



A lifetime of specialist care

Oral antibiotics – treatment doses

Azithromycin	Oral	10 mg/kg od max 500 mg NOTE dose differs from prophylactic and long term use	<i>S aureus, H influenzae</i> and <i>mycoplasma</i>	For anti-inflammatory effect see section 11.1f other respiratory treatments.	Ten days gives about 1 month's coverage.
Chloramphenicol	Oral	>1 month: 12.5 mg/kg qds. Occasionally use 25 mg/kg qds (Max 4 gms/day).	Consider with <i>S maltophilia, P aeruginosa, B cepacia, S aureus</i> and desperation.	Needs full blood count at day 21 if course longer than 3 weeks. Very expensive (£450 - £1700 per two week course) Preferably round dose to the nearest whole capsule. Capsules can be opened and the contents mixed with water or orange juice and given immediately.	2-3 weeks

Ciprofloxacin	Oral	<p><1 month: 15 mg/kg bd</p> <p>≥1 month: 20 mg/kg bd (max 750mg) bd.</p> <p>Care should be taken if previously used within previous 3 months because of risks of resistance.</p>	<p>First line oral antipseudomonal agent. Photosensitising so warn patient re sunlight. High strength sunblock should be used in summer or on holidays for 4 weeks after course finished. Joint pains occasionally – risk of tendonitis and tendon rupture – consider withdrawing treatment Milk will reduce absorption. Avoid milk for at least 30 mins before and after taking ciprofloxacin.</p>	<p>3 weeks for 1st isolation.</p> <p>Consultant decision to exceed this period.</p> <p>Also used for NTM treatment – consultant decision. See appendix 2.</p>	
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Clarithromycin	Oral	<p><8 kg - 7.5mg/kg bd</p> <p>8 – 11kg – 62.5 mg bd</p> <p>12 – 19kg – 125 mg bd</p> <p>20 – 29kg – 187.5 mg bd</p> <p>30 – 40kg – 250 mg bd</p> <p>(if >12 years old can increase to 500mg bd if necessary)</p>	<p>Cheaper alternative to azithromycin. Can cause tooth and tongue discolouration. Part of NTM protocol.</p>	<p>One month</p> <p>Care needed as interacts with some drugs e.g. itraconazole, rifabutin – check BNFC</p>	
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Clofazamine	Oral	1-2 mg/kg (max 100mg) od	<i>Consultant decision</i> – reserved for the treatment of NTM. See appendix 2.	<p>Take with or just after food.</p> <p>May cause a discoloration of the skin from red to brownish-black, as well as red staining of sweat, sputum urine, faeces, tears and saliva.</p> <p>Patient/carer should be advised that skin discoloration, although reversible, may take several months or years to disappear after the stopping therapy.</p> <p>Advise patient/carer to seek medical advice if persistent abdominal symptoms develop (pain, diarrhoea, nausea, vomiting).</p>	See appendix 2.
Co-amoxiclav 400/57 (Augmentin-Duo)	Oral susp	<p>2 months – 2 yrs: 0.3 ml/kg bd;</p> <p>2-6 yrs: 5 ml bd</p> <p>7-12 yrs: 10 ml bd</p>	<p>For <i>S aureus</i> and <i>H influenzae</i></p> <p>Care with CF liver disease</p>	Co-amoxiclav 625mg tabs are to be used in preference to 2 x 375mg tabs to reduce clavulanic acid intake.	One month
Co-amoxiclav 250/62	Oral Susp	<p>1-<6 yrs: 5ml tds</p> <p>6-12 yrs: 10ml tds</p>			

Co-amoxiclav 500/125	Oral tablet s	>6 yrs: (625mg tabs) 1 tab TDS			
Co-trimoxazole	Oral	6 weeks–5 months: 120 mg bd 6 months–5 years: 240 mg bd 6–11 years: 480 mg bd 12–18 years: 960 mg bd		Use mainly for <i>S maltophilia</i> & MRSA. Maintain adequate fluid intake Treatment should be stopped if blood disorders or rashes develop. Advise patient/carer to report all rashes, sore throats and fevers. Avoid in severe liver disease.	One month
Doxycycline	Oral	>12 years: 200 mg once daily on day 1 then 100 mg once daily thereafter (can increase to 200 mg daily if required).	Can be useful for <i>S maltophilia</i> and <i>B cepacia</i> , and MRSA Consultant decision.	Patient MUST be > 12 years (due to discoloration of growing teeth and bone). Take standing or sitting upright with 200 ml water (to avoid oesophageal irritation). Photosensitivity (see ciprofloxacin).	2-4 weeks (can be used long term)
Ethambutol	Oral	15mg/kg od (max 1.5g od)		<i>Consultant decision</i> – reserved for the treatment of NTM. See appendix 2. Monitoring - Visual acuity & colour vision, peripheral neuropathy. Advise patients to report visual changes if possible.	

Flucloxacillin	Oral	30-35 mg/kg TDS MAX 4 gms/day	Give 1 hour BEFORE meals or on an empty stomach. Liquid tastes awful – different brands may be tolerated better than others.		One month
Fusidic acid	Oral	<1 yr: 15mg/kg tds 1-4 yrs: 250 mg tds (5 ml) 5-12 yrs: 500 mg tds (10 mls) > 12 yrs: 750 mg tds (15mls) or 500mg sodium fusidate tablets tds		See rifampicin. Caution in CF liver disease. Liquid should be taken with or after food Should always be prescribed with additional anti- staphylococcal agent Higher dose of fusidic acid liquid needed as incomplete absorption compared to sodium fusidate tablets.	Two weeks

Linezolid	Oral	<p><12 yrs: 10mg/kg (max 600mg) tds.</p> <p>≥12 yrs: 600 mg bd</p>	<p>Last line for <i>MRSA</i> or <i>S aureus</i> where patients have not responded to conventional agents e.g. high dose flucloxacillin, rifampicin, fusidic acid.</p> <p>Occasionally used for NTM, consider use of pyridoxine (B₆) to reduce risk of cytopenias. See appendix 2.</p> <p>Consultant decision. Courses >28 days leads to risk of optic neuropathy so patients having 4 week or repeated courses should have ophthalmic exam before starting first course and every 2 months after. Aim for 2 week courses. Where possible patients should be warned to immediately report any visual changes, regardless of treatment duration.</p> <p>Monitor FBC weekly.</p>		Two weeks
Minocycline	Oral	>12 yrs: 100mg bd	<p>Can be useful for <i>S maltophilia</i>. Consultant decision.</p>	<p>Patient MUST be > 12 years (due to discoloration of growing teeth and bone). Caution in CF liver disease. Take standing or sitting upright with plenty of water (see doxycycline).</p>	Two weeks

Moxifloxacin	Oral	7.5 – 10mg/kg (max 400mg) od	<p><i>Consultant decision</i> – reserved for the treatment of NTM. See appendix 2.</p> <p>Not active against <i>P. aeruginosa</i> or MRSA</p>	<p>Has been associated with QT interval prolongation. The manufacturer advises should not be used concurrently with other drugs that prolong the QT interval: risks and benefits must be considered if this is deemed necessary.</p> <p>Caution in CF liver disease.</p>	See appendix 2.
Rifampicin	Oral	<p><i>S aureus</i> treatment: 10 mg/kg (max 600mg) bd.</p> <p>NTM treatment: 10 - 20 mg/kg (max 600mg) od.</p>	<p>Second line for <i>S aureus</i>. Usually give with fusidic acid.</p> <p>Occasionally used for NTM. See appendix 2.</p>	<p>Give 30 – 60 minutes before food.</p> <p>Consultant decision. Caution in CF liver disease.</p> <p>Please note rifampicin interacts with many drugs (including itraconazole, voriconazole, posaconazole, chloramphenicol) so always check in BNFc.</p> <p>Check re oral contraceptive interactions.</p> <p>Can cause red staining of urine, tears and saliva.</p>	<p>Two weeks</p> <p>See appendix 2.</p>