

BNF FOR CHILDREN CLARIFICATIONS AND CORRECTIONS

DOSE OMISSIONS

ACICLOVIR

The following indications for intravenous use of **aciclovir** (p. 367-368) in the printed version of BNF *for Children* (BNFC) 2015-2016 have been omitted or are unclear and should read as follows:

Indication: Herpes simplex, treatment, in immunocompromised or in simplex encephalitis

BY INTRAVENOUS INFUSION

CHILD 3 months–11 years 500 mg/m² every 8 hours usually for 5 days (given for at least 21 days in encephalitis)–confirm cerebrospinal fluid negative for herpes simplex virus before stopping treatment

CHILD 12–17 years 10 mg/kg every 8 hours usually for 5 days (given for at least 14 days in encephalitis and for at least 21 days if also immunocompromised)–confirm cerebrospinal fluid negative for herpes simplex virus before stopping treatment

Indication: Varicella zoster (chickenpox), treatment in immunocompromised; Herpes zoster (shingles), treatment in immunocompromised

BY INTRAVENOUS INFUSION

CHILD 3 months–11 years 500 mg/m² every 8 hours, usually for 5 days

CHILD 12–17 years 10 mg/kg every 8 hours, usually for 5 days

Indication: Herpes zoster, treatment in encephalitis; Varicella zoster, treatment in encephalitis

BY INTRAVENOUS INFUSION

NEONATE 10–20 mg/kg every 8 hours given for 10–14 days in encephalitis, possibly longer if also immunocompromised

Child 1–2 months 10–20 mg/kg every 8 hours given for 10–14 days in encephalitis, possibly longer if also immunocompromised

Child 3 months–11 years 500 mg/m² every 8 hours given for 10–14 days in encephalitis, possibly longer if also immunocompromised

Child 12–17 years 10 mg/kg every 8 hours given for 10–14 days in encephalitis, possibly longer if also immunocompromised

BNF FOR CHILDREN CLARIFICATIONS AND CORRECTIONS

DOSE OMISSIONS

ACICLOVIR (CONTINUED)

The indication information for oral **aciclovir** (p. 367-368) for Herpes simplex, treatment (non-genital) in simplex encephalitis in the printed version of BNFC 2015-2016 is incorrect and should read as follows:

Indication: Herpes simplex, treatment (non-genital) in immunocompromised patients or if absorption impaired

CO-AMOXICLAV 400/57 SUSPENSION

Information for **co-amoxiclav 400/57 suspension** (p. 313) has been omitted in the printed version of BNFC 2015-2016 and should read as follows:

Indication: Infections due to beta-lactamase-producing strains (where amoxicillin alone not appropriate) including respiratory-tract infections, bone and joint infections, genito-urinary and abdominal infections, cellulitis, animal bites (doses for 400/57 suspension)

BY MOUTH USING ORAL SUSPENSION

CHILD 2 months–1 year 0.15 mL/kilogram twice daily, doubled in severe infection.

CHILD 2–6 years (body-weight 13–21 kg) 2.5 mL twice daily, doubled in severe infection.

BNF FOR CHILDREN CLARIFICATIONS AND CORRECTIONS

DOSE CORRECTIONS

ERYTHROMYCIN

The dosage information for **erythromycin** (p. 300-301) in the printed version of BNFC 2015-2016 is incorrect and should read as follows:

Indication: Prevention of pneumococcal infection in asplenia or in patients with sickle-cell disease, and who are penicillin allergic

BY MOUTH

CHILD 1 month–1 year 125 mg twice daily, antibiotic prophylaxis is not fully reliable.

CHILD 2–7 years 250 mg twice daily, antibiotic prophylaxis is not fully reliable. It may be discontinued in those over 5 years of age with sickle-cell disease who have received pneumococcal immunisation and who do not have a history of severe pneumococcal infection.

CHILD 8–17 years 500 mg twice daily, antibiotic prophylaxis is not fully reliable. It may be discontinued in those over 5 years of age with sickle-cell disease who have received pneumococcal immunisation and who do not have a history of severe pneumococcal infection.

The dosage information for **erythromycin** (p. 300-301) in the printed version of BNFC 2015-2016 is incorrect and should read as follows:

Indication: Acne

BY MOUTH

CHILD 1 month–2 years 250 mg once daily, alternatively 125 mg twice daily

BNF FOR CHILDREN CLARIFICATIONS AND CORRECTIONS

DOSE CORRECTIONS

ESOMEPRAZOLE

The dosage information for **esomeprazole** (p. 50) in the printed version of BNFC 2015-2016 is incorrect and should read as follows:

Indication: Symptomatic treatment of gastro-oesophageal reflux disease (in the absence of oesophagitis)

BY MOUTH

CHILD 1–11 years (body-weight 10 kg and above) 10 mg once daily for up to 8 weeks

CHILD 12–17 years 20 mg once daily for up to 4 weeks, then 20 mg daily if required

BY INTRAVENOUS INJECTION OR BY INTRAVENOUS INFUSION

CHILD 1–11 years 10 mg once daily, injection to be given over at least 3 minutes

CHILD 12–17 years 20 mg once daily, continue until oral administration possible, injection to be given over at least 3 minutes

MAGNESIUM GLYCEROPHOSPHATE

The dosage information for **magnesium glycerophosphate** (p. 534) in the printed version of BNFC 2015-2016 is incorrect and should read as follows:

Indication: Hypomagnesaemia

CHILD 1 month–11 years Initially **50 mg/kg** 3 times a day, dose to be adjusted as necessary

PYRIMETHAMINE

The dosage information for **pyrimethamine** (p. 361) in the printed version of BNFC 2015-2016 is incorrect and should read as follows:

Indication: Congenital toxoplasmosis (in combination with sulfadiazine and folinic acid)

NEONATE 1 mg/kg twice daily for 2 days, then 1 mg/kg once daily for 6 months, then 1 mg/kg 3 times a week for 6 months

BNF FOR CHILDREN CLARIFICATIONS AND CORRECTIONS

DOSE CORRECTIONS

TRANEXAMIC ACID

The following dosage information for **tranexamic acid** (p. 72-73) in the printed version of BNFC 2015-2016 is incorrect and should read as follows:

Indication: Inhibition of fibrinolysis

BY SLOW INTRAVENOUS INJECTION

CHILD 10 mg/kg 2–3 times a **day** (max. per dose 1 g), dose to be given over at least 10 minutes.

Indication: Prevention of excessive bleeding after dental procedures (e.g. in haemophilia)

BY MOUTH

CHILD 6–17 years 15–25 mg/kg (max. per dose 1.5 g), dose to be given pre-operatively, then 15–25 mg/kg 2–3 times a day (max. per dose **1.5 g**) for up to 8 days, dose to be given postoperatively.

DOSE CLARIFICATIONS

PARALDEHYDE

The dose advice for **paraldehyde** (p. 261) in the printed version of BNFC 2015-2016 should read as follows:

Indication: Status epilepticus

BY RECTUM

Neonate 0.8 mL/kilogram for 1 dose. **The dose is based on the use of a premixed solution of paraldehyde in olive oil in equal volumes.**

Child 0.8 mL/kilogram (max. per dose 20 mL) for 1 dose. **The dose is based on the use of a premixed solution of paraldehyde in olive oil in equal volumes.**

BNF FOR CHILDREN CLARIFICATIONS AND CORRECTIONS

DOSE REQUIRING UPDATE

CEFTRIAZONE

Update highlighted: Susceptible infections due to sensitive Gram-positive and Gram-negative bacteria – By Deep IM or by IV injection or by IV infusion—child 1 month–11 years (body-weight 50kg and above) i.e. no dose for child less than 50 kg

Action: Dose in BNFC 2015-2016 is consistent with that in BNFC 2014-2015. However, the dose of ceftriaxone does require updating in line with the latest SPC for Rocephin

ADMINISTRATION CORRECTIONS

VECURONIUM

The dilution information in the directions for administration section of the **vecuronium bromide** (p. 736-737) monograph in the printed version of BNFC 2015-2016 is incorrect and should read as follows:

DIRECTIONS FOR ADMINISTRATION:

For *continuous intravenous infusion*, dilute reconstituted solution to a concentration up to 40 micrograms/**mL** with Glucose 5% or Sodium Chloride 0.9%; reconstituted solution can also be given via drip tubing.

INDEX CORRECTIONS

BNFC 2015-2016

INDEX ENTRY	Publication	Currently states	Correction
Gaviscon Infant	BNFC	page 46	page 43
Prednisolone	BNFC	page 398, 598, 619	page 398, 598, 619

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CLARIFICATION OF AGE RANGES IN BNFC

In the BNF *for Children* (BNFC) 2015-2016, if a dose statement refers only to 'Child', the dose information applies to a child from 1 month–17 years of age. This is stated on page xi of the BNFC; "The term neonate is used to describe a new born infant aged 0–28 days. The terms child or children are used generically to describe the entire range from infant to adolescent in BNFC.

An age range is specified when the dose information applies to a narrower age range than a child from 1 month–17 years of age, for example "Child 1 month–1 year or Child 14–17 years". Further information on this can be found under "Selecting the dose" on page xii of BNFC.

On page 1 of BNFC, there is a list of terms that are generally used to describe the paediatric stages of development. This has been added as a guideline and for reference purposes only.