

BaNES, Wiltshire, Swindon CCGs Management of Infection Guidance for Primary Care (Quick Ref Guide) - Children up to 18 years

See also [BNFc](#) See [BSW website](#) for full guidelines April 2022

Antibiotic	CHILDREN UPTO 18 years (oral unless stated)	Length
General References: Feverish illness in children under 5 years: NICE FEVERISH CG160 When Should I Worry Booklet Treat your infection patient information leaflet RCGP		
Upper Respiratory Tract: When Should I Worry Booklet & Treat your infection patient info leaflet RCGP		
Influenza: PHE Influenza NICE Influenza Prophylaxis, NICE Influenza Treatment		
Acute Sore Throat: NICE RTIs FeverPAIN Avoid antibiotics where possible. Use adequate analgesia first		
1 st Choice	Penicillin V	5-10 dys
Penicillin allergy	Clarithromycin or Erythromycin Erythromycin should be used if pregnant and penicillin allergic.	5 days
Acute Otitis Media: NICE BNFc NICE FEVERISH CG160 Avoid antibiotics where possible Use analgesia first		
Anaesthetic & analgesic eardrop	Phenazone/lidocaine hydrochloride 40 mg/10 mg/g ear drops (Otigo®) Apply 4 drops BD or TDS. Use only if an immediate oral antibiotic is not given & there is no eardrum perforation or otorrhoea	7 days
1 st Choice oral abx	Amoxicillin	5-7 days
Penicillin allergy	Clarithromycin OR Erythromycin Erythromycin should be used if pregnant and penicillin allergic.	5-7 days
Acute Otitis Externa CKS Use adequate analgesia first		
1 st choice	Acetic acid 2% (Ear-Calm spray available OTC) Use 1 spray TDS (>12yrs)	7 days
2 nd choice	Neomycin sulfate & corticosteroid drops (Betnesol N) 3 drops TDS	7-14 day
Cough / Chesty Cough: Antibiotics of little benefit if no comorbidities. Symptom resolution can take 3 weeks(NICE NG120 Feb 2019)		
Bronchiolitis See: NICE NG9 June 2015 Do not use antibiotics (1.4.3)		
Community Acquired Pneumonia: See NICE FEVERISH CG160 & admit to hospital		
Urinary Tract Infections:		
Diagnosis and Urine Testing of UTIs in children see NICE CG54 :		
<ul style="list-style-type: none"> Infants younger than 3 months with a possible UTI should be referred immediately to the care of a paediatric specialist and sample sent for culture NICE CG54 (Being updated Sept 2017) Infants ≥ 3 months use positive nitrite to guide antibiotic use; send pre-treatment MSU. 		
Lower UTI in children NICE CG54 (Being updated Sept 2017)		
1 st Choice	Trimethoprim OR Nitrofurantoin	NB: Nitrofurantoin syrup v costly use caps / tabs if possible 3 days
2 nd Choice	Cefalexin OR Amoxicillin (if susceptible)	3 days
Upper UTI in children NICE CG54		
Consider referral to a paediatric specialist (NICE) (Being updated Sept 2017) Infants younger than 3 months with a possible UTI should be referred immediately to the care of a pediatric specialist (PHE)		
1 st Choice	Cefalexin	1 st choice in pregnancy as well 7-10 days

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2 nd Choice	Co-amoxiclav or trimethoprim	If culture results avail. (See full guide for details) 7-10 days
Skin Infections:		
Scarlet Fever PHE NB Notifiable Disease – See full guidance for contact numbers		
1 st Choice	Penicillin V	N.B. Amoxicillin may be used if swallowing issues or compliance is a concern 10 days
Penicillin allergy	Clarithromycin	5 days
Impetigo NICE NG153		
Topical treatment; Hydrogen peroxide 1% cream (Crystacide®) Apply BD or TDS if unsuitable or ineffective; Fusidic acid 2% Thinly TDS if MRSA; Mupirocin 2% ointment topically TDS and consult local microbiologist		5 days, increased to 7 days based on clinical judgement
Oral treatment: 1 st Flucloxacillin, If penicillin allergic; Clarithromycin		
Eczema NICE Eczema Only if visible signs of infection treat as for impetigo		
Lyme Disease: NICE NG95 2018 See full guideline and seek specialist advice		
Cellulitis CKS		
1 st Choice	Flucloxacillin	See full guide for alternative options for facial cellulitis and pen allergy 5-7 days initially. If slow response continue for further 7 days
Penicillin allergy	Clarithromycin	
Facial cellulitis	Co-amoxiclav	
Animal bites / Human bites (consider tetanus) NICG NG184 CKS Irrigate the wound thoroughly. Seek specialist advice for children aged under 1 month. See full guideline human and animal bites section for further assessment advice.		
1 st Choice for aged 1 month and over (not for penicillin allergy)	Co-amoxiclav	3 days for prophylaxis course OR
Children aged under 12 years with Penicillin allergic	Co-trimoxazole (off label use) See the BNF for Children and summary of product characteristics for appropriate use and dosing in specific populations	5 days for infected bites treatment course
Children aged 12- 17 years with Penicillin allergic	Metronidazole 400mg TDS AND Doxycycline 200mg STAT, then 100mg or 200mg	Course length can be increased to 7 days (with review) based on clinical assessment of the wound
Eye Infections: Conjunctivitis PHE: Guidance on Infection Control in Schools and other Childcare Settings Mostly viral and self-limiting treat ONLY if severe AAO conjunctivitis		

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Gastro-intestinal Tract Infections:		
Infectious Diarrhoea PHE Diarrhoea <i>Check travel, replace fluid, check antibiotic history, stool specimen. Contact microbiology if necessary</i>		
Threadworms CKS <i>Treat all household contacts at same time and advise 2 weeks hygiene measures</i>		
Children >6 months old Mebendazole ('off label' if <2 yrs) 100mg STAT but repeat in 2 wks if infestation persists. <i>Babies <6 months old</i> six weeks of perianal wet wiping or washes 3 hourly during the day.		
Antibiotic Doses: From Medicines Complete BNF for Children Nov 2019 (See also BNFc)		
Penicillin V (Phenoxymethylpenicillin) 125mg/5ml suspension (100ml), 250mg/5ml suspension (100ml), 250mg tablet		
Child 1 month –11 months 62.5mg QDS Doses can be increased if required up to 12.5 mg/kg QDS Child 1 – 5 years 125mg QDS Doses can be increased if required up to 12.5 mg/kg QDS Child 6 – 11 years 250mg QDS Doses can be increased if required up to 12.5 mg/kg QDS Child 12 –17 years 500mg QDS Doses can be increased if required up to 1g QDS		
Clarithromycin 125mg/5ml suspension (70ml), 250mg/5ml suspension (70ml), 250mg tablet, 500mg tablet		
Body weight under 8kg: 7.5mg/kg BD Body weight 8-11kg: 62.5mg BD Body weight 12-19kg: 125mg BD Body weight 20-29kg: 187.5mg BD Body weight 30-40kg: 250mg BD CHILD 12-17 years (& over 40kg): 250mg BD (Can be increased to 500mg BD in severe infections)		
Erythromycin 125mg/5ml suspension(100ml), 250mg/5ml suspension(100ml), 500mg/5ml suspension(100ml), 250mg tablets		
Child 1 -23 months:125mg QDS, dose can be increased if required to 250mg QDS Child 2- 7 years: 250mg QDS, dose can be increased if required to 500mg QDS Child 8- 17 years: 250-500mg QDS, dose can be increased to 500-1000mg QDS Erythromycin total daily dose may alternatively be given in two divided dose.		
Flucloxacillin 125mg/5ml oral solution (100ml), 250mg/5ml oral solution (100ml), 250mg capsule, 500mg capsule		
Child 1 month–1 year 62.5–125mg QDS Child 2–9 years 125–250mg QDS Child 10–17 years 250–500mg QDS		
Amoxicillin 125mg/5ml suspension (100ml), 250mg/5ml suspension (100ml), 250mg capsule, 500mg capsule		
Child 1 month – 11 months: 125mg TDS (UTIs children under 3 months specialist treatment) Child 1 - 4 years: 250mg TDS Child 5 - 17 years: 500mg TDS Above doses may be increased if necessary.		

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Trimethoprim 50mg/5ml suspension (100ml), 100mg tablet, 200mg tablet		
Child 3 months–5 months 4mg/kg BD (max per dose 200mg) alternatively 25mg BD Child 6 months–5 years 4mg/kg BD (max per dose 200mg) alternatively 50mg BD Child 6–11 years 4mg/kg BD (max per dose 200mg) alternatively 100mg BD Child 12–17 years 200mg BD		
Antibiotic Doses: From Medicines Complete BNF for Children Nov 2019 (See also BNFc)		
Nitrofurantoin 25mg/5ml suspension (300ml) very expensive, 50mg caps, 100mg caps (immediate release)		
Child 3 months –11 years 750 micrograms/kg QDS Child 12–17 years 50mg QDS; increased to 100mg QDS in severe recurrent infections		
Cefalexin 125mg/ 5ml suspension (100ml). 250mg/5ml suspension (100ml), 250mg tab/caps, 500mg tab/ caps,		
Child 3 month– 11 months 12.5 mg/kg twice daily, alternatively 125mg BD Child 1 – 4 years 12.5 mg/kg twice daily, alternatively 125mg TDS Child 5 – 11 years 12.5 mg/kg twice daily, alternatively 250mg TDS Child 12–17 years 500mg BD - TDS		
Co-amoxiclav (amoxicillin / clavulanic acid) 125/31/5ml suspension (100ml), 250/62/5ml suspension (100ml), 250/125mg tablet, 500/125mg tablet		
When using 125/31/ 5ml suspension doses are as follows: Child 1 month–11 months 0.25 mL/kg TDS (dose doubled in severe infection) Child 1-5 years 5ml TDS (dose doubled in severe infection) When using 250/62/5ml suspension doses are as follows: Child 6-11 years 5ml TDS (dose doubled in severe infection) When using 250/125 tablets doses are as follows: Child 12–17 years (Body weight >40kg) 250/125 = 1 tablet TDS, increased to 500/125 mg every 8 hours, increased dose used for severe infection.		
Analgesic options for children:		
Advise parent or carer to administer regular analgesia as per product dosing information. Encourage parent / carer to purchase analgesics		
Paracetamol: Pyrexia Pain and Discomfort 120mg/5ml suspension, 250mg/5ml suspension, 500mg tablet / caplet NO more than 4 doses in 24 hrs		
Ibuprofen: Mild to moderate pain, pain & inflammation of soft-tissue injuries, pyrexia with discomfort 100mg/5ml oral suspension, 200mg tablets / capsules		
Suspected Meningococcal meningitis: PHE Meningococcal disease : When purpura or non-blanching petechiae present		
Benzyl Penicillin	Child 1-11months 300 mg; Child 1–9 years 600 mg, 10 -17 years 1.2 g (IV OR IM)	
<i>Penicillin allergic patients treat according to local Trust preferred injectable cephalosporin</i>		
For doses relating to indications not listed overleaf please refer to BNFc https://bnfc.nice.org.uk/		