

Louth: Antimicrobial Guidelines - Louth Hospitals: Antimicrobial Guidelines: Paediatrics - Uncomplicated Malaria

| Infection | |
|---|--|
| Paediatrics - Uncomplicated Malaria: Plasmodium falciparum or species not identified | |
| Empiric Antimicrobial Treatment | |
| 1st Line: | |
| Artemether-Lumefantrine PO (Riamet®) - dose as per BNF for Children, dose given at 0h, 8h, 24h, 36h, 48h and 60h | |
| N.B. Please note the timing of Riamet® doses relates to time from time zero – see worked example below: | |
| <ul style="list-style-type: none"> • First dose = Time Zero E.g. 18.00 on 12/8/19 • Next dose due at 8 hours from time zero = 02.00 on 13/8/19 • Next dose due at 24 hours from time zero = 18.00 on 13/8/19 • Next dose due at 36 hours from time zero = 06.00 on 14/8/19 • Next dose due at 48 hours from time zero = 18.00 on 14/8/19 • Next dose due at 60 hours from time zero = 06.00 on 15/8/19 • It will take 60 hours total (2.5 days) for administration of full course. | |
| N.B. Contact Pharmacy Department prior to discharge to ensure continuity of supply as Riamet® is not readily available in the community. | |
| 2nd Line: | |
| Atovaquone-Proguanil PO (Malarone / Malarone Paed ®) for 3 days | |
| Comments | |
| Consideration must be given to admit patient for a minimum of 24 hours. | |
| All confirmed or suspected cases must be discussed with Infectious Diseases/Microbiology before discharge. | |
| <ul style="list-style-type: none"> • Riamet®: Take with fat containing food or whole milk. • Malarone®: Take with food or whole milk. | |
| Infection | |
| Paediatrics - Uncomplicated Malaria: Plasmodium malariae or knowlesi | |
| Acquired in any region | |
| Empiric Antimicrobial Treatment | |
| Chloroquine phosphate PO for 3 days | |
| Comments | |
| All confirmed or suspected cases must be discussed with Infectious Diseases/Microbiology before discharge . | |
| Infection | |
| Paediatrics - Uncomplicated Malaria: Plasmodium vivax or Plasmodium ovale | |
| Empiric Antimicrobial Treatment | |
| If acquired in any region except Papua New Guinea or Indonesia : | |
| Chloroquine Phosphate PO for 3 days | |
| Followed by | |
| Primaquine Phosphate* PO for 14 days | |
| Plasmodium vivax acquired in Papua New Guinea or Indonesia (chloroquine-resistant) : | |
| 1st Line: | |
| Artemether-Lumefantrine PO (Riamet®) - dose as per BNF for Children, dose given at 0h, 8h, 24h, 36h, 48h and 60h (total course given over 60 hours = 2.5 days) | |
| N.B. Please note the timing of Riamet® doses relates to time from time zero – see worked example below: | |
| <ul style="list-style-type: none"> • First Dose = Time Zero E.g. 18.00 on 12/8/19 • Next dose due at 8 hours from time zero = 02.00 on 13/8/19 • Next dose due at 24 hours from time zero = 18.00 on 13/8/19 • Next dose due at 36 hours from time zero = 06.00 on 14/8/19 • Next dose due at 48 hours from time zero = 18.00 on 14/8/19 • Next dose due at 60 hours from time zero = 06.00 on 15/8/19 | |
| N.B. Contact Pharmacy Department prior to discharge to ensure continuity of supply as Riamet® is not readily available in the community | |
| Followed by | |
| Primaquine Phosphate* PO for 14 days | |
| 2nd Line: | |
| Atovaquone-Proguanil PO for 3 days | |
| PLUS | |
| Primaquine Phosphate* PO for 14 days | |
| Comments | |
| <p>*Screen for G6PD deficiency before starting primaquine - primaquine is given to eradicate parasites in the liver and thus prevent relapse, it can be started in the follow-up OPD appointment once result of G6PD deficiency screen available:</p> <ul style="list-style-type: none"> • Primaquine may cause haemolytic anaemia in G6PD deficiency . • May be used in mild-to-moderate G6PD deficiency, refer BNFc for dose modification. • Avoid primaquine in patients with severe G6PD deficiency. • Seek advice on primaquine use in patients < 6 months old. | |
| All confirmed or suspected cases must be discussed with Infectious Diseases/Microbiology before discharge. | |