



health

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## ERRATUM TO THE PAEDIATRIC HOSPITAL LEVEL STANDARD TREATMENT GUIDELINES AND ESSENTIAL MEDICINE LIST, 2023, 5<sup>TH</sup> EDITION

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

### Chapter 1: Emergencies and Trauma

#### Ringers Lactate

Modified Ringers Lactate standardised to Ringers Lactate.

*NEMLC recommended that modified ringers lactate and ringers lactate be advertised as a therapeutic class when the next contract is undertaken.*

### Chapter 2: Alimentary Tract

#### Cholera

The Cholera recommendations were aligned in consultation with the NICD Cholera guideline update. The recommendations were updated as follows:

For the management of shock during recognised cholera outbreaks, there may be benefit to replace sodium chloride 0.9% with:

- ~~Modified~~ Ringers Lactate, IV.

#### **Antibiotic treatment**

Recommended antibiotics may vary according to susceptibilities of organisms in current epidemics. Consult the NICD for the latest recommendations.

Current recommendations for severe dehydration are:

- Ciprofloxacin, oral, 20 mg/kg as a single dose (maximum 750 mg). ~~15 mg/kg/dose 12 hourly for 3 days.~~

**OR**

- Azithromycin, oral, 20 mg/kg as a single dose.

LoE III

In all children who are able to take oral medication:

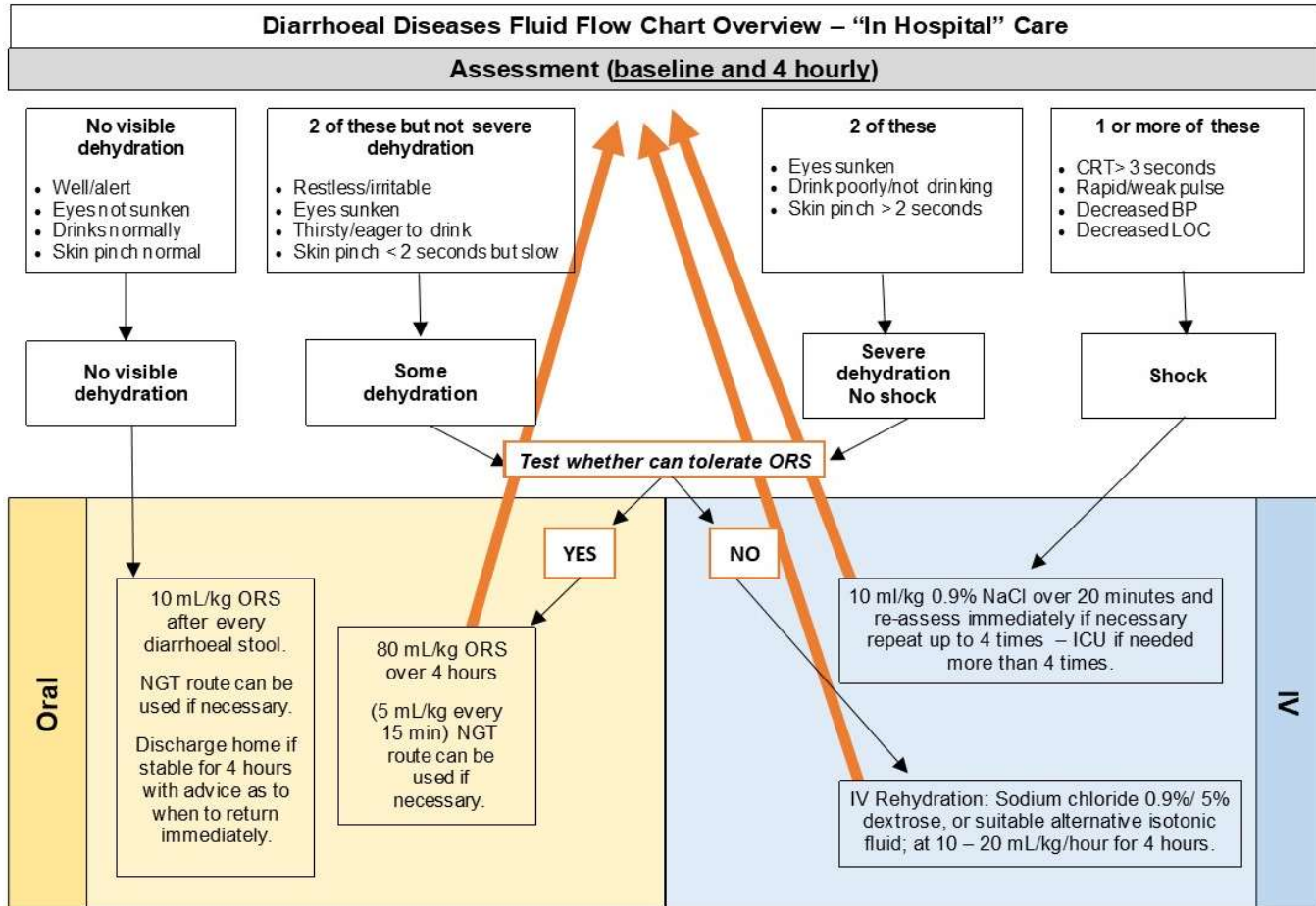
- Zinc (elemental), oral, 10 mg/day for 14 days:
  - ~~If < 10 kg: 10 mg/day.~~
  - ~~If > 10 kg: 20 mg/day.~~

## Diarrhoea, acute diarrhoea

### Summary flow chart for correction of dehydration in diarrhoeal disease

The flow diagram was revised to appropriately reflect the recommendations in the text reflected in section: 2b. *If the above treatment (oral/NGT treatment) fails, and patient was in shock or has already failed at primary health care level.*

See updated flow chart below:



## Chapter 8: Infective/Infectious Diseases

### Malaria prophylaxis

The text was updated as follows:

Malaria chemoprophylaxis should be used in moderate-risk malaria-endemic areas in South Africa from September to May, both together with preventive measures against mosquito bites. Risk maps are provided in the National Guidelines for the Prevention of Malaria (2018). It is recommended that persons intending to travel to malaria-endemic areas outside of South Africa take the relevant chemoprophylaxis. There are moderate- and high-risk areas in neighbouring countries.

#### **MEDICINE TREATMENT**

- Doxycycline (children > 8 years), oral, 2.2 mg/kg (maximum 100 mg) daily.
  - Begin 2 days before travel; continue daily during travel, and for 4 weeks after leaving the area.

Children under 8 years: Refer to the National Guidelines for the Prevention of Malaria (2018) for alternative chemoprophylaxis options, which have to be procured in the private sector.

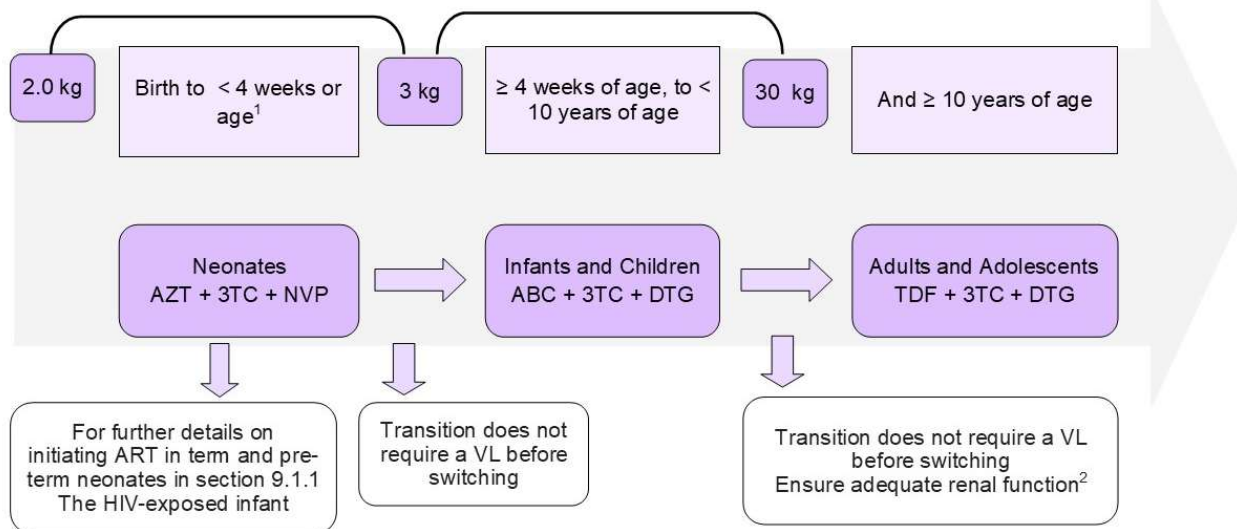
**Preventative measures** against mosquito bites include:

- » Use of treated mosquito nets, screens, coils or pads.
- » Application of a N-diethyl-3-methylbenzamide or N,N-diethyl-m-toluamide (DEET) insect repellent to exposed skin and clothing.
- » Wearing long sleeves, long trousers and socks if outside between dusk and dawn, as mosquitoes are most active at this time.
- » Visiting endemic areas only during the dry season.

## Chapter 9: Human Immunodeficiency virus infection

### Algorithm: Recommended regimen in ART-naïve neonate, infants, children 0 to < 10 years of age

A correction to this algorithm was made in the neonates regimen. The regimen was updated to AZT + 3TC + NVP (instead of error: ABC + 3TC + NVP).



1. For neonates with severe anaemia, obtain advice from an expert or through one of the helplines
2. Before switching to TDF, ensure adequate renal function by checking eGFR/creatinine

## Chapter 10: Tuberculosis

### 10.3 Miliary TB in Children

Guidance on treatment for children ≥ 8 years added.

The following text was added:

Children ≥ 8 years:

Treatment as per adult guidelines for pulmonary tuberculosis. See Adults Hospital Level STGs and EML, section 16.9: Tuberculosis, Pulmonary.

- » Treatment duration: 6 to 9 months.

## Chapter 20: Pain Control

### Paracetamol maximum dose

The maximum dose of paracetamol was amended from a general recommendation of 60 mg/kg/day to: neonates 60 mg/kg/day and children over 1 month 90 mg/kg/day (maximum 4 g/day). This dosing is in line with the South African Medicines Formulary<sup>1</sup>

Maximum dose of paracetamol was updated as follows:

Route	Loading dose	Maintenance dose				Maximum daily dose
		Preterm neonates < 32 weeks	Neonates	Infants 30 days to 3 months	3 months to 12 years	
Oral	20 mg/kg	10 mg/kg 12 hourly (Maximum 30 mg/kg/day)	10 mg/kg 6 to 8 hourly	10 mg/kg 6 hourly	15 mg/kg 6 hourly	Neonates: 60 mg/kg/day Children over 1 month: 90 mg/kg/day (Maximum 4 g/day)
Intravenous	20 mg/kg	10 mg/kg 12 hourly (Maximum 30 mg/kg/day)	10 mg/kg 6 to 8 hourly	10 mg/kg 6 hourly	15 mg/kg 6 hourly	Neonates: 60 mg/kg/day Children over 1 month: 90 mg/kg/day (Maximum 4 g/day)
Rectal	40 mg/kg	Not recommended	30 mg/kg/dose 6 hourly		Maximum 5 g/day	

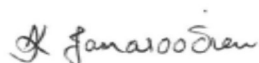
The updated Paediatric Hospital Level STGs and EML 2023 Edition has been uploaded to the Knowledge Hub and can be downloaded using the following URL: <https://knowledgehub.health.gov.za/elibrary/hospital-level-paediatric-standard-treatment-guidelines-stgs-and-essential-medicines-list>

### 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](mailto:SAEDP@health.gov.za)

Kind regards



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**CHIEF DIRECTOR: SECTOR WIDE PROCUREMENT**  
**DATE: 01 December 2023**

<sup>1</sup> South African Medicines Formulary, 14<sup>th</sup> Edition. Division of Clinical Pharmacology, Faculty of Health Sciences, University of Cape Town, and the Health and Medical Publishing Group