

## Pertussis (Whooping Cough) Treatment Standard Orders

| These orders are to be used as a guideline and do not replace sound clinical judgement and professional practice standards.  Patient allergy and contraindications must be considered when completing these orders.  |  |            |   |                       |  |   |
|--|--|------------|---|-----------------------|--|---|
| ■ Automatically activated (If not in agreement with an order cross out and initial). $\Box$ Requires a check ( $\checkmark$ ) for activation   |  |            |   |                       |  |   |
| Allergies:   Unknown   No   Yes (describe)   |  |            |   |                       |  |   |
| Height (cm): Weight (kg):  |  |            |   |                       |  |   |
| MEDICATION ORDERS  |  |            |   | DIAGNOSIS & REPORTING |  |   |
| Antibiotics such as azithromycin are highly effective when given during the incubation period or in the early catarrhal stage of Pertussis. During the paroxysmal phase of the disease, antibiotics may not shorten the clinical course but may reduce the possibility of complications.  Please select <b>ONE</b> of the antibiotics from the table below:  |  |            |   | OR                    | A person epidemiologically<br>linked to a laboratory<br>confirmed case and has one<br>or more of the following for   |   |
| Drug Children Adults   |  |            |   |                       | which there is known cause:  | no other  |
| ☐ Azithromycin   | Less than 6 months: mg (10 mg/kg) PO once daily for 5 days  Age equal or greater than 6 months: mg (10 mg/kg/day) PO for 1-day (max 500 mg), thenmg (5 mg/kg/day) PO daily for 4 days (max 250 mg) | _          | PO once for 1 day<br>ng PO daily for 4            | ∘<br>∘<br>OR<br>□     | Paroxysmal counduration Cough ending in associated apneae Cough inspirator A person with a greater than two in the absence of laboratory tests a epidemiological laboratory confin | g in vomiting or nea atory whoop  n a cough of wo weeks duration e of appropriate ts and who is not cally linked to a nfirmed case and th of the following known cause: |
| ☐ Clarithromycin   | Minimum age: 1 month  ☐mg 15 mg/kg/day divided  BID for 7 days PO (max 1 gram/day)   | _          | PO BID for 7 days amended in                      | 0                     |  |   |
| ☐ Trimethoprim (TMP)- Sulfamethoxazole (SMX)   | ☐mg/mg (TMP 8<br>mg/kg/day, SMX 40 mg/kg/day)<br>divided BID for 14 days (max TMP<br>320 mg, SMX 1600 mg/day)  | BID for 14 | MX 160/800mg PO<br>days (not<br>ded in pregnancy) | OR □                  |  | et to a<br>probable case<br>no is:<br>an 12 months)   |
| Azithromycin is the <b>preferred</b> antimicrobial for all ages unless there is a contraindication.  Pregnancy is not a contraindication to azithromycin; it is classified as Category B drug.  Clarithromycin is not recommended during pregnancy as it is classified as a Category C drug.  Trimethoprim (TMP)-Sulfamethoxazole (SMX) may be utilized if Azithromycin or Clarithromycin are not tolerated. |  |            |   |                       | Report suspecto the Public I Surveillance U 6736 and com   | ted clinical case<br>Health<br>Jnit 204-788-<br>plete <u>Clinical</u>   |
| PRESCRIBER'S SIGNATURE:PRINTED NAME:   |  |            |   |                       |  | Time  |
| ORDER TRANSCRIBED FAX/SCAN TO PH   |  |            |   | MACY                  | (  |   |
| Date: Time: Init   |  |            | Date: T   | ime:                  |  | Init  |