**Human and animal bites: antimicrobial prescribing.**

**NICE guideline [NG184] November 2020**

**Antibiotic prophylaxis for an uninfected bite.**

<table>
<thead>
<tr>
<th>Type of bite</th>
<th>Bite has not broken the skin</th>
<th>Bite has broken the skin but not drawn blood</th>
<th>Bite has broken the skin and drawn blood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human bite</td>
<td>Do not offer antibiotics</td>
<td>Consider antibiotics if the wound could be deep</td>
<td>Offer antibiotics</td>
</tr>
<tr>
<td>Cat bite</td>
<td>Do not offer antibiotics</td>
<td>Consider antibiotics if the wound could be deep</td>
<td>Offer antibiotics</td>
</tr>
<tr>
<td>Dog or other traditional pet bite</td>
<td>Do not offer antibiotics</td>
<td>Do not offer antibiotics</td>
<td>Offer antibiotics</td>
</tr>
</tbody>
</table>

High-risk areas include the hands, feet, face, genitalia, skin overlying cartilaginous structures or areas of poor perfusion. People at high risk include those at risk of serious wound infection because of a co-morbidity (such as diabetes, compromised immune system, evidence of sepsis or previous infection)

- For a dog or cat bite, use amoxicillin or clavulanate and metronidazole if penicillin allergic.
- For a human bite, use amoxicillin or clavulanate or ciprofloxacin and metronidazole if penicillin allergic.

**Children 1 month to 12 years:** co-amoxiclav or co-trimoxazole if penicillin allergic.

**Older children and adults:** co-amoxiclav or clavulanate and metronidazole if penicillin allergic.

**FROM THE FRONT LINE: DKA in children with a high BMI**


The DKA calculator is ON A SEPARATE WEBSITE: [https://www.dka-calculator.co.uk/](https://www.dka-calculator.co.uk/)

- an excellent tool which fills in all the boxes for you to work out the fluids for a child with diabetic ketoacidosis.

Just before Christmas, we had a new presentation of type 1 diabetes in a 9-year-old weighing 68kg.

The first section of the BSPED guideline says “A maximum weight of 80kg should be used for the calculation of fluid replacement and deficit as this ensures that excessive volumes of fluids are not given” but that is not the end of the story. Hidden on page 8 is a recommendation that “consideration be given to using a maximum weight of 80kg or 97th centile weight for age (whichever is lower) when calculating both deficit and maintenance requirements.”

The DKA calculator reminds us of this when you try to fill in the weight of a significantly overweight child. For our patient, the 97th Centile for weight was (see RCPCH growth charts) 40kg – a lot less than his actual 68kg.

A salutary reminder from the BSPED of the importance of fluid prescriptions:

Remember, children in DKA can die from:

- **Cerebral oedema** This is unpredictable, occurs more frequently in younger children and newly diagnosed diabetes and has a mortality of around 25%. The causes are not known and evolution of cerebral oedema can be unpredictable.
- **Hypokalaemia** This is preventable with careful monitoring and management.
- **Aspiration pneumonia** Use a naso-gastric tube if semi-conscious or unconscious.
- **Inadequate resuscitation** It is important to ensure that children with DKA receive adequate resuscitation if they are shocked. Inadequate resuscitation increases the risk of brain injury. Cerebral perfusion is influenced both by the circulatory perfusion pressure (blood pressure) and the intracranial pressure in incipient cerebral oedema.

In common with many other hospitals in London, we have lost our paediatric ward again to the adult services because of the number of adult in-patients with Covid-19 at the Homerton. Our paediatric ED and urgent clinics are open and we have a makeshift facility for observing children for up to 12 hours.

The Royal College of Paediatrics and Child Health (RCPCH) has produced posters for parents and carers of children of all ages, in all the UK nations, on urgent care during coronavirus.

Please display them on your websites and in your emergency departments and hubs.

Coronavirus is a mild illness for most children; if you are assessing an unwell child with a fever and cough, think “sepsis” before “covid” please and don’t delay decisions/action to wait for a covid swab result.