

EMPIRIC ANTIBIOTIC GUIDELINES - SCH POLICY®

DOCUMENT SUMMARY/KEY POINTS

- These updated guidelines outline the initial and appropriate empiric antibiotics for specific clinical conditions in a non-immunocompromised patient, until the organism(s) and sensitivities are identified
- They form the basis for the Sydney Children's Hospital (Randwick) Antimicrobial Stewardship Program and electronic "Guidance MS" system

CHANGE SUMMARY

- Several changes have been made throughout the table – recommend re-reading the entire document.
- **24/03/21**: minor review. Updated link to Aminoglycoside – SCH guideline, Pg 11.
- **06/10/2021**: minor review. Gentamicin added to recommended antibiotic regimen for Severe sepsis (sepsis + shock) in neonates (< 1 month), Pg 9

READ ACKNOWLEDGEMENT

- All staff at SCH who are involved in the prescribing, dispensing and administration of antimicrobial agents to SCH patients are to read and acknowledge they understand the contents of this document.

Department Heads and Nursing Unit Managers at SCH are to be aware of this document.

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

Approved by:	SCHN Policy, Procedure & Guideline Committee	
Date Effective:	1 st June 2020	Review Period: 3 years
Team Leader:	Pharmacist	Area/Dept: AMS SCH

1 Empiric antibiotic guidelines

BODY SYSTEM	CONDITION (select for antibiotic, dose, frequency)
<u>BONE/JOINT</u>	Open fracture: Clean
	Open fracture: Contaminated
	Osteomyelitis / Septic Arthritis
<u>CARDIOVASCULAR</u>	Endocarditis
<u>CENTRAL NERVOUS SYSTEM</u>	Encephalitis
	Meningitis suspected or proven
<u>GASTROINTESTINAL</u>	Peritonitis
<u>GENITOURINARY TRACT</u>	UTI (all) < 1 month
	Uncomplicated UTI (<i>no renal abnormalities</i>) ≥ 1 month
	Pyelonephritis/ Urosepsis ≥ 1 month
<u>OPHTHALMOLOGICAL</u>	Orbital/Mod/severe periorbital cellulitis
<u>RESPIRATORY</u>	Acute epiglottitis OR bacterial tracheitis
	Otitis media
	Pertussis (Suspected OR confirmed)
	Pneumonia (MILD TO MODERATE)
	Pneumonia (SEVERE)
	Tonsillitis /Acute bacterial pharyngitis
<u>SEPSIS (SEVERE)</u>	Sepsis and shock
<u>SUSPECTED SEPSIS</u>	Suspected bacterial sepsis (not critically ill)
<u>SKIN/SOFT TISSUE/</u>	Bites
	Cellulitis

CONDITION	AGE	ANTIBIOTIC, ROUTE, DOSE (MAX DOSE) FREQUENCY	HOME												
BONE OR JOINT			HOME												
Open fracture <i>clean</i>	≥ 1 m	flucloxacillin IV 50 mg/kg (2g) 6-hourly [€] if premature neonate/suspected MRSA ADD vancomycin IV* ††													
Open fracture <i>contaminated</i>	≥ 3 m	amoxicillin-clavulanate IV* 25 mg/kg (of amoxicillin) (1g) 8-hourly if water-related injury: ADD ORAL ciprofloxacin* 20 mg/kg (750mg) 12-hourly													
Osteomyelitis OR Septic Arthritis	< 1 m	flucloxacillin IV[€] <table border="1" data-bbox="574 940 1388 1120"> <thead> <tr> <th>GA</th> <th>PNA</th> <th>DOSE</th> <th>FREQUENCY</th> </tr> </thead> <tbody> <tr> <td>Any</td> <td>0 - 7 days</td> <td>50 mg/kg</td> <td>12-hourly</td> </tr> <tr> <td>Any</td> <td>8 - 28 days</td> <td>50 mg/kg</td> <td>8-hourly</td> </tr> </tbody> </table>	GA	PNA	DOSE	FREQUENCY	Any	0 - 7 days	50 mg/kg	12-hourly	Any	8 - 28 days	50 mg/kg	8-hourly	
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Any	0 - 7 days	50 mg/kg	12-hourly												
Any	8 - 28 days	50 mg/kg	8-hourly												
	≥ 1 m	flucloxacillin IV 50 mg/kg (2g) 6-hourly [€] if premature neonate/suspected MRSA ADD vancomycin IV* ††													
CARDIOVASCULAR SYSTEM			HOME												
Endocarditis	≥ 1 m	benzylpenicillin IV 60 mg/kg (1.8g) 4-hourly AND flucloxacillin IV 50 mg/kg (2g) 4-hourly [€] AND gentamicin IV †† if premature neonate/suspected MRSA ADD vancomycin IV* ††													

CENTRAL NERVOUS SYSTEM – ENCEPHALITIS **HOME**

Encephalitis	< 3 m	For herpes simplex virus: aciclovir IV* 			
		PMA	PNA	DOSE	FREQUENCY
	>30 weeks	n/a	20 mg/kg	8-hourly	
	3 m - ≤12 y	aciclovir IV* 500 mg/m ² 8-hourly			
> 12 y	aciclovir IV* 10 mg/kg 8-hourly				

! ENSURE ADEQUATE HYDRATION & MONITOR RENAL FUNCTION
See [Intravenous Aciclovir-Drug Protocol](#) or search “aciclovir” in epolicy

CENTRAL NERVOUS SYSTEM – MENINGITIS **HOME**

Meningitis suspected or proven	< 1 m 	cefotaxime IV*			
		GA	PNA	DOSE	FREQUENCY
		≥ 37 weeks	0 - 7 days	50 mg/kg	8-hourly
		≥ 37 weeks	8 - 28 days	50 mg/kg	6-hourly
		AND either ampicillin IV			
		GA	PNA	DOSE	FREQUENCY
	≥ 37 weeks	0 - 7 days	100 mg/kg	12-hourly	
	≥ 37 weeks	8 - 28 days	100 mg/kg	8-hourly	
	OR benzylpenicillin IV 90 mg/kg 8-hourly (≥37 weeks GA)				
	1 - 2 m	cefotaxime IV* 50 mg/kg 6-hourly (OR ceftriaxone IV* 50 mg/kg 12-hourly)			
AND ampicillin IV 50 mg/kg 4-hourly					
If gram-positive cocci seen in CSF^s change to: cefotaxime IV* AND vancomycin IV*††					
≥ 2 m	cefotaxime IV* 50 mg/kg (2g) 6-hourly (OR ceftriaxone IV* 50 mg/kg (2g) 12-hourly)				
AND dexamethasone IV 0.15 mg/kg (10mg) with/before first dose of antibiotics					



GASTROINTESTINAL TRACT		HOME																				
Peritonitis acute infection requiring antibiotic therapy	< 1 m 	<p>ampicillin IV</p> <table border="1"> <thead> <tr> <th>GA</th> <th>PNA</th> <th>DOSE</th> <th>FREQUENCY</th> </tr> </thead> <tbody> <tr> <td>≥ 37 weeks</td> <td>0 - 7 days</td> <td>50 mg/kg</td> <td>12-hourly</td> </tr> <tr> <td>≥ 37 weeks</td> <td>8 - 28 days</td> <td>50 mg/kg</td> <td>8-hourly</td> </tr> </tbody> </table> <p>AND metronidazole IV* LOAD 15 mg/kg, then</p> <table border="1"> <thead> <tr> <th>PMA</th> <th>PNA</th> <th>DOSE</th> <th>FREQUENCY</th> </tr> </thead> <tbody> <tr> <td>37 - < 41 weeks</td> <td>n/a</td> <td>7.5 mg/kg</td> <td>8-hourly</td> </tr> </tbody> </table> <p>AND gentamicin IV ††</p> <p>for monotherapy or if gentamicin unsuitable use piperacillin-tazobactam IV* 80 mg/kg of piperacillin component 6-hourly</p>	GA	PNA	DOSE	FREQUENCY	≥ 37 weeks	0 - 7 days	50 mg/kg	12-hourly	≥ 37 weeks	8 - 28 days	50 mg/kg	8-hourly	PMA	PNA	DOSE	FREQUENCY	37 - < 41 weeks	n/a	7.5 mg/kg	8-hourly
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37 - < 41 weeks	n/a	7.5 mg/kg	8-hourly																			
≥ 1 m	<p>ampicillin IV 50 mg/kg (2g) 6-hourly</p> <p>AND metronidazole IV* 7.5 mg/kg (500mg) 8-hourly</p> <p>AND gentamicin IV ††</p> <p>for monotherapy or if gentamicin unsuitable use piperacillin-tazobactam IV* 100 mg/kg of piperacillin component (4g) 8-hourly</p>																					
GENITOURINARY TRACT		HOME																				
UTI (all)	< 1 m 	<p>ampicillin IV:</p> <table border="1"> <thead> <tr> <th>GA</th> <th>PNA</th> <th>DOSE</th> <th>FREQUENCY</th> </tr> </thead> <tbody> <tr> <td>≥ 37 weeks</td> <td>0 - 7 days</td> <td>50 mg/kg</td> <td>12-hourly</td> </tr> <tr> <td>≥ 37 weeks</td> <td>8 - 28 days</td> <td>50 mg/kg</td> <td>8-hourly</td> </tr> </tbody> </table> <p>AND gentamicin IV ††</p>	GA	PNA	DOSE	FREQUENCY	≥ 37 weeks	0 - 7 days	50 mg/kg	12-hourly	≥ 37 weeks	8 - 28 days	50 mg/kg	8-hourly								
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UTI uncomplicated no renal abnormalities	≥ 1 m	<p>ORAL trimethoprim-sulfamethoxazole: 4 mg/kg (of trimethoprim) (160mg) 12-hourly</p> <p>(OR ORAL cefalexin 12.5 mg/kg (500mg) 6-hourly)</p>																				
Pyelonephritis / Urosepsis	≥ 1 m	<p>ampicillin IV 50 mg/kg (2g) 6-hourly</p> <p>AND gentamicin IV ††</p>																				

OPHTHALMOLOGICAL [HOME](#)

Mild peri-orbital (preseptal) cellulitis	≥ 1 m	ORAL cefalexin 12.5 mg/kg (500mg) 6-hourly (OR ORAL flucloxacillin 12.5 mg/kg (500mg) 6-hourly)												
Orbital cellulitis OR Moderate to severe peri-orbital cellulitis		cefotaxime IV*												
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≥ 37 weeks	0 - 7 days	50 mg/kg	8-hourly											
≥ 37 weeks	8 - 28 days	50 mg/kg	6-hourly											
if premature neonate/suspected MRSA ADD vancomycin IV* ††														
	≥ 1 m	cefotaxime IV* 50mg/kg 8-hourly (2g) (OR ceftriaxone IV* 50 mg/kg (2g) 24-hourly) if premature neonate/suspected MRSA ADD vancomycin IV* ††												

RESPIRATORY – EPIGLOTTITIS OR BACTERIAL TRACHEITIS

Acute epiglottitis OR bacterial tracheitis		cefotaxime IV*												
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		≥ 37 weeks	8-28 days	50 mg/kg	6-hourly									
		AND flucloxacillin IV€												
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Any	0 - 7 days	50 mg/kg	12-hourly											
Any	8 - 28 days	50 mg/kg	8-hourly											
	≥ 1 m	cefotaxime IV* 50 mg/kg (2g) 8-hourly (OR ceftriaxone IV* 50 mg/kg (2g) 24-hourly) AND flucloxacillin IV 50 mg/kg (2g) 6-hourly												

RESPIRATORY – OTITIS MEDIA		HOME												
Otitis media	< 2 m 	1 st line ORAL amoxicillin 15 mg/kg 8-hourly 2 nd line ORAL amoxicillin-clavulanate (Augmentin®): Age 1 - 2 m: 15 mg/kg (of amoxicillin) 8-hourly												
	≥ 2 m	1 st line ORAL amoxicillin 15 mg/kg (500mg) 8-hourly 2 nd line ORAL amoxicillin-clavulanate (AugmentinDUO400®) 22.5 mg/kg (of amoxicillin) (875mg) 12-hourly												
RESPIRATORY – PERTUSSIS		HOME												
Pertussis suspected or confirmed	< 6 m	ORAL azithromycin * 10 mg/kg 24-hourly												
	≥ 6 m	ORAL azithromycin * Day 1: 10 mg/kg (500mg) 24-hourly, then 5 mg/kg (250mg) 24-hourly (OR ORAL clarithromycin * 7.5 mg/kg (500mg) 12-hourly) (OR ORAL trimethoprim-sulfamethoxazole : 4mg/kg (of trimethoprim) (160mg) 12-hourly)												
RESPIRATORY – (MILD – MODERATE) PNEUMONIA														
Pneumonia mild to moderate 	< 1 m	benzylpenicillin IV <table border="1"> <thead> <tr> <th>GA</th> <th>PNA</th> <th>DOSE</th> <th>FREQUENCY</th> </tr> </thead> <tbody> <tr> <td>≥ 37 weeks</td> <td>≤ 7 days</td> <td>60 mg/kg</td> <td>12-hourly</td> </tr> <tr> <td>≥ 37 weeks</td> <td>8 - 28 days</td> <td>60 mg/kg</td> <td>6-hourly</td> </tr> </tbody> </table> AND gentamicin IV †† if pertussis or <i>Chlamydia</i> suspected ADD azithromycin IV * 10 mg/kg 24-hourly	GA	PNA	DOSE	FREQUENCY	≥ 37 weeks	≤ 7 days	60 mg/kg	12-hourly	≥ 37 weeks	8 - 28 days	60 mg/kg	6-hourly
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≥ 37 weeks	≤ 7 days	60 mg/kg	12-hourly											
≥ 37 weeks	8 - 28 days	60 mg/kg	6-hourly											
1 - < 2 m	benzylpenicillin IV 60 mg/kg 6-hourly AND gentamicin IV †† if pertussis, <i>Mycoplasma</i> or <i>Chlamydia</i> suspected ADD azithromycin IV * 10 mg/kg 24-hourly													
Pneumonia mild	≥ 2 m	ORAL amoxicillin 25 mg/kg (1g) 8-hourly AND/OR ORAL azithromycin * 10 mg/kg (500mg) 24-hourly (OR ORAL clarithromycin * 7.5 mg/kg (500mg) 12-hourly) for suspected pertussis, <i>Mycoplasma</i> or <i>Chlamydia</i>												
Pneumonia moderate	≥ 2 m	benzylpenicillin IV 60 mg/kg (2.4g) 6-hourly AND/OR ORAL azithromycin * 10 mg/kg (500mg) 24-hourly (OR ORAL clarithromycin * 7.5 mg/kg (500mg) 12-hourly) for suspected pertussis, <i>Mycoplasma</i> or <i>Chlamydia</i>												

RESPIRATORY – SEVERE PNEUMONIA **HOME**

Pneumonia severe or complicated CONSULT RESPIRATORY	< 1 m 	cefotaxime IV*												
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if pertussis, <i>Mycoplasma</i> or <i>Chlamydia</i> suspected ADD azithromycin IV* 10 mg/kg 24-hourly if shocked / ICU / premature neonate / suspected MRSA: ADD vancomycin IV*†† if risk of HSV pneumonitis ADD aciclovir IV* 														
Pneumonia severe or complicated CONSULT RESPIRATORY	≥ 1 m	cefotaxime IV* 50 mg/kg (2g) 6-hourly (OR ceftriaxone IV* 50 mg/kg (2g) 24-hourly) AND clindamycin IV* 10 mg/kg (600mg) 8-hourly€ if severe sepsis/ needs ventilation/ suspected MRSA bacteraemia ADD vancomycin IV*†† if pertussis, <i>Mycoplasma</i> or <i>Chlamydia</i> suspected ADD azithromycin IV* 10 mg/kg (500mg) 24-hourly												
RESPIRATORY – TONSILLITIS OR BACTERIAL PHARYNGITIS														
Tonsillitis/ Acute bacterial pharyngitis	≥ 1 m	ORAL phenoxymethylpenicillin 15 mg/kg (500mg) 12-hourly												

SEVERE SEPSIS (sepsis + shock) HOME

Sepsis and shock	< 1 m 	cefotaxime IV*			
		GA	PNA	DOSE	FREQUENCY
		≥ 37 weeks	0 - 7 days	50 mg/kg	8-hourly
		≥ 37 weeks	8 - 28 days	50 mg/kg	6-hourly
		AND ampicillin IV			
		GA	PNA	DOSE	FREQUENCY
≥ 37 weeks	0 - 7 days	100 mg/kg	12-hourly		
≥ 37 weeks	8 - 28 days	100 mg/kg	8-hourly		
		AND gentamicin IV ††			
		If MRSA suspected ADD vancomycin IV*††			
≥ 1 m	cefotaxime IV* 50 mg/kg (2g) 6-hourly (OR ceftriaxone IV* 50 mg/kg (2g) 24-hourly) AND gentamicin IV †† If MRSA suspected ADD vancomycin IV*††				

SUSPECTED BACTERIAL SEPSIS (not critically ill) HOME

Suspected sepsis normal CSF	< 1 m 	ampicillin IV				
		GA	PNA	DOSE	FREQUENCY	
		≥ 37 weeks	0 - 7 days	50 mg/kg	12-hourly	
		≥ 37 weeks	8 - 28 days	50 mg/kg	8-hourly	
			AND gentamicin IV ††			
	1 - < 2 m	ampicillin IV 50 mg/kg 6-hourly AND gentamicin IV ††				
≥ 2 m	cefotaxime IV* 50 mg/kg (2g) 6-hourly (OR ceftriaxone IV* 50 mg/kg (2g) 24-hourly)					

SKIN/SOFT TISSUE		HOME												
Bites human or animal	1 - 3 m	<p>amoxicillin-clavulanate IV* :</p> <p>Less than 4 kg: 25 mg/kg (of amoxicillin) 12-hourly > 4 kg: 25 mg/kg (of amoxicillin) 8-hourly</p> <p>(OR ORAL amoxicillin-clavulanate: Age 1 - 2 m: Augmentin® 15 mg/kg (of amoxicillin) 8-hourly Age ≥ 2 m: AugmentinDUO400® dose as per age ≥ 3 m)</p>												
	≥ 3 m	<p>amoxicillin-clavulanate IV*</p> <p>25mg/kg (of amoxicillin) (1g) 8-hourly</p> <p>(OR ORAL amoxicillin-clavulanate AugmentinDUO400® : 22.5 mg/kg (of amoxicillin) (875mg) 12-hourly</p>												
Mild cellulitis OR Impetigo	> 1 m	<p>ORAL flucloxacillin 12.5 mg/kg (500mg) 6-hourly (OR ORAL cefalexin 12.5mg/kg (500mg) 6-hourly[€])</p>												
Cellulitis if admission required	< 1 m	<p>flucloxacillin IV[€]</p> <table border="1"> <thead> <tr> <th>GA</th> <th>PNA</th> <th>DOSE</th> <th>FREQUENCY</th> </tr> </thead> <tbody> <tr> <td>Any</td> <td>0 - 7 days</td> <td>50 mg/kg</td> <td>12-hourly</td> </tr> <tr> <td>Any</td> <td>8 - 28 days</td> <td>50 mg/kg</td> <td>8-hourly</td> </tr> </tbody> </table> <p>if premature neonate/suspected MRSA ADD vancomycin IV* ††</p>	GA	PNA	DOSE	FREQUENCY	Any	0 - 7 days	50 mg/kg	12-hourly	Any	8 - 28 days	50 mg/kg	8-hourly
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Any	0 - 7 days	50 mg/kg	12-hourly											
Any	8 - 28 days	50 mg/kg	8-hourly											
≥ 1 m	<p>flucloxacillin IV 50 mg/kg (2g) 6-hourly[€]</p> <p>if premature neonate/suspected MRSA ADD vancomycin IV* ††</p>													
Link to orbital or peri-orbital (pre septal) cellulitis		HOME												

2 Explanatory notes



For preterm neonates (< 37 weeks gestational age) refer to Australasian Neonatal Medicines Formulary.

Select the icon OR access via [CIAP Paediatric Specialty Guide](#)

†† See [Vancomycin-SCH](#) and/or [Aminoglycoside-SCH](#) for dose & monitoring

|| [Aciclovir: Intravenous -Drug Protocol for](#) dosing & administration

€ In children with suspected community-acquired methicillin resistant Staphylococcus aureus infection (ca-MRSA), contact Infectious Diseases for advice.

* Restricted agents require approval via Guidance MS See [RESTRICTION CATEGORIES](#)

IV to Oral Switch [criteria](#) and [SCHN PRACTICE GUIDELINE](#)

PNA, Postnatal age; PMA, Postmenstrual age; m, months of age; y, years

3 References

1. Antibiotic Expert Groups. Therapeutic guidelines: antibiotic. Version 16. Melbourne: Therapeutic Guidelines Limited; 2019.
2. AMH Children's Dosing Companion (online). Adelaide: Australian Medicines Handbook Pty Ltd; January. Available from: <https://childrens.amh/net.au> [Accessed January 2020]
3. NSW Health Management of Whooping Cough (Pertussis)(online) available from: <http://www.health.nsw.gov.au/Infectious/whoopingcough/Pages/workers-managing-cases.aspx> [Accessed 31st October, 2018]
4. BNF Joint Formulary Committee. British National Formulary (online) London: BMJ Group and Pharmaceutical Press available from: <http://www.medicinescomplete.com.acs.hcn.com.au> [Accessed January 2020]
5. Australasian Neonatal Medicines Formulary (online),available from : <https://www.anmfonline.org/clinical-resources/> [Accessed January 2020]

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