Paediatric antimicrobial stewardship (AMS)

Key messages for primary care prescribers

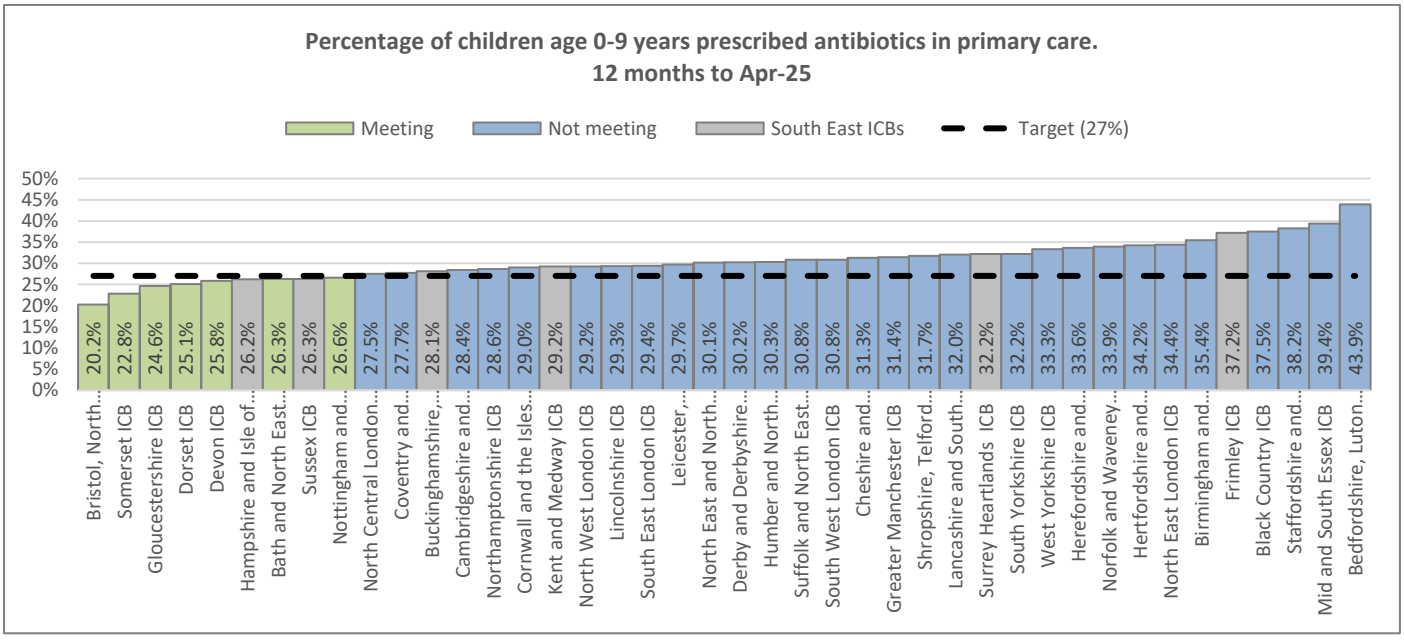
For more resources please see the Paediatric AMS project page on FutureNHS

What is the problem with prescribing antibiotics for children?

- Antibiotics are amongst the most commonly used drugs in children. In addition to inducing antibiotic resistance, antibiotic exposure has been associated with adverse long-term health outcomes.
- Overuse and inappropriate prescribing of antibiotics is driving antibiotic resistance. Clinicians often prescribe antibiotics for upper respiratory tract infections (URTIs) in young children despite their marginal beneficial effects.
- "While some antibiotics may have a mild and transitory effect on the gut microbiome, stronger [broad-spectrum] antibiotics can have a much more profound impact with longer term health consequences for children. Careful antibiotic stewardship is a critical way through which we can protect the microbiome and prevent chronic disease risk later in life." Quote from Mr James Kinross FRCS PhD, Senior lecturer in colorectal surgery and a consultant at Imperial College London. Research includes the role of the gut microbiome in obesity, Crohn's disease and bowel cancer.
- "Antimicrobials should only be used when they confer health benefits, in other words when the risk benefit ratio falls in favour of treatment." Dr Kieran Hand, AMR National Clinical Lead for Pharmacy & Prescribing, NHS England.

What is the aim of this project?

- **The project supports the NHS Oversight Framework 2025/26 metric to reduce the percentage of children prescribed antibiotics in primary care to ≤ 27%.**
- **BLMK are the highest prescribers of antibiotics to children in England (Summer 25).**
- **Practice data to monitor this metric is available from the PIS dashboard PIS (Practices Only) – BLMKICB Medicines Optimisation.**



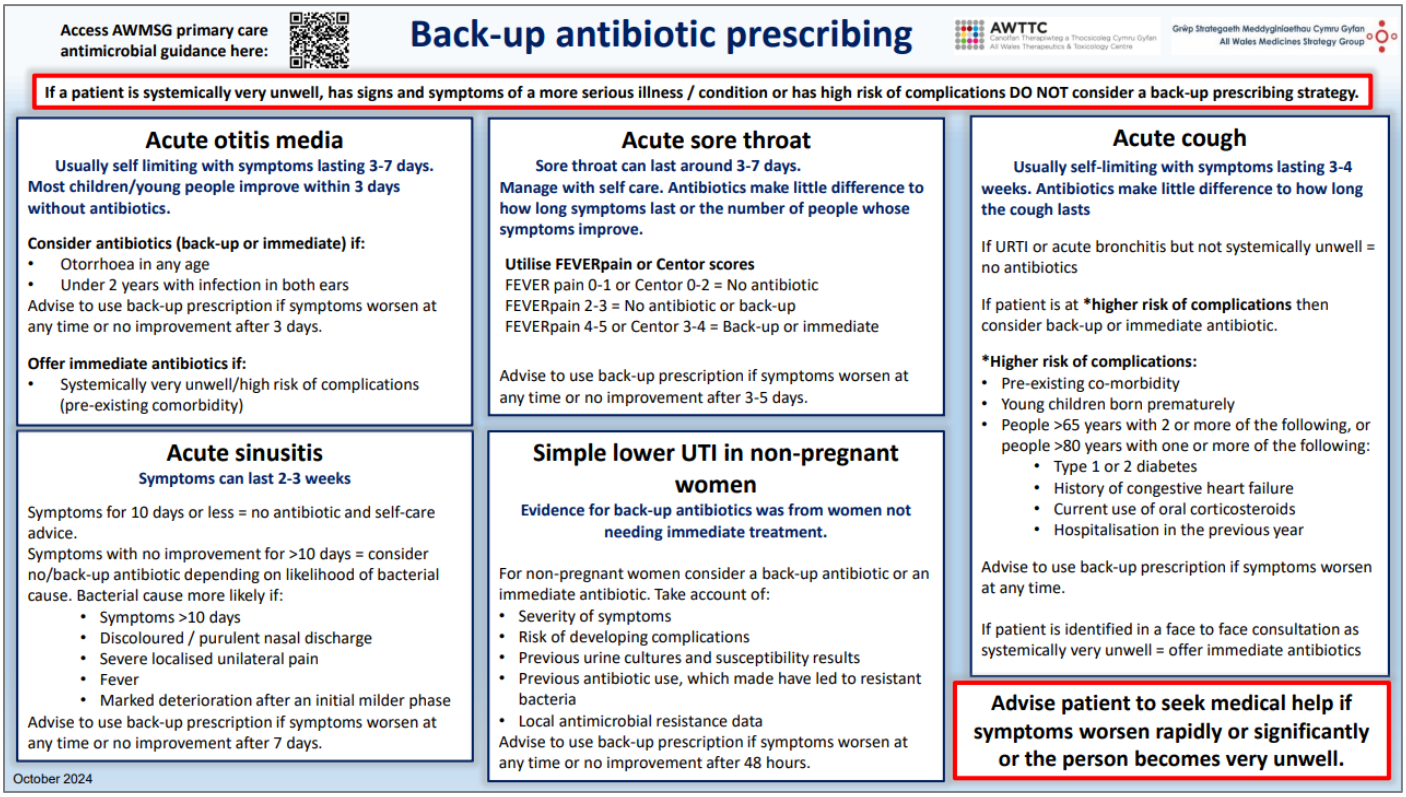
What are we asking you to do?

The following can be utilised by ICBs and GP practices to help achieve this ambition:

- Consider a 'no antibiotic' strategy for upper respiratory tract infections (URTIs) where there is no symptomatic benefit, no reduction in risk of complications and avoided harm compared to backup or immediate antibiotics.
- Implement a back-up prescription strategy and monitor use via clinical system searches.
- Refer to your ICB prescribing guidelines and use consultation templates (e.g. Ardens) and diagnostic tools (e.g. FeverPAIN, Centor, and STARWAVe) to guide decision making.
- Audit local antimicrobial prescribing guidelines to ensure alignment with NICE Guidance.
- Utilise the TARGET self-care leaflet (which can be sent via Accurx) and waiting room videos available.
- Highlight the ambition and available resources in GP Bulletins and other primary care communications.

Guidance for back-up antibiotic prescribing

NHS Wales Guidance for back-up antibiotic prescribing



Access AWMSG primary care antimicrobial guidance here:

Back-up antibiotic prescribing

AWTTC Canolfan Therapiwteg a Thocsicoleg Cymru Gyfan All Wales Therapeutics & Toxicology Centre

Grŵp Strategaeth Meddyginiaethau Cymru Gyfan All Wales Medicines Strategy Group

If a patient is systemically very unwell, has signs and symptoms of a more serious illness / condition or has high risk of complications DO NOT consider a back-up prescribing strategy.

Acute otitis media

Usually self limiting with symptoms lasting 3-7 days. Most children/young people improve within 3 days without antibiotics.

Consider antibiotics (back-up or immediate) if:
- Otorrhoea in any age
- Under 2 years with infection in both ears

Advise to use back-up prescription if symptoms worsen at any time or no improvement after 3 days.

Offer immediate antibiotics if:
- Systemically very unwell/high risk of complications (pre-existing comorbidity)

Acute sore throat

Sore throat can last around 3-7 days. Manage with self care. Antibiotics make little difference to how long symptoms last or the number of people whose symptoms improve.

Utilise FEVERpain or Centor scores
FEVER pain 0-1 or Centor 0-2 = No antibiotic
FEVERpain 2-3 = No antibiotic or back-up
FEVERpain 4-5 or Centor 3-4 = Back-up or immediate

Advise to use back-up prescription if symptoms worsen at any time or no improvement after 3-5 days.

Acute cough

Usually self-limiting with symptoms lasting 3-4 weeks. Antibiotics make little difference to how long the cough lasts

If URTI or acute bronchitis but not systemically unwell = no antibiotics

If patient is at ***higher risk of complications** then consider back-up or immediate antibiotic.

***Higher risk of complications:**
- Pre-existing co-morbidity
- Young children born prematurely
- People >65 years with 2 or more of the following, or people >80 years with one or more of the following:
  - Type 1 or 2 diabetes
  - History of congestive heart failure
  - Current use of oral corticosteroids
  - Hospitalisation in the previous year

Advise to use back-up prescription if symptoms worsen at any time.

If patient is identified in a face to face consultation as systemically very unwell = offer immediate antibiotics

Acute sinusitis

Symptoms can last 2-3 weeks

Symptoms for 10 days or less = no antibiotic and self-care advice.
Symptoms with no improvement for >10 days = consider no/back-up antibiotic depending on likelihood of bacterial cause. Bacterial cause more likely if:
- Symptoms >10 days
- Discoloured / purulent nasal discharge
- Severe localised unilateral pain
- Fever
- Marked deterioration after an initial milder phase

Advise to use back-up prescription if symptoms worsen at any time or no improvement after 7 days.

Simple lower UTI in non-pregnant women

Evidence for back-up antibiotics was from women not needing immediate treatment.

For non-pregnant women consider a back-up antibiotic or an immediate antibiotic. Take account of:
- Severity of symptoms
- Risk of developing complications
- Previous urine cultures and susceptibility results
- Previous antibiotic use, which made have led to resistant bacteria
- Local antimicrobial resistance data

Advise to use back-up prescription if symptoms worsen at any time or no improvement after 48 hours.

Advise patient to seek medical help if symptoms worsen rapidly or significantly or the person becomes very unwell.

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