

**STANDARDIZED ORDER FOR *ALTERNATIVE* MEDICATION FOR POST EXPOSURE TO PERTUSSIS**

**Pertussis is transmitted person to person, so close contacts (as defined in the pertussis procedure page 3) of the case should be provided with prophylaxis.**

**A. PROPHYLAXIS RECOMMENDATIONS:**

**If the person cannot tolerate erythromycin or compliance is questionable, there are alternative medications that can be used.**

B. PROPHYLAXIS: Can be initiated within 3 weeks of exposure to the infectious case.

C. Trimethoprim/Sulfamethoxazole Dosages

**Adults:** Trimethoprim 320mg/Sulfamethoxazole 1600mg divided Q12h PO x 14 days

**Infants/Children:** Trimethoprim 8mg/kg/day/Sulfamethoxazole 40mg/kg/day divided Q12h PO x 14 days.

D. Clarithromycin Dosages

**Adults:** 15-20mg/kg/day divided Q12h PO (max. 1g/d) x 7 days

**Infants/Children:** 15-20mg/kg/d divided Q12h PO (max 1g/d) x 7 days

E. Azithromycin Dosages

**Adults:** 500mg/day (day 1), 250mg/day days 2-5

**Infants/Children:** 10-12mg/kg/day PO (max 500mg/d) x 5 days

**Physician Order:**

Trimethoprim/Sulfamethoxazole: \_\_\_\_\_

Clarithromycin: \_\_\_\_\_

Azithromycin: \_\_\_\_\_

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

Patient Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Weight: \_\_\_\_\_

Administered by: \_\_\_\_\_ RN/LVN Date: \_\_\_\_\_

Case Name: \_\_\_\_\_

Comments: \_\_\_\_\_