





# Pneumonia (community-acquired): antimicrobial prescribing

## Choice of antibiotic: children and young people over 1 month and under 18 years

Antibiotic <sup>1</sup>	Dosage and course length <sup>2</sup>
First choice oral antibiotic if non-severe symptoms or signs (based on clinical judgement) <sup>3</sup>	
Amoxicillin	1 to 11 months, 125 mg three times a day for 5 days <sup>4</sup> 1 to 4 years, 250 mg three times a day for 5 days <sup>4</sup> 5 to 17 years, 500 mg three times a day for 5 days (higher doses can be used for all ages - see BNFC) <sup>4</sup>
Alternative oral antibiotics if non-severe symptoms or signs (based on clinical judgement), for penicillin allergy or if amoxicillin unsuitable (for example, atypical pathogens suspected <sup>5</sup> ) <sup>3</sup>	
Clarithromycin	1 month to 11 years: Under 8 kg, 7.5 mg/kg twice a day for 5 days <sup>4</sup> 8 to 11 kg, 62.5 mg twice a day for 5 days <sup>4</sup> 12 to 19 kg, 125 mg twice a day for 5 days <sup>4</sup> 20 to 29 kg, 187.5 mg twice a day for 5 days <sup>4</sup> 30 to 40 kg, 250 mg twice a day for 5 days <sup>4</sup> 12 to 17 years: 250 mg to 500 mg twice a day for 5 days <sup>4</sup>
Erythromycin (in pregnancy) <sup>6</sup>	8 to 17 years, 250 mg to 500 mg four times a day for 5 days <sup>4</sup>
Doxycycline <sup>7</sup>	12 to 17 years, 200 mg on first day, then 100 mg once a day for 4 days (5-day course in total) <sup>4</sup>
First choice antibiotic(s) if severe symptoms or signs (based on clinical judgement); guided by microbiological results when available <sup>3</sup>	
Co-amoxiclav	Oral doses: 1 to 11 months, 0.5 ml/kg of 125/31 suspension three times a day for 5 days <sup>4</sup> 1 to 5 years, 10 ml of 125/31 suspension three times a day or 0.5 ml/kg of 125/31 suspension three times a day for 5 days <sup>4,8</sup> 6 to 11 years, 10 ml of 250/62 suspension three times a day or 0.3 ml/kg of 250/62 suspension three times a day for 5 days <sup>4</sup> 12 to 17 years, 500/125 mg three times a day for 5 days <sup>4</sup> IV dose <sup>9</sup> : 1 to 2 months, 30 mg/kg two times a day <sup>4</sup> 3 months to 17 years, 30 mg/kg three times a day (maximum 1.2 g per dose three times a day) <sup>4</sup>
<i>with (if atypical pathogen suspected<sup>5</sup>):</i> Clarithromycin <b>or</b>	Oral doses: see above for clarithromycin, for 5 days <sup>4</sup> IV doses <sup>9</sup> : 1 month to 11 years, 7.5 mg/kg twice a day (maximum 500 mg per dose) <sup>4</sup> 12 to 17 years, 500 mg twice a day <sup>4</sup>
Erythromycin (in pregnancy) <sup>6</sup>	See oral doses for erythromycin; for 5 days <sup>4</sup>
Alternative antibiotics if severe symptoms or signs (based on clinical judgement), for penicillin allergy; guided by microbiological results when available <sup>3</sup> - consult local microbiologist	

<sup>1</sup>See [BNFC](#) for use and dosing in hepatic impairment, renal impairment, pregnancy and breast-feeding, and administering intravenous (or, where appropriate, intramuscular) antibiotics.

<sup>2</sup>The age bands 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 being treated and the child's size in relation to the average size of children of the same age.

<sup>3</sup>Give oral antibiotics first-line if the person can take oral medicines, and the severity of their condition does not require intravenous antibiotics.

<sup>4</sup>Stop antibiotic treatment after 5 days unless microbiological results suggest a longer course length is needed or the person is not clinically stable.

<sup>5</sup>*Mycoplasma pneumoniae* infection occurs in outbreaks approximately every 4 years and is more common in school-aged children.

<sup>6</sup>Erythromycin is preferred if a macrolide is needed in pregnancy, for example, if there is true penicillin allergy and the benefits of antibiotic treatment outweigh the harms.

See the [Medicines and Healthcare products Regulatory Agency \(MHRA\) Public Assessment Report on the safety of macrolide antibiotics in pregnancy](#).

<sup>7</sup>See BNFC for use of doxycycline in children under 12.

<sup>8</sup>Or 5 ml of 250/62 suspension.

<sup>9</sup>Review intravenous antibiotics by 48 hours and consider switching to oral antibiotics if possible.