

Louth: Antimicrobial Guidelines - Louth Hospitals: Antimicrobial Guidelines: Paediatrics - Respiratory Tract Infections

Infection	
Paediatrics - Aspiration Pneumonia – Community-acquired	
Likely Organisms	
Streptococci, oral flora including anaerobes, aerobic gram negative bacilli	
Empiric Antimicrobial Treatment	
Co- amoxiclav IV	
If penicillin allergic:	
Co-trimoxazole IV	
Plus	
Metronidazole PO or IV	
Duration of Treatment	
5 days	
IV to Oral Switch	
Yes, when clinically appropriate	
Comments	
Antibiotics are not indicated for aspiration without evidence of pneumonia.	
Infection	
Paediatrics - Community-Acquired Pneumonia: Child \leq 8 weeks	
Likely Organisms	
Group B streptococcus, E. coli & other gram negative bacilli, S. aureus, Listeria monocytogenes, CMV, very rarely HSV.	
Empiric Antimicrobial Treatment	
Recommended antimicrobials as per Paediatrics - Sepsis: Child < 8 weeks	
IV to Oral Switch	
No, continue IV for entire duration of therapy.	
Duration	
5 days	
Comments	
Always admit patient to hospital.	
Stop antibiotics if viral aetiology proven.	
Infection	
Paediatrics - Community-Acquired Pneumonia: Child > 8 weeks	
Likely Organisms	
S. pneumoniae, Mycoplasma pneumoniae, H. influenzae, S.aureus, Bordetella pertussis (<3 months), Chlamydia pneumoniae	
May also be viral: RSV, Parainfluenza	
Empiric Antimicrobial Treatment	
If well :	
Amoxicillin PO	
OR	
Azithromycin (if patient has already received amoxicillin/co-amoxiclav in the community or presumed atypical infection)	
Pneumonia without signs of sepsis or effusion (clinically unwell):	
Amoxicillin IV (If a sensitive S. aureus is isolated or if pneumatocele, switch to Flucloxacillin IV instead of Amoxicillin)	
Add Azithromycin PO if	
<ul style="list-style-type: none"> Prior amoxicillin or co-amoxiclav in the community pre-admission No response to 1st line therapy within 48 hours <i>Mycoplasma/Chlamydia pneumoniae</i> suspected (rare in patients < 3 years) 	
Complicated pneumonia and/or pleural effusion:	
Cef-UR-oxime IV	
Plus	
Azithromycin PO (or Clarithromycin IV if not tolerating PO)	
If MRSA pneumonia, Add Vancomycin IV (OR Clindamycin if sensitive)	
IV to Oral Switch	
Yes, when clinically appropriate.	
N.B. Cef-UR-oxime PO is not recommended due to low oral bioavailability. Consider cefaclor PO.	
Duration	
Mild to moderate pneumonia: 5 days (3 days for Azithromycin)	
Complicated pneumonia: 5 - 10 days (3 days for Azithromycin)	