

Prescribing Formulary and Clinical Guideline for Prescribing Paramedics in Minor Illness Clinics

Common ailments in infants aged 12 weeks or over, children, young people and adults that are uncomplicated may be referred to the paramedic team this may include but not limited to:

1. Sore Throat, acute
2. Otitis Media, acute
3. Otitis Externa, acute
4. Sinusitis, acute
5. Cough, acute
6. Non-pregnant women with uncomplicated lower UTI
7. Superficial skin and soft tissue infections
8. Contact Dermatitis
9. Impetigo
10. Mild to moderate musculoskeletal pain
11. Dyspepsia - proven GORD in adults

Paramedics involved in the care of patients with minor illnesses must always refer to NICE guidelines and check for any red flags during early triage. Below is a formulary for quick reference but all paramedics must ensure they follow the most up to date local clinical guidelines when prescribing and giving treatment advice to these cohorts of patients. **Document dose calculation on clinical records for patients aged between 12 weeks and 4 years old.**

The service is not intended to be used to treat conditions for which over the counter items are available and NHS guidance around over the counter medicines should be followed.

[otc-guidance-for-ccgs.pdf \(england.nhs.uk\)](#)

Safe and effective prescribing is paramount, during a minor illness clinic a patient will often present with common infections. Clinicians should access the HEE elfh Hub for information on antimicrobial stewardship.

[Antimicrobial-resistance-toolkit-PDF-2.pdf \(e-lfh.org.uk\)](#).

1. Sore Throat, acute

Consider self-care and safety netting or a back-up prescription.

First choice: phenoxymethylpenicillin 500 mg QDS or 1000 mg BD for 10 days.

Severe symptoms: phenoxymethylpenicillin 1000 mg QDS for 10 days.

Penicillin allergy: clarithromycin 500 mg BD for 5 days **or** erythromycin (preferred in pregnancy) 500 mg QDS or 1000 mg BD for 5 days.

Prescribing for infants aged 12 weeks or over, children and young people.

Sore throat (acute): antimicrobial prescribing

Antibiotic

Note: see the BNF for children for appropriate use and dosing in specific populations, for example, hepatic impairment or renal impairment.

Note: the age bands given in the table apply to children of average size and, in practice, the prescriber will use the age bands in conjunction with other factors

such as the severity of the condition and the child's size in relation to the average size of children of the same age.

First choice

Phenoxymethylpenicillin

Dosage and course length for children and young people under 18

1 to 11 months: 62.5 mg four times a day, or 125 mg twice a day for 5 to 10 days

1 to 5 years: 125 mg four times a day, or 250 mg twice a day for 5 to 10 days

6 to 11 years: 250 mg four times a day, or 500 mg twice a day for 5 to 10 days

12 to 17 years: 500 mg four times a day, or 1000 mg twice a day for 5 to 10 days

Five days of phenoxymethylpenicillin may be enough for symptomatic cure, but a 10-day course may increase the chance of microbiological cure.

Alternative first choice for penicillin allergy or intolerance (for people who are not pregnant).

Clarithromycin

Dosage and course length for children and young people under 18

1 month to 11 years:

Under 8 kg: 7.5 mg/kg twice a day for 5 days

8 to 11 kg: 62.5 mg twice a day for 5 days

12 to 19 kg: 125 mg twice a day for 5 days

20 to 29 kg: 187.5 mg twice a day for 5 days

30 to 40 kg: 250 mg twice a day for 5 days

12 to 17 years: 250 mg to 500 mg twice a day for 5 days

Alternative first choice for penicillin allergy in pregnancy

Erythromycin

Dosage and course length for children and young people under 18

8 to 17 years: 250 mg to 500 mg four times a day, or 500 mg to 1000 mg twice a day for 5 days

2. Otitis Media, acute

Evidence does not support routine use of antibiotics. Consider back up prescription for antibiotics.

Optimise analgesia.

First line: amoxicillin 500 mg TDS for 5 days.

Penicillin allergy: clarithromycin 500 mg BD for 5 days or erythromycin (preferred in pregnancy) 500 mg QDS for 5 days.

Second line: co-amoxiclav 500/125 mg TDS for 5 days.

Prescribing for infants aged 12 weeks or over, children and young people.

First choice oral antibiotic

Amoxicillin

1 to 11 months: 125 mg three times a day for 5 to 7 days

1 to 4 years: 250 mg three times a day for 5 to 7 days

5 to 17 years: 500 mg three times a day for 5 to 7 days

Alternative first choice oral antibiotic for penicillin allergy or intolerance (for people who are not pregnant)

Clarithromycin 1 month to 11 years:

Under 8 kg: 7.5 mg/kg twice a day for 5 to 7 days

8 to 11 kg: 62.5 mg twice a day for 5 to 7 days

12 to 19 kg: 125 mg twice a day for 5 to 7 days

20 to 29 kg: 187.5 mg twice a day for 5 to 7 days

30 to 40 kg: 250 mg twice a day for 5 to 7 days

or

12 to 17 years: 250 mg to 500 mg twice a day for 5 to 7 days

Alternative first choice oral antibiotic for penicillin allergy in pregnancy

Erythromycin 8 to 17 years: 250 mg to 500 mg four times a day or 500 mg to 1,000 mg twice a day for 5 to 7 days

3. Otitis Externa, acute

First line: analgesia for pain relief and apply localised heat (such as a warm flannel).

Second line: Adults, children, aged 12 years and above, and the elderly.

[OTC] acetic acid 2% (Ear Calm®) 1 spray TDS for 7 days

Third line: Adults (including the elderly) and children 2 years of age and over:

Otomize® One spray TDS for 7 days.

4. Sinusitis, acute

Symptoms < 10 days: no antibiotic.

Symptoms with no improvement > 10 days: no antibiotic or back up antibiotic if several of the following are present: discoloured or purulent nasal discharge, severe localised unilateral pain, fever or marked deterioration after initial milder phase.

Serious signs and symptoms: immediate antibiotic.

First line: phenoxymethylpenicillin 500 mg QDS for 5 days.

Penicillin allergy: doxycycline 200 mg on day 1, then 100 mg daily for 5 days in total or

clarithromycin 500 mg BD for 5 days or

erythromycin (preferred in pregnancy) 500 mg QDS or 1000 mg BD for 5 days.

Second line (or first line if systemically very unwell or high risk of complications): co-amoxiclav 500/125 mg TDS for 5 days.

Advise paracetamol or ibuprofen for pain.

Prescribing for infants aged 12 weeks or over, children and young people.

First choice

Phenoxymethylpenicillin

1 to 11 months, 62.5 mg four times a day for 5 days

1 to 5 years, 125 mg four times a day for 5 days

6 to 11 years, 250 mg four times a day for 5 days

12 to 17 years, 500 mg four times a day for 5 days

Alternative first choice for penicillin allergy or intolerance

Clarithromycin

Under 8 kg, 7.5 mg/kg twice a day for 5 days

8 to 11 kg, 62.5 mg twice a day for 5 days

12 to 19 kg, 125 mg twice a day for 5 days

20 to 29 kg, 187.5 mg twice a day for 5 days

30 to 40 kg, 250 mg twice a day for 5 days

12 to 17 years, 250 mg twice a day or 500 mg twice a day for 5 days

Doxycycline 12 to 17 years

200 mg on first day, then 100 mg once a day for 4 days (5-day course in total)

5. Cough, acute

First line: self-care and safety netting advice. Symptoms can last 3 weeks.

Only offer* / consider* antibiotic treatment if:

Acute cough and higher risk of complications

(at face-to-face examination): consider immediate or back-up antibiotic.

Acute cough and systemically very unwell offer immediate antibiotic

First line antibiotic: doxycycline 200 mg on day 1, then 100 mg daily for 5 days in total.

Second line: Amoxicillin 500mg three times a day for 5 days in total.

Prescribing for infants aged 12 weeks or over, children and young people.

Amoxicillin

Age 1 month to 1 year – 125 mg 3 times daily; increased if necessary up to 30 mg/kg 3 times daily.

Age 1 to 5 years – 250 mg 3 times daily; increased if necessary up to 30 mg/kg 3 times daily.

Age 5 to 12 years – 500 mg 3 times daily; increased if necessary up to 30 mg/kg (max. 1 g) 3 times daily.

Age 12 to 16 years – 500 mg 3 times daily; in severe infection 1 g 3 times daily.

Doxycycline 12 to 17 years

200 mg on first day, then 100 mg once a day for 4 days (5-day course in total)

6. Non-pregnant women with uncomplicated lower UTI

First line: nitrofurantoin 100 mg MR BD for 3 days (if eGFR \geq 45 ml/minute)

or

trimethoprim 200 mg BD for 3 days. (if there is low risk of resistance)

For all children 3 months or older with cystitis/lower UTI:

Start oral antibiotic treatment — first line options include trimethoprim (if there is low risk of resistance), or nitrofurantoin (if eGFR \geq 45ml/minute).

Second line options include nitrofurantoin (if eGFR \geq 45ml/minute) if it has not been used as a first-line option, amoxicillin (only if culture results available and susceptible), or cefalexin.

If culture results show that the causative organism is resistant to the initially prescribed antibiotic, switch to an alternative.

Infants and children who are already receiving prophylactic antibiotics, should be treated with an alternative antibiotic.

Prescribe trimethoprim at the following doses, for children aged:

3–5 months — 4 mg/kg (maximum 200 mg per dose) or 25 mg twice a day for 3 days.

6 months to 5 years — 4 mg/kg (maximum 200 mg per dose) or 50 mg twice a day for 3 days.

6–11 years — 4 mg/kg (maximum 200 mg per dose) or 100 mg twice a day for 3 days.

12–15 years — 200 mg twice a day for 3 days.

7. Superficial skin and soft tissue infections

First line: flucloxacillin 500 mg QDS for 7 days.

In penicillin allergy: clarithromycin 500 mg BD for 7 days.

Penicillin allergy in pregnancy: erythromycin 500 mg QDS for 7 days.

Prescribing for infants aged 12 weeks or over, children and young people.

First-choice oral antibiotic

Flucloxacillin

1 month to 1 year, 62.5 mg to 125 mg four times a day for 5 days

2 to 9 years, 125 mg to 250 mg four times a day for 5 days

10 to 17 years, 250 mg to 500 mg four times a day for 5 days

Alternative oral antibiotic if penicillin allergy or flucloxacillin is unsuitable.

Clarithromycin 1 month to 11 years:

under 8 kg, 7.5 mg/kg twice a day for 5 days

8 to 11 kg, 62.5 mg twice a day for 5 days

12 to 19 kg, 125 mg twice a day for 5 days

20 to 29 kg, 187.5 mg twice a day for 5 days

30 to 40 kg, 250 mg twice a day for 5 days

12 to 17 years, 250 mg twice a day for 5 days

8. Contact Dermatitis

If a causative agent has been identified:

Advise the person that avoidance of the stimulus is the most important element of treatment and prevention of recurrent episodes of contact dermatitis.

Topical steroids may be required to control symptoms — **choice of topical corticosteroid depends on the specific clinical situation including the age of the person and severity, location, and extent of dermatitis.**

9. Impetigo

Fusidic acid 2% cream apply thinly TDS for 5 days.

First-choice oral antibiotic

Flucloxacillin 500 mg four times a day for 5 days

Alternative oral antibiotic if penicillin allergy or flucloxacillin is unsuitable.
(for people who are not pregnant)

Clarithromycin 250 mg twice a day for 5 days

Prescribing for infants aged 12 weeks or over, children and young people.

First-choice oral antibiotic

Flucloxacillin

1 month to 1 year, 62.5 mg to 125 mg four times a day for 5 days

2 to 9 years, 125 mg to 250 mg four times a day for 5 days

10 to 17 years, 250 mg to 500 mg four times a day for 5 days

Alternative oral antibiotic if penicillin allergy or flucloxacillin is unsuitable.

Clarithromycin 1 month to 11 years:

under 8 kg, 7.5 mg/kg twice a day for 5 days

8 to 11 kg, 62.5 mg twice a day for 5 days

12 to 19 kg, 125 mg twice a day for 5 days

20 to 29 kg, 187.5 mg twice a day for 5 days

30 to 40 kg, 250 mg twice a day for 5 days

12 to 17 years, 250 mg twice a day for 5 days

10. Mild to moderate musculoskeletal pain

A stepwise strategy for managing mild-to-moderate pain is recommended:

Step 1 — start paracetamol.

Step 2 — substitute the paracetamol with ibuprofen. If the person is unable to take a nonsteroidal anti-inflammatory drug (NSAID), use a weak opioid (such as codeine phosphate).

Step 3 — add paracetamol to the ibuprofen or weak opioid.

Step 4 — continue with paracetamol and replace the ibuprofen with an alternative NSAID (such as naproxen).

11. Dyspepsia - proven GORD in adults

Offer written information and advice on the symptoms, self-care, and management options for gastro-oesophageal reflux disease (GORD), such as the NHS patient information leaflet Heartburn and gastro-oesophageal reflux disease (GORD).

Offer a full-dose proton pump inhibitor (PPI) for 4 weeks, to aid healing.

Omeprazole 20mg daily