

STANDARD MEDICATION ORDER 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:

Erythromycin prophylaxis is recommended for all household contacts and anyone exposed to a case. As a general rule, exposure can be defined as:

- Sharing air space with a case for 5 or more hours per week
- Direct face-to-face contact with case for any length of time
- Direct contact with respiratory/oral/nasal secretions in any setting
- Less than 5 hours of indoor contact air space exposure may be significant if contacts are at high risk from pertussis (e.g.)
 1. infants
 2. unimmunized young children
 3. hospital ward, emergency room and or medical office contacts
 4. pregnant women
 5. individuals with chronic respiratory disease (including asthma)

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

C. Erythromycin Prophylaxis Dosages

Adults: 1-2g/day – divided into Q6h doses PO x 14 days

Children: 40-50mg/kg/day divided into Q6h doses PO x 14 days

Physician Order:

- Erythromycin suspension 200mg/5ml
Sig: _____ mg P.O. Q6h x 14 days

- Erythromycin 250mg tabs #56
Sig: 1 P.O. Q6h x 14 days

Physician Signature

Date

Patient Name: _____ **DOB:** _____ **Weight:** _____

Adminstrated by: _____ **RN/LVN** **Date:** _____

Case Name: _____

Comments: _____