

## Children < 16 years old – Primary Care

### Respiratory Infections

#### Acute Cough & Bronchitis

Bronchitis causes a cough, breathlessness, wheeze, and general malaise.

Crackles on auscultation should clear with coughing - persisting crackles are suggestive of pneumonia. **The cough can persist for up to 4 weeks.** Viral infections are the cause of >90% of episodes. As the majority of cases are viral infections, routine sputum sampling is not recommended.

**Antibiotics are not indicated if the patient has no risk factors for complications.**

Higher risk of complications include people with pre-existing co-morbidity and young children born prematurely.

If it is felt safe not to prescribe antibiotics immediately, consider a **delayed antibiotic prescription** to be used if a significant worsening of symptoms occurs.

**If antimicrobials are required, treat as mild CAP.**

#### Community Acquired Pneumonia

##### Mild CAP (CRB65/CURB65 = 0-1)

**Duration:** 5 days

**Therapy** **Amoxicillin PO** dosed as per BNF for Children

**Or Clarithromycin PO** dosed as per BNF for Children

Clarithromycin should **not** be prescribed concurrently with ciclosporin, sirolimus and tacrolimus.

#### NOTES

Abnormal vital signs (fever >38°C, tachycardia > 100 beats per minute, tachypnoea > 20 breaths per minute) or an abnormal physical examination of the chest (crackles, decreased breath sounds, dullness to percussion) can predict radiographic changes of CAP (sensitivity of 95%, negative predictive value 92%).

*Streptococcus pneumoniae* is the most common cause of severe CAP and respiratory tract infections can be treated with amoxicillin even if intermediate susceptibility to penicillin is found on testing. **Use of Co-amoxiclav for CAP offers no additional benefit.**