Before Starting Therapy consider the following:
- Viral infections should not be treated with antibiotics.
- Samples should be taken for culture sensitivity testing wherever possible.
- The dose of an antibacterial varies according to age, weight, hepatic/renal function and severity of infection. See BNF for Children for guidance.
- Route of administration depends on severity of infection.
- Duration of therapy depends on nature of infection and response to treatment. Courses should not be unduly prolonged.
- Consider whether monitoring of drug levels is required e.g. gentamicin.

**ANTIBIOTIC DOSING IN PAEDIATRICS**

- For guidance on drug dosage please refer to current BNF for Children.
- Please contact your ward Clinical Pharmacist for further advice
- Click here for Gentamicin Protocol
- Click here for Vancomycin Protocol

Please note there is separate guidance for the management of infection in the immunocompromised, neonates and children with cystic fibrosis available on the Children’s Hospital pages of staffnet.

**CNS**

- Meningitis
  - <3 months Cefotaxime + Amoxicillin
  - >3 months 1st dose Cefotaxime followed 6 hours later with once daily Ceftriaxone.
  - (Cefotaxime given for first dose due to bolus administration. Ceftriaxone preferred where age allows after this due to once daily administration)
- +/- Dexamethasone IV starting before or with first dose of antibiotic
- meningococi (7 days)
- pneumococci (14 days)
- Haemophilus influenzae (10 days)
- Chloramphenicol if penicillin allergic (plasma concentrations MUST be measured)

**EYE**

- Orbital cellulitis
  - Fluoroxyacin IV + Ceftriaxone IV +/- Metronidazole
  - Seek Micro advice for duration

**ENT**

- Tonsillitis
  - Penicillin V (10 days)
  - EPIGLOTTIS
  - Clarithromycin if penicillin allergic (5 days)

**LUNG**

- Acute otitis media
  - Amoxicillin (5 days)
  - Clarithromycin if penicillin allergic (5 days)

**HEART**

- Endocarditis
  - MUST SEEK MICRO ADVICE IN ALL PATIENTS
  - Flucloxacinil IV + Gentamicin IV (4-6 weeks)
  - If symptoms less severe Benzylpenicillin IV + Gentamicin IV (at least 4 weeks)

**GI**

- Gastroenteritis
  - Supportive measures only. Treat only after discussion with consultant or microbiology

**PERITONITIS (PERFORATION OF VISCUS)**

- Amoxicillin IV + Metronidazole IV + Gentamicin IV
  - Step down to Co-amoxiclav PO. If penicillin allergic seek micro advice.

**GU**

- Lower UTI
  - Trimethoprim PO or Nitrofurantoin PO (3 days if >3 months of age) < 3 months IV Amoxicillin + Gentamicin IV

- Upper UTI
  - 1st line Amoxicillin IV + Gentamicin IV or 2nd line Co-amoxiclav IV only
  - Step down to Co-amoxiclav PO (Total 7-10 days IV/PO)

**PROPHYLAXIS OF UTI**

- Trimethoprim PO

**CELLULITIS/IMPETIGO**

- Flucloxacinil IV/PO (7 days)
  - (Flucloxacinil provides cover S.aureus, group A & other beta-haemolytic streptococci)
  - Clarithromycin IV/PO if penicillin allergic
  - If severe infection Clindamycin IV

**SEPTIC ARTHRITIS**

- Seek Micro advice before treatment
  - Flucloxacinil IV then PO (4-6 weeks)

**OSTEOMYELITIS**

- Clindamycin if penicillin allergic
  - <5 years and not immunised against Hib add Ceftriaxone IV.

**PRIMARY H.SIMPLEX/ GINGIVOSTOMATITIS**

- Aciclovir IV if unwell enough to warrant hospital admission.

**BONE/ SKIN**

- **ANIMAL/HUMAN BITES**
  - Co-amoxiclav IV/PO
  - Clarithromycin + Metronidazole if penicillin allergic

- **BURNS**
  - Flucloxacinil IV/PO (7-10 days)

**UNKNOWN SOURCE**

- **PYREXIA OF UNKNOWN ORIGIN**
  - If no focus as listed above Amoxicillin IV + Metronidazole IV + Gentamicin IV.
  - If possible meningococcal septicaemia treat as per meningitis above
  - Seek advice for oral step down.

- **SUSPECTED LINE INFECTION**
  - Vancomycin IV. Add Gentamicin IV if Gram-negative sepsis suspected.