



health

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Reference: 2024/07/EDP/01

ERRATUM-3 TO THE PAEDIATRIC HOSPITAL LEVEL STANDARD TREATMENT GUIDELINES AND ESSENTIAL MEDICINE LIST, 2023, 5TH EDITION

Please note the following corrections to the Paediatric Hospital Level Standard Treatment Guidelines (STGs) and Essential Medicine List (EML), 2023, 5th edition:

Amoxicillin/Clavulanic dosing

Amoxicillin/Clavulanic acid oral dosing frequency

For the majority of indications, the oral dosing of amoxicillin/clavulanic acid has been standardised to a 12 hourly dose. Three indications however retain the 8 hourly dosing:

- Chapter 6: Nephrological/urological disorders, section 6.2 Urinary Tract Infection - Complicated UTI.
- Chapter 8: Infective/Infectious Disease, section 8.19 Rabies – Pre-emptive antibiotic
- Chapter 16: Eye Conditions, section 16.13 Preseptal and orbital cellulitis – confirmed diagnosis

Although there is no specific evidence for dosing frequency for all indications, for pragmatic purposes, and ease of dosing, it is proposed that the oral dosing of amoxicillin/clavulanic acid be amended as follows:

- Amoxicillin/clavulanic acid, oral, 45 mg/kg/dose of amoxicillin component, 12 hourly (amoxicillin/clavulanic acid in a ratio of 14:1).
 - Maximum dose of amoxicillin component: 1.5 g 12 hourly.
 (See annexure 1: Amoxicillin/Clavulanic weight band dosing table)

Annexure 1: Amoxicillin/Clavulanic Acid Weight Band Dosing table

Correction to solid oral formulation and strength

The strength of amoxicillin/clavulanic acid solid oral formulation was amended from amoxicillin/clavulanic acid 850/125 mg capsule to the correct strength of amoxicillin/clavulanic acid **875/125 mg tablet**.

Chapter 2: Alimentary Tract

Malnutrition, severe acute

Phosphate (enema administered orally)

Two phosphate containing enema products were awarded on the HP12-2023 Liquids Tender:

Description	Awarded Brand	Pharmaceutical Company	Phosphate content
Sodium Phosphate, Sodium Acid Phosphate; Enema; 135 ml	Adco Fosenema 150ml	Adcock Ingram Critical Care (Pty) Ltd	1.75 mmol/mL
Sodium Phosphate, Sodium Acid Phosphate; Enema; 135 ml	Lenolax Adult Enema 135ml	Pharmacare Limited	138 mmol/mL

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The phosphate content of these two products differs, and thus there was a need to update the dosing recommendations of these products in the Paediatric STGs and EML, to accommodate both strengths, and ensure accurate dosing.

The phosphate (enema administered orally) dosing was updated as follows:

<u>Phosphate (enema administered orally)</u>			
<ul style="list-style-type: none"> • If serum phosphate 0.73–0.96 mmol/L give 0.32 mmol/kg (0.25 mL/kg) in divided dosages orally. • If serum phosphate 0.51–0.72 mmol/L give 0.64 mmol/kg (0.5 mL/kg) in divided dosages orally. • If serum phosphate less than 0.5 mmol/L give 1.0 mmol/kg (0.75 mL/kg) in divided dosages orally. <p>Phosphate enemas (administered orally) have 1.38 mmol/mL phosphate.</p>			
Serum phosphate levels	Recommended dosage	Oral dose for Lenolax® phosphate enema	Oral dose for Fosenema® phosphate enema
0.73-0.96mmol/L	0.32mmol/kg in divided doses orally.	0.25mL/kg in divided doses orally.	0.18mL/kg in divided doses orally.
0.51-0.72mmol/L	0.64mmol/kg in divided doses orally.	0.5mL/kg in divided doses orally.	0.37mL/kg in divided doses orally.
< 0.5mmol/L	1.0mmol/kg in divided doses orally.	0.75mL/kg in divided doses orally.	0.57 mL/kg in divided doses orally.

Chapter 8: Infective/Infectious Diseases

Quinine injection removal

The Paediatric STGs and EML currently recommend quinine as an alternative to artesunate injection for the treatment of severe/complicated malaria and in uncomplicated malaria for children who cannot swallow oral formulations. The contracted supplier of Quinine; 300mg/ml; injection; 1 ml, Fresenius Kabi South Africa (Pty) Ltd (sole supplier) has however indicated that they are discontinuing this product.

Quinine injection has thus been removed as an alternative. The text was updated as follows:

Indications: Paediatric Hospital Level (2023)	Current recommendation in STGs and EML	Therapeutic alternative
P.Falciparum Malaria, non-severe, uncomplicated Children who are vomiting but who have no other indications of severe malaria:	<p><u>Children ≥ 20 kg:</u></p> <ul style="list-style-type: none"> • Artesunate, IM or IV, 2.4 mg/kg at hours 0, 12 and 24, then daily until patient is able to tolerate oral treatment. <p><u>Children < 20 kg:</u></p> <ul style="list-style-type: none"> • Artesunate, IM or IV, 3 mg/kg at hours 0, 12 and 24, then daily until patient is able to tolerate oral treatment. <p>OR (only if artesunate is unavailable)</p> <ul style="list-style-type: none"> • Quinine, IV, 10 mg/kg/dose 8 hourly administered over 4–6 hours. <ul style="list-style-type: none"> ○ ECG and heart rate monitoring. ○ Monitor blood glucose levels regularly. ○ Switch to oral medication once able. 	<p><u>Children ≥ 20 kg:</u></p> <ul style="list-style-type: none"> • Artesunate, IM or IV, 2.4 mg/kg at hours 0, 12 and 24, then daily until patient is able to tolerate oral treatment. <p><u>Children < 20 kg:</u></p> <ul style="list-style-type: none"> • Artesunate, IM or IV, 3 mg/kg at hours 0, 12 and 24, then daily until patient is able to tolerate oral treatment.

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<p>P.Falciparum Malaria, severe,complicated (or if repeated vomiting)</p>	<p><u>Children ≥ 20 kg:</u></p> <ul style="list-style-type: none"> Artesunate, IM or IV, 2.4 mg/kg at hours 0, 12 and 24, then daily until patient is able to tolerate oral treatment. <p><u>Children < 20 kg:</u></p> <ul style="list-style-type: none"> Artesunate, IM or IV, 3 mg/kg at hours 0, 12 and 24, then daily until patient is able to tolerate oral treatment. <p>Alternative option (only if artesunate is unavailable):</p> <ul style="list-style-type: none"> Quinine, IV infusion, diluted in 5–10 mL/kg dextrose 5% or sodium chloride 0.9%. <ul style="list-style-type: none"> Loading dose: 20 mg/kg over 4 hours (loading dose). Follow with 10 mg/kg over 4–6 hours at 8 hourly intervals until able to take oral therapy. ECG monitoring and monitor blood glucose levels. 	<p><u>Children ≥ 20 kg:</u></p> <ul style="list-style-type: none"> Artesunate, IM or IV, 2.4 mg/kg at hours 0, 12 and 24, then daily until patient is able to tolerate oral treatment. <p><u>Children < 20 kg:</u></p> <ul style="list-style-type: none"> Artesunate, IM or IV, 3 mg/kg at hours 0, 12 and 24, then daily until patient is able to tolerate oral treatment.
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Chapter 18: Poisoning

Contact information.

South African Vaccine Producers (SAVP): amended

Contact details for procurement of snake, spider and scorpion antivenom has been updated in consultation with the SAVP and Poisons information Centre.

18.1 Poisoning

The text indicating the opiate toxidromes was corrected to specify ‘pinpoint pupils’ instead of just ‘pinpoint’.

Opiates, e.g. morphine:

- | | |
|---------------------------|------------------------------|
| » Pinpoint pupils, | » decreased bowel sounds, |
| » respiratory depression, | » hypothermia, |
| » bradycardia, | » altered (decreased) mental |
| » hypotension. | status, |

Chapter 20: Pain Control

Procedural Sedation and Analgesia

Midazolam: Maximum doses clarified

An external query was received requesting clarity on the maximum doses of midazolam for procedural sedation. It was identified that there was ambiguity in the maximum dose column in the midazolam dosing table. This was thus updated to specify the for oral and IV dosing the maximum doses are 15 mg and 1 mg respectively, and for sublingual and intranasal the maximum dose is 0.3 mg/kg.

Updates reflected in table below:

Route	Dose (mg/kg)	Max. dose (mg/kg)	Peak (minutes)	Duration (minutes)
Oral	0.25 – 0.5	15 mg	10 – 30	60
Sublingual	0.25 – 0.3	0.3 mg/kg	10 – 15	20 - 60
Intranasal	0.2 – 0.3	0.3mg/kg	10 – 15	60 - 120
IV	0.025 – 0.1	1 mg	3 – 5	20 – 60

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The updated Paediatric Hospital Level STGs and EML 2023 Edition has been uploaded to the National Health Insurance Website and can be downloaded using the following URL:

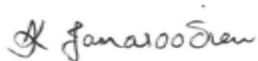
https://www.health.gov.za/wp-content/uploads/2024/07/Paediatric-STGs-and-EML-2023-Edition_Updated-July-2024.pdf

Circular dissemination

Provinces and Healthcare Facilities are requested to distribute and communicate this information in consultation with the Pharmaceutical and Therapeutics Committees and all other relevant stakeholders.

Comments may be submitted *via* e-mail: SAEDP@health.gov.za.

Kind regards



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CHIEF DIRECTOR: SECTOR WIDE PROCUREMENT
DATE: 04 July 2024