

**PAEDIATRIC HOSPITAL LEVEL ESSENTIAL MEDICINES LIST  
CHAPTER 6: NEPHROLOGICAL/UROLOGICAL DISORDERS  
NEMLC 26 SEPTEMBER 2019**

**MEDICINE AMENDMENTS**

SECTION	MEDICINE	ADDED/DELETED/NOT ADDED
<b>6.1 Post Streptococcal Glomerulonephritis</b>	Morphine	Dose amended
<b>6.3 Nephrotic Syndrome, hypovolaemia</b>	Sodium Chloride 0.9% bolus	Dose amended
<b>6.3 Nephrotic Syndrome, antibiotic prophylaxis</b>	Phenoxymethylpenicillin	Deleted
<b>6.3 Nephrotic Syndrome, spontaneous bacterial peritonitis</b>	Ceftriaxone	Added

**6.1 Post Streptococcal Glomerulonephritis**

Morphine: Dose amended

An external comment was received indicating that 0.1mg/kg was too high for an intravenous dose. It was proposed that the dose be aligned with the South African Medicines Formulary (SAMF), with doses specified for different age groups. The Paediatric Committee agreed with this recommendation.

The text was amended as follows:

See fluid management in general and supportive measures.

- ~~Morphine, IV, 0.1mg/kg/dose~~
  - ~~Repeat after 4 hours if required.~~
- Morphine, IV, repeat after 4 hours if required.
  - < 6 months of age: 0.025 to 0.1 mg/kg/dose
  - ≥ 6 months of age: 0.05 to 0.2 mg/kg/dose

LOE: III<sup>1</sup>

**6.3 Nephrotic Syndrome**

Sodium Chloride 0.9%: Dose amended

Phenoxymethylpenicillin: Deleted

Ceftriaxone: Added

**Hypovolaemia in nephrotic syndrome**

There is a general trend to using smaller volumes in the hypovolemia shock setting. The Committee proposed that the sodium chloride 0.9% rather be used at a dose and rate of 10mL/kg over 20-30 minutes, instead of 20 mL/kg over 10 minutes as indicated in the text. This is based on expert opinion.

### **Antibiotics in nephrotic syndrome**

The Paediatric Committee recommended there was no evidence that antibiotic prophylaxis in patients with anasarca at risk of spontaneous pneumococcal peritonitis was beneficial. It was thus recommended that this recommendation of phenoxymethylpenicillin be removed.

Spontaneous bacterial peritonitis is however a common complication that will require therapy, and thus it was recommended that management for this condition be added. Third-generation cephalosporins have been shown to be a good empiric antibiotic choice.<sup>2</sup>

The text was amended as follows:

#### **Prophylactic Antibiotics**

For patients with anasarca who have an increased risk for spontaneous pneumococcal peritonitis, there is no evidence that prophylactic antibiotics are beneficial.

- ~~Phenoxymethylpenicillin, oral, 125–250 mg, 12 hourly.~~

#### **Spontaneous bacterial Peritonitis**

- Ceftriaxone, IV, 50 mg/kg/dose 12 hourly for 5 days

**LOE III**

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<sup>1</sup>South African Medicines Formulary (SAMF), 12th Edition. Division of Pharmacology, Faculty of Health Sciences, University of Cape Town. 2016.

<sup>2</sup> Dever JB, Sheikh MY. Review article: spontaneous bacterial peritonitis bacteriology, diagnosis, treatment, risk factors, prevention. *Alimentary Pharmacology and Therapeutics*. 2015, 41: 1116-1131.