin IV + Clindamycin PO/IV Associated varicella infection: Cef-O-taxime IV + Clindamycin PO/IV*	5-7 days (Near eyes/nose 7 days) *As per Micro
Impetigo	Mild: Topical fusidic acid cream Widespread/recurrent: Flucloxacillin PO or Cef-AL-exin PO Neonatal: Cef-AZ-olin IV	5 days 5 – 7 days 10 days
Human/animal bite (see LH App for prophylaxis guide)	Skin unbroken: No prophylaxis Skin broken/blood drawn: Prophylaxis Co-amoxiclav PO Infected bite: Co-amoxiclav PO	3 days 5 days
Severe SSTI with systemic illness, e.g. Toxic Shock Syndrome, Nec Fas – CONTACT MICRO URGENTLY		

EYE		Duration IV+PO
Pre-septal cellulitis	Mild: Co-Amoxiclav PO or Cef-AL-exin PO Severe: Cef-O-taxime IV	10 – 14 days
Orbital cellulitis	Cef-O-taxime IV + Metronidazole IV (Dose for child 1 month, 15mg/kg stat then 7.5mg/kg TDS IV; child \geq 2 months, 7.5mg/kg (max 500mg) TDS IV)	14 – 21 days
ENT		Duration IV+PO
Cervical lymphadenitis	Mild: Cef-AL-exin or Flucloxacillin or Co-amoxiclav PO Moderate/severe: Cef-AZ-olin IV or Flucloxacillin IV + Clindamycin PO/IV	7 days As per Micro
Acute epiglottitis	Cef-O-taxime IV	As per Micro
Bacterial tracheitis	Cef-UR-oxime IV or Co-amoxiclav IV	7-10 days
Acute mastoiditis	Cef-O-taxime IV or Cef-TRI-axone IV	14 days
Peritonsillar abscess	Cef-O-taxime IV + Clindamycin IV/PO	10-14 days
Pharyngitis/Tonsillitis (mainly viral)	If antibiotics necessary, Phenoxymethylpenicillin PO or Amoxicillin PO or if non-immediate non-severe penicillin allergy, cef-AL-exin PO or if immediate or severe penicillin allergy, clarithromycin	5 days 10 days
Severe/relapse, scarlet fever		
Acute sinusitis - only if unresolved after 10/7	1st Line: Amoxicillin PO (30mg/kg max 1g 8 hourly) 2nd Line: Co-amoxiclav PO	5 days
Otitis media – delay for 48hrs if previously well child > 2 years	1st Episode: Amoxicillin PO Recurrence: Co-amoxiclav PO Severe/unresponsive to PO: Cef-TRI-axone IV	5 days 7 days 7 days
RESPIRATORY		Duration IV+PO
CAP \leq 8 weeks	Amoxicillin IV + Cef-O-taxime IV (if additional risk factors, consider + Gentamicin IV)	5 days
CAP > 8 weeks	Mild: Amoxicillin PO or Azithromycin* PO (if penicillin allergic) Moderate: Amoxicillin IV (+/- Azithromycin* PO)	5 days (*3 days)
Complicated pneumonia	Cef-UR-oxime IV + Azithromycin* PO	5 – 10 days (*3 days)
Aspiration pneumonia	Co-amoxiclav IV	5 days
Pertussis	Azithromycin PO: 10mg/kg (max 500mg) once daily	3 days
UTI		Duration IV+PO
If previous/recurrent UTI, check previous antimicrobial susceptibilities		Duration IV+PO
< 2 months	Amoxicillin IV + Cef-O-taxime IV (if additional risk factors, consider + Gentamicin IV)	10 days
> 2 – 6 months	Cef-UR-oxime IV + Gentamicin IV	7 – 10 days
> 6 months	Systemically unwell: Cef-UR-oxime IV + Gentamicin IV Lower UTI and well: Cef-AL-exin PO or Trimethoprim PO or Nitrofurantoin PO	7 – 10 days 3 days