



TVFHT Drug Info Blast: November 15, 2022

Managing pediatric infections and intermittent pediatric antibiotic shortages

1. Educate caregivers on the lack of benefit of antibiotics for viral infections.

Some useful prescribing tools include:

- [Choosing Wisely/RxFiles Pediatric Viral Prescription Pad](#) – provides diagnosis, recommendation for symptom management and when to seek further medical attention
- [Choosing Wisely Delayed Antibiotic Handout](#) – print and attach to a prescription that is being given to be filled after a period of waiting (e.g. for acute otitis media)

The above tools can also be found for download and integration into EMRs [here](#). There are also many other handouts and posters for patient education regarding the use of antibiotics at this link from Choosing Wisely.

2. Considering alternatives for drugs that are not available

Refer to the MedSask/Canadian Pharmacists Association document - [Therapeutic Alternatives to Amoxicillin for Common Pediatric Conditions](#)

If time allows, consider calling the family's pharmacy when prescribing to find an agent that is suitable and available.

This time spent in advance will likely save time later communicating back and forth with the pharmacy to find an available product. Many alternatives to amoxicillin have also become short – what is available on a given day will likely vary between pharmacies.

If an amoxicillin dose available as capsules (e.g. 250mg or 500mg) is appropriate for the child, consider discussing with the caregiver the option to dispense as capsules and have them open the capsules on food and consume immediately. Remind caregivers that pre-mixing of capsule contents with food or liquid is not recommended as stability can not be guaranteed.

3. Consider an evidence-based approach to prescribing shorter duration of treatment

For **community acquired pneumonia**, newer evidence suggests **5 days of therapy** seems to have a similar response to 10 days, with fewer adverse effects.¹

For **acute otitis media**, for children over the age of 2 years, a **five day treatment course after a 48 hr waiting period** is appropriate. Ten day treatment is appropriate for children <2.

The 48hr waiting period should be bypassed if the child has already been significantly ill for 48hrs prior to assessment, or they are highly febrile (>39°C), or are moderately to severely systemically ill, or have severe otalgia.²

4. Other resources

Talk to caregivers about helping older children learn to swallow pills - [HHS Handout](#)

Amoxicillin 250mg/5mL oral suspension compounded formula - [Medisca](#)

(Note that this formulation may not be readily made at all compounding pharmacies if ingredients are not available)

Antimicrobial Stewardship in Primary Care infographics – [Public Health Ontario](#)

¹ Williams DJ, Creech CB, Walter EB, et al. Short- vs Standard-Course Outpatient Antibiotic Therapy for Community-Acquired Pneumonia in Children: The SCOUT-CAP Randomized Clinical Trial. JAMA Pediatr. 2022 Jan 18:e215547. doi 10.1001/jamapediatrics.2021.5547.

² <https://cps.ca/en/documents/position/acute-otitis-media>