

**Post-Exposure Prophylaxis (PEP) for Pertussis Standing Order**

**Program: Communicable Disease Control**

**Manual: Communicable Disease Manual**

Date Written:		Date Revised:	
_____		_____	
<i>Medical Director</i>			
Review Date & Initials:			

**Standing Order:** Licensed Registered Nurses employed or contracted by the agency who have completed orientation and have been appropriately trained in agency protocols may provide prophylaxis for pertussis as outlined in the following guidelines.

**I. Assessment:**

**A. Subjective:**

- i. An individual who is identified as a close contact to an individual with a confirmed case of pertussis (whooping cough), who meets definition of high risk or contact to a high-risk individual and who is asymptomatic requests chemoprophylaxis to prevent pertussis.

**B. Objective:**

- i. Individual fits the definition of a close contact (face-to-face contact within 3 feet of a confirmed case for more than an hour) and contact occurred less than 21 days ago.
- ii. Individual meets definition of high risk or is in close contact with an individual who is high risk:
  - 1. Infant less than one year of age
  - 2. Pregnant woman in third trimester of pregnancy
  - 3. Individual who is immunocompromised due to a condition or as a result of treatment for a condition.
- iii. Individual is at least 1 month of age.
- iv. Individual is asymptomatic.
- v. Individual has no contraindication to taking azithromycin.

**II. Plan of Care:**

**A. Nursing Actions:**

- i. Review and document medication allergies.
- ii. Review and document medications that the individual is currently taking.
- iii. Document date of birth and current weight.
- iv. Review immunization history with regard to age-appropriate DTaP and Tdap immunizations.
- v. Encourage individual (or parent/guardian) to complete immunizations, if indicated, and, for person ages 10 -64 years, to obtain one dose of Tdap vaccine if not current.
- vi. Inform of reason for therapy and answer any questions.

- vii. Inform of possible benefits and side effects of therapy and actions to take if side effects should occur.
- viii. Review medication regimen with individual, parent or guardian.
- ix. The following pharmaceutical regimen may be implemented if objective findings are as listed above and azithromycin is not contraindicated.
- x. Dosage is calculated as follows:
  - a. **Infants (age 0 to 5 months):** 10mg/kg daily for 5 days.

Weight kg (lbs)	Azithromycin 100mg/5ML	Dispense Quantity
5 kg (up to 11 lbs)	2.5 ML daily for 5 days	15 ML
6 kg (13 lbs 4 oz)	3 ML daily for 5 days	15 ML
7 kg (15 lbs 7 oz)	3.5 ML daily for 5 days	15 ML
8 kg (17 lbs 10 oz)	4 ML daily for 5 days	30 ML
9 kg (19 lbs 13 oz)	4.5 ML daily for 5 days	30 ML
10 kg (22 lbs)	5 ML daily for 5 days	30 ML

- b. **Children and adolescents (age 6 months to 17 years):** 10 mg/kg on the first day, followed by doses of 5 mg/kg per day for the following 4 days, according to the tables shown below. Maximum dose is reached at 110 lbs.

Weight kg (lbs)	Azithromycin 100mg/5ML		Dispense Quantity
	Day 1 10 mg/kg/day	Day 2-5 5 mg/kg/day	
8 kg (17 lbs 10 oz)	4 ML	2 ML	15 ml
10 kg (22lbs)	5 ML	2.5 ML	15 ml
12 kg (26 lbs 7 oz)	6 ML	3 ML	22.5 ml
14 kg (30 lbs 14 oz)	7 ML	3.5 ML	22.5 ml
16 kg (35 lbs 4 oz)	8 ML	4 ML	30 ml
18 kg (39 lbs 10 oz)	9 ML	4.5 ML	30 ml
20 kg (44 lbs)	10 ML	5 ML	30 ml

Weight kg (lbs)	Azithromycin 200mg/5ML		Dispense Quantity
	Day 1 10mg/kg/day	Day 2-5 5 mg/kg/day	
20 kg (44 lbs)	5 ML	2.5 ML	15 ml
24 kg (52 lbs 14 oz)	6 ML	3 ML	22.5 ml
28 kg (61 lbs 11 oz)	7 ML	3.5 ML	22.5 ml
32 kg (70 lbs 8 oz)	8 ML	4 ML	30 ml
36 kg (79 lbs 6 oz)	9 ML	4.5 ML	30 ml
40 kg (88 lbs 3 oz)	10 ML	5 ML	30 ml
44 kg (97 lbs)	11 ML	5.5 ML	45 ml
48 kg (105 lbs 13 oz)	12 ML	6 ML	45 ml
>48 kg (110 lbs) <i>MAXIMUM DOSE</i>	12.5 ML	6.25 ML	45 ml

- c. For individuals weighing 110 lbs. or more: 500 mg once for one day, then 250 mg once daily for 4 days (available in Z Pack).
    - xi. For individuals with private insurance or the ability to pay for medication, use the individual's pharmacy of choice.
    - xii. For individuals unable to pay, use the contract pharmacy for dispensing at no cost to the patient. (Insert your policy here)
  - B. Criteria for Calling the Physician:
    - i. Individual is symptomatic
    - ii. Individual is less than 1 month of age.
    - iii. Azithromycin is contraindicated.
      - 1. Allergy to ketolide (antibiotics belonging to the macrolide group)
  - C. Follow-up Requirements
    - i. Instruct individual to complete treatment.
    - ii. Instruct individual to call his/her primary care provider if symptoms of pertussis develop or if side effects (such as nausea or vomiting) to medication occur.
    - iii. Document subjective and objective findings, actions taken, and plan of care in electronic health record.
    - iv. Notify Clinic Nurse Supervisor of prescriptions written for contract pharmacy to allow reconciliation of monthly Pharmacy Report.

### III. References

- B. Recommended Antimicrobial Agents for Treatment and Post-Exposure Prophylaxis of Pertussis 2005 CDC Guidelines MMWR, R&R, December 9, 2005, /Vol 54 / No. RR-14.
- C. Red Book, 30<sup>th</sup> Ed., 2015 Report of the Committee on Infectious Diseases, American Academy of Pediatrics, p. 610-612.

IV. **Legal Authority:** Nurse Practice Act, G.S, 90-171.20(7)(f) and (8) (c)

### V. Standing Order History

- A.   Date   Established

This template was adapted from Henderson County Health Department Standing Orders 2017.