

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.**