

Pertussis Standing Order

Issue date:		Review date:	
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This standing order is not valid after the review date. The review date is one year after the date the order was signed by the issuer.

Standing Order Name	Pertussis
Rationale	To promptly and appropriately treat pertussis.
Scope (condition and patient group)	Adults and children of all ages who are assessed as having pertussis or have had contact with known cases.
Red Flags	High fever or productive cough may indicate a different diagnosis.
Assessment	<p>1. Characteristic symptoms occur late in the disease and early treatment is essential to prevent outbreaks. The diagnosis is made on clinical suspicion rather than relying on laboratory tests.</p> <p>2. Pertussis usually starts with coryza and a mild cough (catarrhal stage) - generally lasts 1 - 2 weeks but maybe a few days only. This is followed by the paroxysmal stage. Contact with a probable or confirmed case is often the only clue to diagnosis during the catarrhal stage.</p> <p>3. Other Key features that should lead to a suspicion of pertussis:</p> <ul style="list-style-type: none"> • Paroxysmal cough • Coughing often followed by vomiting and/or apnoea • Characteristic whoop in 50% of children & up to 20% of adult cases • Fever is usually absent or minimal • Cough often worse at night – may seem well in day • No other obvious explanation for cough • Infants can present with apnoea without a cough • “Scratchy” throat and sweating attacks may occur in adults <p>4. Test all suspected cases of pertussis if there is no link to another confirmed case.</p>
Indication	Treatment of pertussis if started within 3 weeks on onset of cough or time of onset of cough unknown or prophylactic for patients in contact with infectious people (see additional information below)
Medicine	Azithromycin
Dosage instructions	<p><u>Adult</u>: 500 mg as a single dose on day 1 then 250 mg as a single dose on days 2 to 5.</p> <p><u>Child > 6 months</u>: 10 mg/kg as a single dose on day 1 (maximum 500 mg), then 5 mg/kg/day as a single dose on days 2 to 5 (maximum 250 mg/day).</p> <p><u>Child < 6 months</u>: 10 mg/kg ONCE daily for 5 days.</p>
Route of administration	Oral
Quantity to be given	5 days
Contraindications	Hypersensitivity to azithromycin
Precautions	<ul style="list-style-type: none"> • Warfarin—monitor INR 3 days after starting antibiotics • A predisposition to QT-interval prolongation
Additional information	<p>This dose of azithromycin differs to BPAC recommendations but is in line with current New Zealand and international guidelines.</p> <p>Prophylactic antibiotics are recommended for people who have spent more than one hour in the close proximity of an infectious person if they:</p> <ul style="list-style-type: none"> • Are aged less than one year • Have an infant aged less than one year in the same household, or they spend significant time with infants aged less than one year

	<ul style="list-style-type: none"> • Are pregnant, particularly in the last weeks of pregnancy • Are at risk of severe complications, e.g. people who are immunocompromised or have severe asthma <p>No diagnostic test is sensitive enough to be relied on to exclude pertussis. While a positive test has confirmatory value, a negative test is meaningless. Management is on clinical suspicion. Do not rely on lab results.</p> <p>Isolate:</p> <ul style="list-style-type: none"> • If untreated, isolate for at least 3 weeks after the onset of symptoms (usually 2 weeks after onset of cough) and exclude from pre-school or school. • If treated, isolate for 5 days and exclude from pre-school or school. <p>Educate:</p> <ul style="list-style-type: none"> • The principal management is reassurance and explanation of the natural history. • Consider simple measures, as for post-viral cough. • No medication has been found to help the paroxysms. <p>Prevent pertussis by offering immunisation.</p>
Follow-up	<p>Advise that young children can deteriorate rapidly, therefore to seek immediate medical attention.</p> <p>Notify Medical Officer of Health of suspected or laboratory identified cases of pertussis.</p>
Countersigning and auditing	<p>Countersigning is not required. Audited monthly.</p> <p>OR</p> <p>Countersigning is required within XX days</p>
Competency/training requirements	<p>All nurses working under this standing order must be signed off as competent to do so by the issuer and have had specific training in this standing order.</p>
Supporting documentation	<p>Healthpathways at www.healthpathways.org.nz</p> <p>Best Practice Journal at www.bpac.org.nz</p> <p>New Zealand Formulary at www.nzf.org.nz</p> <p>Individual medicine data sheets at www.medsafe.govt.nz</p> <p>Standing Order Guidelines, Ministry of Health, 2012</p> <p>Medicines (Standing Order) Regulations 2012 (Standing Order Regulations)</p>
Definition of terms used in standing order	<p><u>Coryza</u>- inflammation of the mucous membrane in the nose, caused especially by a cold or by hay fever</p> <p><u>Paroxysmal cough</u>- a persistent cough occurring with a sudden onset.</p>

Medical Centre or Clinic:	
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Signed by issuers

Name: _____

Signature: _____

Title: _____

Date: _____

Nurses operating under this standing order

Only Registered nurses working within the above medical centre or clinic are authorised to administer medication under this standing order.

We the undersigned agree that we have read, understood and will comply with this standing order and all associated documents.

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____