

**Inland Empire Health Plan
Pediatric Anti-Infective Therapy Guide**

Infection	Pathogens*†	1st Line	2nd line	3rd Line
Skin/Impetigo	Staph. a., StrepA <i>Treatment should be decided according to the susceptibility test.</i>	Dicloxacillin 12-25mg/kg/day QID Suspected MRSA infection: TMP/SMX (8-10mg/kg/day TMP) BID X 14 days	Cephalexin 25-50mg/kg/day QID Suspected MRSA infection: Clindamycin (10-30mg/kg/day) QID X 14 days	Azithromycin 10-12mg/kg/day QD X 5 days
Skin-bite wound	Staph. a., StrepA, Past. mult., Anaer.	Amoxil/Clav. acid 40mg/kg/day BID or TID	TMP/SMX 8-12mg TMP/kg/day + Clindamycin 10-30mg/kg/day BID	
Sinusitis-Acute	Pneum., H. flu, Mor. cat., StrepA, viral	Reserve antibiotics for patients given decongestants/analgesics for 7 days who have 1) maxillary/facial pain & 2) purulent, nasal discharge; if severe illness (pain, fever), treat sooner	For mild/ moderate disease, no antibiotics taken in the prior month and/or DRSP** prevalence <30%: Amoxicillin 90mg/kg/day BID/ TID Or Amoxil/Clav. acid 90mg/kg/day amox component BID	For mild/ moderate disease, antibiotics taken in the prior month and/or DRSP** prevalence >30%: Amoxil/Clav. acid 90mg/kg/day BID or TID
Tonsillitis/ Pharyngitis	StrepA, viral	Penicillin VK 25-50mg/kg/day QID	Erythromycin 40mg/kg/day QID	Azithromycin 10-12mg/kg/day QD X 5 days
Otitis Media-Acute	Pneum., H. flu, StrepA, Staph. a., GNRs, viral <2yo x 10 days ≥2 yo x 5-7 days	<u>No antibiotic use in prior month:</u> Amoxicillin 80-90mg/kg/day TID Or if DRSP** is suspected, Amoxicillin 80-90 mg/kg/day	<u>Received antibiotics in prior month:</u> Amoxicillin 80-90 mg/kg/day Or Amoxil/ Clav. 90mg/kg/day amox component BID	Cefdinir 7 mg/kg Q12 H or 14 mg/kg QD
Otitis Media-Unresponsive to initial regimen	DRSP main concern; Pneum., H. flu, StrepA,	Antibiotics failed after 3 days of treatment (lack of	Cefdinir 7mg/kg Q12h or 14mg/kg QD Or	Ceftriaxone 50mg/kg IM QD X 3 days

	Staph. a., GNRs, viral	clinical improvement – ear pain, fever and tympanic membrane findings of redness, bulging or otorrhea): Amoxil/Clav. acid 80-90 mg/kg/day BID	Cefuroxime 30mg/kg/day BID	
Bronchitis	Viral, StrepA, H. flu	No abx Treat symptoms; Take patient's temperature	If pneumonia is present, start antibiotics. (See Pneumonia – Community)	
Pneumonia - Community	Viral, Pneum., Mycoplasma, Chlamydia	Clarithromycin 15mg/kg/day BID Or Azithromycin 12mg/kg/day QD X 5 days	Erythromycin 40mg/kg/day QID	
Whooping Cough	Bord. pert.	Clarithromycin 15mg/kg/day BID Or Azithromycin 12mg/kg/day QD X 5 days	Erythromycin 40mg/kg/day QID	
UTI- Uncomplicated	GNRs, Ent.	TMP/SMX 8-12mg TMP/kg/day BID	Nitrofurantoin 5-7 mg/kg/day Q6H	
Lice	Ped. cap.	1% Permethrin (Nix) cream rinse X 1, repeat in 1 week	0.5% Malathion (Ovide) as directed, repeat 7-9 days later if needed	Ivermectin (Stromectol) 200mcg/kg x 1 dose and second dose after 10 days
Scabies	Sarc. scab.	5% Permethrin (Elimite) cream X 1	Ivermectin 200mcg/kg po X 1, next dose 7 days later	
Pinworm	Ent. verm.	Albendazole 400mg po, repeat in 2 weeks Or Mebendazole 100mg po, repeat in 2 weeks	Pyrantel 11 mg/kg (up to 1g/dose) po, repeat in 2 weeks	

*Anaer. = Anaerobes, Bord. pert. = Bordetella pertussis, Ent. =Enterococcus sp., Ent. verm. =Enterobius Vermicularis, GNR =Gram-negative rods, H. flu = Hemophilus inf., Mor. cat. =Moraxella catarrhalis, Myco. pneum. =Mycoplasma pneumoniae, Ped. cap. =Pediculosis capitis, Past. mult. =Pasteurella multocida, Pneum.. =Strep. Pneumoniae, Staph. a. =Staph. aureus, Ssca =Sarcoptes scabiei, StrepA =Group A Streptococcus, V. zoster =Varicella zoster

**DRSP = Drug Resistant Streptococcus pneumonia

†Viruses included