

Treatment considerations in children

Penicillin allergy labels, supporting adherence and pill swallowing

General points:

- Incorrectly labelling a child with a **penicillin allergy** has a lifelong impact on mortality and morbidity (click [here](#) for information on correctly applying penicillin labels in children). Also see the [APC Penicillin Allergy Primary Care Guidance](#).
- The first line antibiotics should always be trialled first as they have the best efficacy, following the measures below to optimise adherence. If a child still cannot take the medicine, then the second choice may be considered if this is likely to improve adherence.
- It is important to educate parents and carers on optimising adherence to reduce the chance of treatment failure. See information [below](#) on how to mask the taste of medicines. **If your child will not or cannot take the medicine on its own, even with a drink straight afterwards, speak with your doctor or pharmacist.**
- For information leaflets in multiple languages visit the [Healthier Together](#) website.

When to offer solid forms:

- Children should be encouraged to swallow oral solid dose forms (tablets and capsules) where possible.
- There is no right age on when children can safely and successfully start swallowing tablets - it varies widely.
- The literature suggests that tablets are potentially an acceptable formulation for children as young as 4 years old; [one feasibility study](#) showed that most children aged 4-8 years who attempted to swallow tablets successfully did so.
- However, **developmental readiness should be assessed individually**.
- For children prescribed tablets/capsules, healthcare professionals should signpost parents/carers to pill swallowing information on the [Medicines for Children website](#) and resources which provide structured techniques such as the [KidzMed six-step approach \(KidzMed-Comic-Poster-English.pdf\)](#).
- If the child is unable to swallow the tablets/capsules see advice from [Specialist Pharmacy Service \(SPS\)](#) about using solid oral dosage form antibiotics in children.
 - Crushing or dispersing whole solid dosage forms or opening capsules may be outside the product license ('off-label').
 - Crushing tablets **should not** be handled by **anyone with an allergy** to that medicine.
 - The SPS guidance also contains information to mask the bitter taste of the crushed tablets/capsule contents for example:
 - 'The opened capsule/dispersed or crushed tablet will taste bitter so it can be helpful to use a strongly flavoured drink (e.g. blackcurrant cordial) or food (e.g. jam, apple sauce, yoghurt) that the child likes,
 - Use a small amount of food or drink (e.g. a teaspoonful) so you can be sure the child eats it all and swallows the whole dose,
 - It might be helpful to use an oral syringe for liquids,
 - After mixing the crushed tablet with food or drink, give it straight away.'

Liquid forms:

- The taste of some antibiotic oral suspensions such as flucloxacillin and phenoxymethylpenicillin (penicillin V) can affect adherence to antibiotics.

- To hide the taste of liquid medicine, you can give the child a drink of milk or fruit juice straight after giving the medicine.
- Some liquid medicines should be taken with food or milk. Other liquid medicines work best on an empty stomach. There are a few liquid medicines that should not be taken with certain foods, juices or milk. This should be stated on the medicine label or patient information leaflet. ([How to give medicines: liquid medicine using an oral syringe from a bottle without a bung - Medicines For Children](#))

Accessibility checked.