



GUIDELINE

Standard Indications for Monitored (orange) Antimicrobials

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

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

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 and/or immunocompromised • Disseminated disease 	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

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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 <ul style="list-style-type: none"> • Severe infection or injury
Intra-abdominal sepsis <ul style="list-style-type: none"> • Ascending cholangitis • Biliary Sepsis • Appendicitis 	
Amphotericin B – liposomal (AmBisome® IV)	
Treatment: <ul style="list-style-type: none"> • Aspergillosis • Mould infection • Invasive Candidiasis 	Febrile neutropenia - persistent
	Mould prophylaxis – if other agents are unsuitable
Artemether / lumefantrine (oral)	
Malaria treatment: <ul style="list-style-type: none"> • Uncomplicated • Follow-on therapy (post IV treatment) 	
Atovaquone / proguanil (oral)	
Malaria treatment: <ul style="list-style-type: none"> • Uncomplicated • Follow-on therapy (post IV treatment) 	
Azithromycin (IV)	
Severe pneumonia	

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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 suppurative 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
<p>Salmonella enteritis</p> <ul style="list-style-type: none"> <12 months old Immunocompromised 	<p>Campylobacter enteritis</p> <ul style="list-style-type: none"> <12 months old Immunocompromised
<p>Epididymo-orchitis - sexually acquired</p>	<p>Typhoid or paratyphoid fever (enteric fever)</p>
<p>Urethritis, Cervicitis or Pelvic inflammatory disease</p>	<p>Salmonella non typhoidal bacteraemia</p>
<p>Prophylaxis/Empiric treatment - child protection</p>	<p>Neonatal chlamydia conjunctivitis</p>
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
<p>Febrile neutropenia (suspected or confirmed)</p>	<p>Chronic mastoiditis in low risk penicillin allergy</p>
<p>Hospital associated Sepsis</p> <ul style="list-style-type: none"> Suspected Confirmed 	

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Cefepime (Intraperitoneal)	
CAPD peritonitis	
Cefotaxime (IV)	
Neonatal meningitis	Neonatal sepsis, meningitis NOT excluded
<ul style="list-style-type: none"> • Suspected • Confirmed 	Surgical prophylaxis – VP shunt insertion in high risk patients (neonates and infants with recurrent shunt complications)
Ceftazidime (IV)	
Chronic lung disease	Penetrating eye injury and/or endophthalmitis
<ul style="list-style-type: none"> • Eradication of <i>Pseudomonas aeruginosa</i> in a patient with Cystic Fibrosis • Exacerbation of Cystic Fibrosis 	Pneumonia <ul style="list-style-type: none"> • Confirmed or suspected <i>Pseudomonas aeruginosa</i>
Ceftriaxone (IV)	
Pneumonia	Meningitis
<ul style="list-style-type: none"> • Severe infection • Aspiration pneumonia – severe infection • Healthcare associated • Mild to moderate community acquired in low risk penicillin allergy 	<ul style="list-style-type: none"> • Empiric (community acquired) • Confirmed
	Post exposure prophylaxis <ul style="list-style-type: none"> • Meningococcal • <i>Haemophilus influenzae</i> type B (HiB) • Gonococcal disease
Chronic lung disease	Bite – severe infection or injury in low risk penicillin allergy
<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) 	Urinary tract infection with low risk penicillin allergy <ul style="list-style-type: none"> • ≥1 month and <3 months old • ≥3 months old, systemically unwell
Thoracic empyema - empiric	Surgical prophylaxis with low risk penicillin

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Periorbital cellulitis - treatment	allergy
Orbital cellulitis - treatment	
Spontaneous bacterial peritonitis	Intra-abdominal infections – with low risk penicillin allergy
Osteomyelitis - suspected <i>Haemophilus influenzae</i> type B (Hib)	<ul style="list-style-type: none"> • Biliary sepsis • Ascending cholangitis • Presumed or proven peritonitis
Salmonella non typhoidal bacteraemia	
Enteric fever – typhoid or paratyphoid	Appendicitis with low risk penicillin allergy
Ear, nose and throat <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 	Sepsis (≥1 month) – empiric treatment <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
Cefuroxime (oral)	
Pneumonia – low risk penicillin allergy <ul style="list-style-type: none"> • Hospital acquired pneumonia • Community acquired • Aspiration pneumonia • Ventilator associated pneumonia 	Ear, nose and throat – low risk penicillin allergy <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	Enteric fever – typhoid or paratyphoid

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<ul style="list-style-type: none"> • Shigella enteritis • Salmonella enteritis 	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 without insertion of prosthetic material • 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) • Spinal surgery 	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)
	Skin and/or soft tissue infection – high risk penicillin allergy <ul style="list-style-type: none"> • Mild to moderate cellulitis or erysipelas ≥1 month old • Cervical lymphadenitis (moderate to severe) ≥3 months old Heavily contaminated wound requiring IV therapy

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<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>
<p>Vulvovaginal candidiasis</p>	
<p>Ganciclovir (IV)</p>	
<p>Cytomegalovirus (CMV) infection - treatment</p>	<p>Maintenance/Prevention of CMV in immunocompromised patients</p>
<p>Gentamicin (IV)</p>	

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<p>Surgical prophylaxis – high risk penicillin allergy</p> <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 	<p>Surgical prophylaxis</p> <ul style="list-style-type: none"> • Genitourinary
	<p>Peritonitis</p>
<p>Intra-abdominal infections – high risk penicillin allergy</p> <ul style="list-style-type: none"> • Appendicitis • Intra-abdominal surgery with peritonitis or perforated viscus • Biliary sepsis • Ascending cholangitis 	<p>Sepsis</p> <ul style="list-style-type: none"> • Neonatal – early onset (meningitis excluded) • Neonatal – late onset • Neonatal – community acquired (meningitis excluded) • With haemodynamic instability • Healthcare associated
<p>Urinary tract infection</p> <ul style="list-style-type: none"> • < 3 months old • ≥ 3 months old and systemically unwell 	<p>Febrile neutropenia with systemic compromise</p>
	<p>Endocarditis or endovascular infection</p>
<p>Itraconazole (oral)</p>	
<p>Allergic Bronchopulmonary aspergillosis (ABPA) - steroid resistant/ dependent</p>	<p>Treatment of cutaneous and systemic fungal infections</p>
<p>Prevention of fungal infection in immunocompromised patient</p>	
<p>Ivermectin (oral)</p>	
<p>Strongyloidiasis</p>	<p>Scabies - severe or refractory to topical therapy</p>
<p>Onchocerciasis</p>	
<p>Mefloquine (oral)</p>	

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Malaria - prophylaxis	
Meropenem (IV)	
<p>Febrile neutropenia</p> <ul style="list-style-type: none"> Colonised with a resistant Gram negative bacteria 	<p>Sepsis</p> <ul style="list-style-type: none"> Empiric colonised with a pan resistant organism Severe with hemodynamic 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)	
<p>Intra-abdominal infections</p> <ul style="list-style-type: none"> Appendicitis Peritonitis (presumed or proven) 	<p>Surgical prophylaxis</p> <ul style="list-style-type: none"> Gastrointestinal surgery <1 month old Elective colorectal surgery ≥1 month old Lower limb amputation
<p>Intra-abdominal infections – low risk penicillin allergy</p> <ul style="list-style-type: none"> Biliary sepsis Ascending cholangitis 	<p>Skin and soft tissue infection – low risk penicillin allergy</p> <p>Heavily contaminated wound requiring IV antibiotics</p>
<p>Surgical prophylaxis – high risk penicillin allergy</p> <p>Bladder augmentation or Mitrofanoff appendicovesicostomy</p>	<p>Surgical prophylaxis – low risk penicillin allergy</p> <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 appendicovesicostomy Open fractures with wound soiling, contamination or devitalised tissue
Bites – low or high risk penicillin allergy	
Dental infection - severe	
<i>Clostridium difficile</i> - severe	

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<p>Ear, Nose and Throat – low risk penicillin allergy</p> <ul style="list-style-type: none"> • Retropharyngeal abscess/ deep neck space infection in child > 3 months old • Acute bacterial sinusitis – severe CNS complication 	<p>Compound fracture with severe tissue damage and/or evidence of infection – low risk penicillin allergy</p>
Micafungin (IV)	
<p>Antifungal prophylaxis - high risk, oncology</p>	<p>Invasive candidiasis</p>
Mupirocin (topical)	
<p>MRSA/MSSA</p> <ul style="list-style-type: none"> • Decolonisation • pre-operative decolonisation 	<p>Impetigo (mild or localised)</p>
Norfloxacin	
<p>Urinary tract infection</p> <ul style="list-style-type: none"> • Resistant to first line agents 	
Oseltamivir (oral)	
<p>Influenza</p> <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)	
<p>Amoebiasis - cyst eradication</p>	
Paromomycin (topical)	
<p>Cutaneous leishmaniasis</p>	

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Pentamidine (IV)	
<p><i>Pneumocystis jirovecii</i> pneumonia</p> <ul style="list-style-type: none"> • Prophylaxis – intolerant to co-trimoxazole • treatment – intolerant to co-trimoxazole 	
Piperacillin / Tazobactam (IV)	
<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
Healthcare associated sepsis	Chronic mastoiditis
<p>Pneumonia</p> <ul style="list-style-type: none"> • Healthcare associated - severe or Ventilator associated 	
Posaconazole (oral)	
Antifungal Prophylaxis – high risk oncology	Antifungal Treatment – oral step down
Primaquine (oral)	
<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> 	

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Silver sulfadiazine cream (top)	
Severe Burn - prevention/treatment of infection	
Taurolidine/ Sodium citrate/ Heparin 100	
Prophylaxis - Central line associated blood stream infections	
Tobramycin (nebulised)	
Cystic Fibrosis – <i>Pseudomonas aeruginosa</i> (prophylaxis, proven or suspected infection)	Bronchiectasis - <i>Pseudomonas aeruginosa</i> (proven or suspected infection)
Tobramycin (IV)	
Cystic Fibrosis exacerbation	
Trimethoprim/ Sulphamethoxazole (IV)	
<i>Pneumocystis jirovecii</i> pneumonia - treatment	
Valaciclovir (oral)	
<i>Herpes Simplex Virus (HSV)</i> – 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 (HSV)</i> – prophylaxis <ul style="list-style-type: none"> • Genital HSV suppression • Cutaneous HSV • Immunocompromised patient
	<i>Varicella Zoster Virus (VZV)</i> <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

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	<ul style="list-style-type: none"> • Immunocompromised host • CMV retinitis, maintenance
Vancomycin (intraperitoneal)	
<p>CAPD peritonitis</p> <ul style="list-style-type: none"> • Empiric • Pathogen directed therapy 	
Vancomycin (IV)	
<p>Orthopaedic</p> <ul style="list-style-type: none"> • Multifocal osteomyelitis • Multifocal septic arthritis • Osteomyelitis with pneumonia or myositis • Septic arthritis with pneumonia or myositis • Osteomyelitis requiring ICU admission • Septic arthritis requiring ICU admission • Uncomplicated Osteomyelitis known or suspected MRSA \geq 3 months old • Uncomplicated Septic arthritis known or suspected MRSA \geq 3 months old • Compound fracture without significant contamination, clinical evidence of infection OR tissue damage/ devitalisation, with known or suspected MRSA 	<p>Pneumonia</p> <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
	<p>Sepsis</p> <ul style="list-style-type: none"> • Severe with hemodynamic instability requiring ICU and/or vasopressors Late onset neonatal sepsis • Healthcare associated >1 month old • Community acquired with hemodynamic instability • Fever $>38^{\circ}\text{C}$ 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 \geq 3 months old • Orbital cellulitis \geq 3 months old • Periorbital cellulitis – known or suspected MRSA

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<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) <hr/> <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
<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)
<p>Vancomycin (oral)</p>	
<p><i>Clostridium difficile</i></p> <ul style="list-style-type: none"> • Recurrent • Severe • Contraindication to metronidazole use 	
<p>Vancomycin (nebulised)</p>	
<p>Cystic Fibrosis – attempted MRSA or MSSA</p>	


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eradication (second line)	
Voriconazole (IV)	
Aspergillosis - invasive, treatment, confirmed or presumed	
Voriconazole (oral)	
Antifungal Prophylaxis - high risk of mould infection	Treatment of presumed or proven invasive fungal infection

Related CAHS internal policies, procedures and guidelines <i>(if required)</i>
<u>Antimicrobial Stewardship Policy</u>
<u>ChAMP Empiric Guidelines</u>
<u>ChAMP Monographs</u>

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This document can be made available in alternative formats on request.

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Compassion
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