



GUIDELINE

Standard Indications for Monitored (orange) Antimicrobials

Scope (Staff):	Clinical Staff – Medical, Nursing, Pharmacy
Scope (Area):	Perth Children's Hospital (PCH)

This document should be read in conjunction with this [DISCLAIMER](#)

The appropriate standard indication **MUST** be written in the indication box on the paediatric National Inpatient Medication Chart (pNIMC).

For any other indication, approval **MUST** be obtained from ChAMP before prescribing.

Aciclovir (IV)	
Herpes Simplex Virus (HSV) – treatment <ul style="list-style-type: none"> Immunocompromised, ≥3 months old Encephalitis Severe mucocutaneous (including eczema herpeticum) Localised, <3 months old 	Varicella Zoster Virus (VZV) – treatment <ul style="list-style-type: none"> pneumonitis encephalitis hepatitis Immunocompromised, ≥3 months old
Herpes Simplex Virus (HSV) – prophylaxis <ul style="list-style-type: none"> immunocompromised 	Varicella Zoster Virus (VZV) – prophylaxis <ul style="list-style-type: none"> immunocompromised
Encephalitis – empiric treatment	Encephalitis/sepsis – empiric, <3 months old
Amoxicillin / Clavulanic Acid (IV)	
Surgical prophylaxis <ul style="list-style-type: none"> Appendicectomy Intra-abdominal surgery with peritonitis or perforated viscous Craniofacial/maxillofacial surgery with or without insertion of prosthetic material 	Community acquired pneumonia (CAP) <ul style="list-style-type: none"> Severe aspiration pneumonia
	Retropharyngeal abscess
	Bites Severe infection or injury
Intra-abdominal sepsis	

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<ul style="list-style-type: none"> • Ascending cholangitis • Biliary Sepsis • Appendicitis 	
Amphotericin B – liposomal (AmBisome® IV)	
<p>Treatment:</p> <ul style="list-style-type: none"> • Aspergillosis • Mould infection • Invasive Candidiasis 	<p>Febrile neutropenia - persistent</p>
	<p>Mould prophylaxis – if other agents are unsuitable</p>
Artemether / lumefantrine (oral)	
<p>Malaria treatment:</p> <ul style="list-style-type: none"> • Uncomplicated • Follow-on therapy (post IV treatment) 	
Atovaquone / proguanil (oral)	
<p>Malaria treatment:</p> <ul style="list-style-type: none"> • Uncomplicated • Follow-on therapy (post IV treatment) 	
aziTHROMYCIN (IV)	
Severe pneumonia	
aziTHROMYCIN (PO)	
<p>Pneumonia</p> <ul style="list-style-type: none"> • Confirmed mycoplasma pneumonia • Severe • Aspiration pneumonia in high risk penicillin allergy • Community acquired in high risk penicillin allergy 	<p>Chronic lung disease:</p> <ul style="list-style-type: none"> • Cystic fibrosis (anti-inflammatory) • Protracted bacterial bronchitis (frequent exacerbations) • chronic suppuratives lung disease (frequent exacerbations) • bronchiectasis (frequent exacerbations)
<p>Pertussis</p> <ul style="list-style-type: none"> • Treatment • Prophylaxis 	<p>Invasive Group A Strep (iGAS)</p> <ul style="list-style-type: none"> • Prophylaxis • Tonsillitis or pharyngitis in high risk penicillin allergy
Salmonella enteritis	Campylobacter enteritis

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<ul style="list-style-type: none"> • <12 months old • Immunocompromised 	<ul style="list-style-type: none"> • <12 months old • Immunocompromised
Epididymo-orchitis - sexually acquired	Typhoid or paratyphoid fever (enteric fever)
Urethritis, Cervicitis or Pelvic inflammatory disease	Salmonella non typhoidal bacteraemia
Prophylaxis/Empiric treatment - child protection	Neonatal chlamydia conjunctivitis
cefEPIME (IV)	
<p>Meningitis</p> <ul style="list-style-type: none"> • Empiric • Nosocomial • Post-surgical 	<p>Pneumonia – low risk penicillin allergy</p> <ul style="list-style-type: none"> • Ventilator associated Severe healthcare associated
Febrile neutropenia (suspected or confirmed)	Chronic mastoiditis in low risk penicillin allergy
cefEPIME (Intraperitoneal)	
CAPD peritonitis	
cefOTAXIME (IV)	
<p>Neonatal meningitis</p> <ul style="list-style-type: none"> • Suspected • Confirmed 	<p>Neonatal sepsis, meningitis NOT excluded</p> <p>Surgical prophylaxis – VP shunt insertion in high risk patients (neonates and infants with recurrent shunt complications)</p>
cefTAZIDIME (IV)	
<p>Chronic lung disease</p> <ul style="list-style-type: none"> • Eradication of <i>Pseudomonas aeruginosa</i> in a patient with Cystic Fibrosis • Exacerbation of Cystic Fibrosis 	<p>Penetrating eye injury and/or endophthalmitis</p> <p>Pneumonia</p> <ul style="list-style-type: none"> • Confirmed or suspected <i>Pseudomonas aeruginosa</i>
cefTRIAZONE (IV)	
<p>Pneumonia</p> <ul style="list-style-type: none"> • Severe infection • Aspiration pneumonia – severe infection 	<p>Meningitis</p> <ul style="list-style-type: none"> • Empiric (community acquired) • Confirmed

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<ul style="list-style-type: none"> Healthcare associated Mild to moderate community acquired in low risk penicillin allergy 	<p>Post exposure prophylaxis</p> <ul style="list-style-type: none"> Meningococcal <i>Haemophilus influenza</i> type B (HiB) Gonococcal disease
<p>Chronic lung disease</p> <ul style="list-style-type: none"> Non-CF bronchiectasis (moderate to severe exacerbation) Non-CF bronchiectasis (mild to moderate exacerbation, failure to respond to oral therapy) Chronic suppurative lung disease (moderate to severe exacerbation) 	<p>Bite – severe infection or injury in low risk penicillin allergy</p>
	<p>Urinary tract infection with low risk penicillin allergy</p> <ul style="list-style-type: none"> ≥1 month and <3 months old ≥3 months old, systemically unwell
<p>Thoracic empyema - empiric</p>	<p>Surgical prophylaxis with low risk penicillin allergy</p> <ul style="list-style-type: none"> Appendectomy Intra-abdominal surgery with peritonitis or perforated viscous
<p>Periorbital cellulitis - treatment</p>	
<p>Orbital cellulitis - treatment</p>	
<p>Spontaneous bacterial peritonitis</p>	<p>Intra-abdominal infections – with low risk penicillin allergy</p> <ul style="list-style-type: none"> Biliary sepsis Ascending cholangitis Presumed or proven peritonitis
<p>Osteomyelitis - suspected <i>Haemophilus influenza</i> type B (Hib)</p>	
<p>Salmonella non typhoidal bacteraemia</p>	
<p>Enteric fever – typhoid or paratyphoid</p>	<p>Appendicitis with low risk penicillin allergy</p>
<p>Ear, nose and throat</p> <ul style="list-style-type: none"> Bacterial tracheitis Acute epiglottitis Acute mastoiditis Acute bacterial sinusitis (moderate to severe) Retropharyngeal abscess/ deep neck space infection in child > 3 months old- low risk penicillin allergy 	<p>Sepsis (≥1 month) – empiric treatment</p> <ul style="list-style-type: none"> Community acquired Fever in an asplenic patient Fever >38°C without source and no haemodynamic instability in 1 to ≤3 months old
<p>Cefuroxime (oral)</p>	
<p>Pneumonia – low risk penicillin allergy</p>	<p>Ear, nose and throat – low risk penicillin allergy</p>

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<ul style="list-style-type: none"> • Hospital acquired pneumonia • Community acquired • Aspiration pneumonia • Ventilator associated pneumonia 	<ul style="list-style-type: none"> • Bacterial sinusitis • Otitis Media
Mild bronchiectasis and its precursors – patient NOT colonised with <i>Pseudomonas aeruginosa</i>	Mild periorbital cellulitis >3 months old if HiB suspected (low risk penicillin allergy)
ciPROFLOXAcin (oral)	
Enteritis <ul style="list-style-type: none"> • Shigella enteritis • Salmonella enteritis 	Enteric fever – typhoid or paratyphoid
	Penetrating eye injury and/or endophthalmitis
Meningococcal post exposure prophylaxis	Urinary tract infection - resistant
Mild bronchiectasis and its precursors – patient colonised with <i>Pseudomonas aeruginosa</i>	Eradication of <i>Pseudomonas aeruginosa</i> in a patient with Cystic Fibrosis
Bone, joint or skin infection, empiric cover post water exposure	Perianal and fistulising disease in Crohn's disease
Clindamycin (IV)	
MRSA infection <ul style="list-style-type: none"> • Neonate • Skin, soft tissue, bone infection 	Ear, nose and throat – high risk penicillin allergy <ul style="list-style-type: none"> • Peritonsillar abscess (quinsy)
Streptococcal sepsis or toxic shock	Pneumonia <ul style="list-style-type: none"> • Severe aspiration pneumonia – high risk penicillin allergy
Surgical prophylaxis – high risk penicillin allergy <ul style="list-style-type: none"> • Appendicectomy • Intra-abdominal surgery with peritonitis or perforated viscous • Cochlear implant • Clean-contaminated surgery with or 	Ear, nose and throat – low risk penicillin allergy <ul style="list-style-type: none"> • Peritonsillar abscess (quinsy) • Acute mastoiditis (<1 month duration) • Acute bacterial sinusitis (moderate) • Acute bacterial sinusitis (failure of oral antibiotics)

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<p>without insertion of prosthetic material</p> <ul style="list-style-type: none"> • Gastrointestinal surgery <1 month old • Upper gastrointestinal tract or biliary tract surgery ≥1 month old • PEG placement, revision or conversion • Elective colorectal surgery • Open fracture (without severe tissue damage) <p>Spinal surgery</p>	<p>Skin and/or soft tissue infection – high risk penicillin allergy</p> <ul style="list-style-type: none"> • Mild to moderate cellulitis or erysipelas ≥1 month old • Cervical lymphadenitis (moderate to severe) ≥3 months old <p>Heavily contaminated wound requiring IV therapy</p>
<p>Osteomyelitis or septic arthritis (known or suspected MRSA and/or penicillin allergy)</p> <ul style="list-style-type: none"> • Multifocal • With pneumonia or myositis • Requiring ICU admission 	<p>Intra-abdominal infections – high risk penicillin allergy</p> <ul style="list-style-type: none"> • Appendicitis • Peritonitis ≥ 1 month old
<p>Endocarditis prophylaxis – high risk penicillin allergy</p>	<p><i>Staphylococcus aureus</i> infection – low or high risk penicillin allergy</p>
<p>Severe skin and/or soft tissue infection with necrosis and/or shock</p>	<p>Dental infections requiring IV therapy – low or high risk penicillin allergy</p>
<p>Moderate periorbital cellulitis – low risk penicillin allergy</p>	<p>Compound fracture – high risk penicillin allergy</p>
<p>Colistimethate sodium (nebulised)</p>	
<p>Cystic Fibrosis – treatment:</p> <ul style="list-style-type: none"> • <i>Pseudomonas aeruginosa</i> resistant to tobramycin • <i>Pseudomonas aeruginosa</i> in patients intolerant of or refractory to nebulised tobramycin 	
<p>Fluconazole (IV)</p>	
<p>Candida sepsis - presumed or confirmed</p>	<p>Oesophageal candidiasis - severe/immunocompromised</p>
<p>Fluconazole (oral)</p>	
<p>Antifungal prophylaxis</p> <ul style="list-style-type: none"> • Haematology and oncology • Neonates unable to tolerate nystatin 	<p>Urinary tract infection – uncomplicated candiduria</p>

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Vulvovaginal candidiasis	
Ganciclovir (IV)	
Cytomegalovirus (CMV) infection - treatment	Maintenance/Prevention of CMV in immunocompromised patients
Gentamicin (IV)	
Surgical prophylaxis – high risk penicillin allergy <ul style="list-style-type: none"> • Gastrointestinal • Head and neck, clean or contaminated (with or without prosthetic material) • Lower limb amputation • Acute burn requiring surgical prophylaxis • VP shunt insertion in high risk patients 	Surgical prophylaxis <ul style="list-style-type: none"> • Genitourinary
	Peritonitis
Intra-abdominal infections – high risk penicillin allergy <ul style="list-style-type: none"> • Appendicitis • Intra-abdominal surgery with peritonitis or perforated viscus • Biliary sepsis • Ascending cholangitis 	Sepsis <ul style="list-style-type: none"> • Neonatal – early onset (meningitis excluded) • Neonatal – late onset • Neonatal – community acquired (meningitis excluded) • With haemodynamic instability • Healthcare associated
Urinary tract infection <ul style="list-style-type: none"> • < 3 months old • ≥ 3 months old and systemically unwell 	Febrile neutropenia with systemic compromise
	Endocarditis or endovascular infection
Itraconazole (oral)	
Allergic Bronchopulmonary aspergillosis (ABPA) - steroid resistant/ dependent	Treatment of cutaneous and systemic fungal infections
Prevention of fungal infection in immunocompromised patient	
Ivermectin (oral)	
Strongyloidiasis	Scabies - severe or refractory to topical therapy
Onchocerciasis	

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Mefloquine (oral)	
Malaria - prophylaxis	
Meropenem (IV)	
Febrile neutropenia <ul style="list-style-type: none"> Colonised with a resistant Gram negative bacteria 	Sepsis <ul style="list-style-type: none"> Empiric colonised with a pan resistant organism Severe with haemodynamic instability requiring ICU and/or vasopressors
Urinary tract infection – colonised with a pan resistant organism	Cystic Fibrosis exacerbation – guided by sensitivities
Cellulitis, suspected or proven polymicrobial necrotising fasciitis or Fournier’s gangrene	
Metronidazole (IV)	
Intra-abdominal infections <ul style="list-style-type: none"> Appendicitis Peritonitis (presumed or proven) 	Surgical prophylaxis <ul style="list-style-type: none"> Gastrointestinal surgery <1 month old Elective colorectal surgery ≥1 month old Lower limb amputation
Intra-abdominal infections – low risk penicillin allergy <ul style="list-style-type: none"> Biliary sepsis Ascending cholangitis 	Skin and soft tissue infection – low risk penicillin allergy Heavily contaminated wound requiring IV antibiotics
Surgical prophylaxis – high risk penicillin allergy Bladder augmentation or Mitrofanoff appendicivesicostomy	Surgical prophylaxis – low risk penicillin allergy <ul style="list-style-type: none"> Clean contaminated craniofacial / maxillofacial surgery with or without insertion of prosthetic material Appendectomy Intra-abdominal surgery with peritonitis or perforated viscus Bladder augmentation or Mitrofanoff appendicivesicostomy Open fractures with wound soiling, contamination or devitalised tissue
Bites – low or high risk penicillin allergy	
Dental infection - severe	
<i>Clostridium difficile</i> - severe	
Ear, Nose and Throat – low risk penicillin allergy <ul style="list-style-type: none"> Retropharyngeal abscess/ deep neck space infection in child > 3 months old 	Compound fracture with severe tissue damage and/or evidence of infection – low risk penicillin allergy

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<ul style="list-style-type: none"> Acute bacterial sinusitis – severe CNS complication 	
Micafungin (IV)	
Antifungal prophylaxis - high risk, oncology	Invasive candidiasis
Mupirocin (topical)	
MRSA/MSSA <ul style="list-style-type: none"> Decolonisation pre-operative decolonisation 	Impetigo (mild or localised)
Oseltamivir (oral)	
Influenza <ul style="list-style-type: none"> Confirmed - severe or ≥ 1 risk factors for severe disease Treatment of a Health care worker Prophylaxis of a Health care worker Prophylaxis in high risk patients within 48 hours of exposure Empiric cover in severe CAP and encephalitis during Influenza season 	
Paromomycin (oral)	
Amoebiasis - cyst eradication	
Paromomycin (topical)	
Cutaneous leishmaniasis	
Pentamidine (IV)	
<i>Pneumocystis jirovecii</i> pneumonia <ul style="list-style-type: none"> Prophylaxis – intolerant to co-trimoxazole treatment – intolerant to co-trimoxazole 	
Piperacillin / Tazobactam (IV)	

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<p>Chronic lung disease – patient colonised with <i>Pseudomonas aeruginosa</i></p> <ul style="list-style-type: none"> • Cystic Fibrosis exacerbation • Cystic Fibrosis, mild to moderate exacerbation with failure to respond to oral therapy • Chronic suppurative lung disease, moderate to severe • Exacerbation of non – Cystic Fibrosis bronchiectasis 	<p>Surgical prophylaxis</p> <ul style="list-style-type: none"> • Open fractures or soft tissue injury with wound soiling, contamination or devitalised tissue Contaminated head and neck surgery – non elective • Bladder augmentation • Mitrofanoff appendicovesicostomy
<p>Intra-abdominal infections</p> <ul style="list-style-type: none"> • Peritonitis (presumed or proven) < 1month old 	<p>Skin and soft tissue infections</p> <ul style="list-style-type: none"> • Heavily contaminated wounds requiring IV antibiotics Compound fracture with severe tissue damage and/or evidence of infection
<p>Healthcare associated sepsis</p>	<p>Chronic mastoiditis</p>
<p>Pneumonia</p> <ul style="list-style-type: none"> • Healthcare associated - severe or Ventilator associated 	
<p>Posaconazole (oral)</p>	
<p>Antifungal Prophylaxis – high risk oncology</p>	<p>Antifungal Treatment – oral step down</p>
<p>Primaquine (oral)</p>	
<p>Malaria (>6 months old)</p> <ul style="list-style-type: none"> • Elimination of liver forms of <i>P. ovale</i> • Elimination of liver forms of <i>P. vivax</i> 	
<p>Silver sulfadiazine cream (top)</p>	
<p>Severe Burn - prevention/treatment of infection</p>	
<p>Tobramycin (nebulised)</p>	
<p>Cystic Fibrosis – <i>Pseudomonas aeruginosa</i> (prophylaxis, proven or suspected infection)</p>	
<p>Tobramycin (IV)</p>	
<p>Cystic Fibrosis exacerbation</p>	
<p>trimETHOPRIM/Sulphamethoxazole (IV)</p>	

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<i>Pneumocystis jirovecii</i> pneumonia - treatment	
valAciclovir (oral)	
<i>Herpes Simplex Virus</i> (HSV) – treatment <ul style="list-style-type: none"> • Cutaneous HSV • Recurrent cutaneous HSV • Recurrent genital HSV • Primary genital HSV • HSV oesophagitis • Oral HSV in immunocompromised patient 	<i>Herpes Simplex Virus</i> (HSV) – prophylaxis <ul style="list-style-type: none"> • Genital HSV suppression • Cutaneous HSV • Immunocompromised patient
	<i>Varicella Zoster Virus</i> (VZV) <ul style="list-style-type: none"> • Prophylaxis immunocompromised patient • Treatment
Herpetic whitlow	<i>Herpes Zoster</i> (shingles)
Eczema herpeticum	Primary gingivostomatitis
valGANciclovir (oral)	
Cytomegalovirus – prophylaxis <ul style="list-style-type: none"> • Solid organ transplant 	Cytomegalovirus – treatment <ul style="list-style-type: none"> • Symptomatic congenital CMV in neonates and infants • Immunocompromised host • CMV retinitis, maintenance
Vancomycin (intraperitoneal)	
CAPD peritonitis <ul style="list-style-type: none"> • Empiric • Pathogen directed therapy 	
Vancomycin (IV)	
Orthopaedic <ul style="list-style-type: none"> • Multifocal osteomyelitis • Multifocal septic arthritis • Osteomyelitis with pneumonia or myositis • Septic arthritis with pneumonia or 	Pneumonia <ul style="list-style-type: none"> • Severe community acquired • Community acquired pneumonia - empyema or parapneumonic effusion with known or suspected MRSA Healthcare associated – severe • Ventilator associated – severe

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<p>myositis</p> <ul style="list-style-type: none"> • Osteomyelitis requiring ICU admission • Septic arthritis requiring ICU admission • Uncomplicated Osteomyelitis known or suspected MRSA ≥ 3 months old • Uncomplicated Septic arthritis known or suspected MRSA ≥ 3 months old • Compound fracture without significant contamination, clinical evidence of infection OR tissue damage/ devitalisation, with known or suspected MRSA 	<p>Sepsis</p> <ul style="list-style-type: none"> • Severe with haemodynamic instability requiring ICU and/or vasopressors Late onset neonatal sepsis • Healthcare associated >1 month old • Community acquired with haemodynamic instability • Fever >38°C without a source and with no hemodynamic instability (1 to ≤3 months), high risk penicillin allergy
<p>Febrile neutropenia</p> <ul style="list-style-type: none"> • Systemic compromise • High risk patient • Known or suspected MRSA • Suspected CVAD infection 	<p>Eye infections</p> <ul style="list-style-type: none"> • Penetrating eye injury • Severe periorbital cellulitis ≥ 3 months old • Orbital cellulitis ≥ 3 months old • Periorbital cellulitis – known or suspected MRSA
<p>Ear, nose and throat - known or suspected MRSA</p> <ul style="list-style-type: none"> • Acute mastoiditis (<1 month duration) • Acute bacterial sinusitis (moderate) • Acute bacterial sinusitis (treatment failure with oral antibiotics) • Severe, acute bacterial sinusitis with CNS complications • Bacterial tracheitis • Retropharyngeal abscess in >3month old • Deep neck space infection >3month old • Chronic mastoiditis 	<p>Surgical prophylaxis</p> <ul style="list-style-type: none"> • High risk penicillin allergy • Confirmed or suspected MRSA • VP shunt insertion (high risk patient) <p>Skin and soft tissue</p> <ul style="list-style-type: none"> • Severe infection • Moderate to severe cervical lymphadenitis – high risk penicillin allergy • Moderate to severe cervical lymphadenitis, known or suspected MRSA • Cellulitis - suspected or proven polymicrobial necrotising fasciitis or Fournier’s gangrene • Cellulitis, erysipelas or soft tissue infection <1 month old - known or suspected MRSA • Cellulitis, erysipelas or soft tissue infection <1 month old - high or low risk penicillin allergy


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<p>Endocarditis or other endovascular infection</p> <ul style="list-style-type: none"> • Prosthetic valve or graft • Native valve or homograft - known or suspected MRSA • Native valve or homograft - low or high pen allergy 	<p>Meningitis</p> <ul style="list-style-type: none"> • Suspected or proven nosocomial or post- neurosurgical meningitis (including shunt meningitis) • Community acquired (\geq 1 month of age)
Vancomycin (oral)	
<p><i>Clostridium difficile</i></p> <ul style="list-style-type: none"> • Recurrent • Severe • Contraindication to metronidazole use 	
Vancomycin (nebulised)	
<p>Cystic Fibrosis – attempted MRSA or MSSA eradication (second line)</p>	
Voriconazole (IV)	
<p>Aspergillosis - invasive, treatment, confirmed or presumed</p>	
Voriconazole (oral)	
<p>Antifungal Prophylaxis - high risk of mould infection</p>	<p>Treatment of presumed or proven invasive fungal infection</p>

Related CAHS internal policies, procedures and guidelines
Antimicrobial Stewardship Policy
ChAMP Empiric Guidelines
ChAMP Monographs

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File Path:	W:\Safety & Quality\CAHS\CLOVERS MEDICAL Pharmacy\Procedures Protocols and Guidelines\ChAMP\Word		
Document Owner:	Head of Department – Infectious Diseases		
Reviewer / Team:	Children’s Antimicrobial Management Program Pharmacist		
Date First Issued:	June 2013	Last Reviewed:	April 2020
Amendment Dates:	February 2020	Next Review Date:	April 2023
Approved by:	Drug and Therapeutics Committee	Date:	May 2023
Endorsed by:	Drug and Therapeutics Committee	Date:	May 2023
Standards Applicable:	NSQHS Standards:  Child Safe Standards: N/A		

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Compassion
Excellence
Collaboration
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