Arkansas Children's

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Antibiotic Recommendations During Amoxicillin Shortage

Acute Bacterial Sinusitis

First Alternative

- Amoxicillin-clavulanate (Augmentin)
  - Infants ≥3 months, children, and adolescents
    - 80-90 mg/kg/day of amoxicillin component by mouth divided twice daily

Second Alternative

- Cefuroxime (Ceftin)
  - Infants ≥3months and children
    - 30 mg/kg/day by mouth divided twice daily
  - Adolescents
    - 250mg by mouth twice daily
- Cefpodoxime (Vantin)
  - Infants ≥3 months to children <12 years
    - 10 mg/kg/day by mouth divided twice daily
  - Children ≥12 years
    - 200 mg by mouth every 12 hours
- Levofloxacin (Levaquin)*
  - Infants ≥6 months
    - 10 to 20 mg/kg per day by mouth divided every 12 to 24 hours
  - * Use only if the patient has a cephalosporin allergy

Prescribing Information

- Duration of treatment is 10 days
- Carefully consider diagnostic criteria for acute bacterial sinusitis. Most upper respiratory infections in children are viral and do not require antibiotics at all. www.pediatrics.org/cgi/doi/10.1542/peds.2013-1071

Community Acquired Pneumonia

First Alternative

- Amoxicillin-clavulanate (Augmentin)
  - Infant <3 months
    - 30 mg/kg/day of amoxicillin component by mouth divided twice daily
  - Infants ≥3 months, children, and adolescents
    - 80-90 mg/kg/day of amoxicillin component by mouth divided twice daily

Second Alternative

- Cefpodoxime (Vantin)
  - Infants ≥3 months to children <12 years
    - 10 mg/kg/day by mouth divided twice daily
  - Children ≥12 years
    - 200 mg by mouth every 12 hours
- Cefuroxime (Ceftin)
  - <30 kg 250 mg by mouth twice daily
  - ≥30 kg 500 mg by mouth twice daily
- Cefprozil (Cefzil)* 30 mg/kg/day by mouth divided twice daily

  - *DO NOT USE in patients with penicillin allergy

Prescribing Information

- Treat with 5 days of antibiotics and reassess. New study shows that 5 days is better than 10 because of less adverse events- https://pubmed.ncbi.nlm.nih.gov/35040920/
- **DO NOT USE Cefdinir** as it has poor *S. pneumoniae* coverage

Dental Abscess/Tooth Avulsion

First Alternative

- Amoxicillin-clavulanate (Augmentin)
  - Infants ≥ 3 months, children, and adolescents
    - 40-50 mg/kg/day of amoxicillin component by mouth divided twice daily

Second Alternative

- Clindamycin (Cleocin) 15 mg/kg/day by mouth divided three times daily

Prescribing Information

- For endocarditis prophylaxis before invasive dental procedure, utilize Cephalexin 50 mg/kg 30 to 60 minutes prior to procedure

Group A Streptococcus Pharyngitis

First Alternative

- Penicillin V (Pen-VK), oral
  - <27 kg 250 mg by mouth twice daily for 10 days
  - ≥27 kg 500 mg by mouth twice daily for 10 days

Second Alternative

- Cephalexin (Keflex)
  - 40 mg/kg/day by mouth divided twice daily for 10 days (max: 500 mg/dose)
- Penicillin G (Bicillin LA)
  - <27 kg: 600,000 units IM as a single dose
  - ≥27 kg: 1.2 million units IM as a single dose

Prescribing Information

- Do not test children for group A strep under the age of 3 unless there is a household member with group A strep pharyngitis
- Do not test children that have clear viral symptoms such as cough AND rhinorrhea
- For patients currently on rheumatic fever prophylaxis, utilize the Bicillin LA formulation or cephalexin

Otitis Media

First Alternative

- Amoxicillin-clavulanate (Augmentin)
  - Infant <3 months
    - 30 mg/kg/day of amoxicillin component by mouth divided twice daily
  - Infants ≥3 months, children, and adolescents
    - 80-90 mg/kg/day of amoxicillin component by mouth divided twice daily

Second Alternative

- Cefpodoxime (Vantin) 10 mg/kg/day by mouth divided twice daily
- Cefuroxime (Ceftin)
  - Infants ≥ 3 months
    - 30 mg/kg/day by mouth divided twice daily
- Azithromycin (Zithromax) 10 mg/kg per day by mouth as a single dose on day one and 5 mg/kg per day for days 2 through 5
- Ceftriaxone (Rocephin) 50 mg/kg IM as a single dose

Prescribing Information

- A lot of uncomplicated and non-severe acute otitis media is viral and resolves without antibiotics. Utilize watchful waiting and symptomatic care in those over 2 years of age without severe disease. https://publications.aap.org/pediatrics/article/131/3/e964/30912/The-Diagnosis-and-Management-of-Acute-Otitis-Media?autologincheck=redirected?nfToken=00000000-0000-0000-0000-000000000000
- For children 2 and older treat uncomplicated (without otorrhea) acute otitis media for 5 days. https://pubmed.ncbi.nlm.nih.gov/36088995/

UTI Prophylaxis

First Alternative

Infants ≥4 weeks

- Trimethoprim-sulfamethoxazole (Bactrim) 2-3 mg TMP/kg by mouth once daily

Infants <4 weeks

- Cephalexin (Keflex) 10-15 mg/kg by mouth once daily

Second Alternative

Infants ≥4 weeks

- Nitrofurantoin (Macrodantin) 1-2 mg mg/kg by mouth once daily

Asplenia Prophylaxis

First Alternative

<3 years old

- Penicillin V (Pen-VK) 125 mg by mouth twice daily

≥3 years old

- Penicillin V (Pen-VK) 250 mg by mouth twice daily

Second Alternative

- Cephalexin (Keflex) 50 mg/kg/day by mouth divided twice daily
- Azithromycin (Zithromax) 5 mg/kg by mouth once daily

Recommendations made by the Arkansas Children's Infectious Disease Division and Antimicrobial Stewardship Program

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