Kentucky Antimicrobial Stewardship Innovation Consortium

Outpatient Pediatric Treatment Guidance

Empiric Recommendations for Common Infections for Pediatric Outpatients

Disclaimers

- This guidance is NOT intended to provide treatment recommendations for NEONATES (28 days of age or younger). Please contact a specialist when treating infections in neonates.
- This guidance is intended for educational purposes only. We do not provide direct medical care treatment planning, or medical treatment services to individuals. The information provided through the service is not a replacement for local expertise. Information is offered as clinical decision support, is advisory in nature and is not intended to replace local healthcare decision-making or provision. Final clinical decisions are the sole responsibility of the healthcare provider.

Antibiotic preferences incorporate guideline recommendations and local Kentucky outpatient resistance patterns. Please follow recommended dose adjustments when necessary for patients with impaired renal function.

Empiric Recommendations for Common Infections for Pediatric Outpatients

Acute Bacterial Pharyngitis (Group A *Streptococcus*) Testing and treatment is not recommended for patients with signs consistent with viral pharyngitis (i.e. cough, rhinorrhea, conjunctivitis, diarrhea/vomiting) or for children < 3 years of age		Duration
Preferred	<27 kg: Penicillin VK 250 mg BID-TID Children ≥27 kg: Penicillin VK 500 mg BID-TID	10 Days
	<27 kg: IM Penicillin G Benzathine 600,000 units Children ≥27 kg: IM Penicillin G Benzathine 1,200,000 units	1 Dose
Alternative	Amoxicillin 50 mg/kg/day (max dose: 1,000 mg) once daily	10 Days
Non-Anaphylactic Penicillin Allergy	Cephalexin 20 mg/kg per dose (max dose: 500 mg) BID	
Anaphylactic Penicillin Allergy	Clindamycin 7 mg/kg/dose (max dose: 300 mg) TID	

Acute Bacterial Rhinosinusitis (*S. pneumoniae, H. influenzae, M. catarrhalis*) Mild: Afebrile, no purulent nasal discharge, no facial pain longer than 3-4 days. Severe: Fever, purulent nasal discharge, facial pain longer than 3-4 consecutive days, or worsening symptoms after 5-6 days ("double sickening")			Duration
Mild	***No antimicrobial treatment warranted empirically***. "Watchful waiting" with symptomatic management is recommended. Most sinusitis is viral and will spontaneously improve. *If no improvement after **10 Days** of symptomatic treatment/supportive care may consider antibiotic*		
Severe or Symptoms >10 Days	Treat empirically with antibiotics, "watchful waiting" **NOT** indicated		
	Preferred	Amoxicillin/Clavulanate 90 mg/kg/day divided TID* *If ≥40 kg and able to swallow tablets, may use XR amoxicillin/clavulanate 2,000 mg BID*	5-7 Days
	Alternative[#]	Doxycycline^ 4.4 mg/kg/day divided BID (max dose: 100 mg)	5-7 Days

*: Amoxicillin/clavulanate ES 600 mg/42.9 mg/5 mL is the preferred formulation for children ≥1 month of age.

#: The use of oral cephalosporins for treatment of bacterial rhinosinusitis is strongly discouraged. In addition to posing an increased risk for *C. difficile* infection and multi-drug resistance, second and third generation oral cephalosporins have poor oral absorption, decreased lung penetration, and provide inferior coverage of *S. pneumoniae* when compared to oral amoxicillin**. ^: Original data describing enamel staining are from studies with tetracycline. Recent comparative data in children suggest that doxycycline is NOT likely to cause visible teeth staining or enamel hypoplasia in children. The American Academy of Pediatrics recommend that doxycycline can be administered in any pediatric patient for durations ≤21 days without regard to the patient's age.**

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Acute Otitis Media (AOM) (*Streptococcus pneumoniae, Haemophilus influenzae, and Moraxella catarrhalis*) Watchful waiting is encouraged for children aged <24 months with unilateral non-severe AOM without otorrhea, and in children ≥2 years of age with non-severe bilateral or unilateral AOM without otorrhea		Duration
Preferred	***Antimicrobial treatment not warranted in every patient***. Antimicrobial therapy is recommended for the following: • Infants younger than 6 months • Patients ≥6 months of age with severe signs or symptoms (moderate or severe otalgia, persistent otalgia for >48 hours, or temperature ≥102.2°F) • Children < 24 months of age with bilateral AOM • Children of any age with AOM complicated by otorrhea	
	Amoxicillin 90 mg/kg/day divided BID (max: 4 g/day)	< 24 months: 10 days 2 to 5 years: 5-7 days ≥ 6 years: 5 days
Alternative, Penicillin Allergy	PO alternative: Cefuroxime 15 mg/kg/dose BID (max dose: 500 mg)	< 24 months: 10 days 2 to 5 years: 5-7 days ≥ 6 years: 5 days
	IM alternative: Ceftriaxone 50 mg/kg once daily (max dose: 2,000 mg) x 1-3 doses	1 – 3 days
Preferred if Treatment Failure*	Amoxicillin/clavulanate 90 mg/kg/day based on amoxicillin component divided BID (max: 4 g amoxicillin/DAY)	< 24 months: 10 days 2 to 5 years: 5-7 days ≥ 6 years: 5 days
Alternative if treatment failure*, Penicillin Allergy	PO alternative#: Clindamycin 10 mg/kg/dose TID (max dose: 450 mg)	< 24 months: 10 days 2 to 5 years: 5-7 days ≥ 6 years: 5 days
	IM alternative: IM Ceftriaxone 50 mg/kg once daily (max dose: 2,000 mg) x 3 doses	3 days

*Treatment failure defined as lack of improvement or worsening 48-72 hours following initiation of appropriately dosed antibiotics. Of note, symptoms may initially worsen within the first 24 hours following initiation of antibiotics. #: Monotherapy with an oral cephalosporin is **not recommended** as an alternative in patients with treatment failure; cefuroxime may be considered, in addition to oral clindamycin.

Community Acquired Pneumonia (*S. pneumoniae, H. influenzae, M. catarrhalis*) Comorbidities include: Chronic heart, lung, liver, renal disease, alcoholism, malignancy, or asplenia		Duration
Preferred	<u>Amoxicillin 30 mg/kg/dose TID* (max dose: 1,300 mg)</u> *If ≥40 kg and able to swallow tablets, may use XR amoxicillin/clavulanate 2,000 mg BID*	5 Days
Alternative	Clindamycin 30 to 40 mg/kg/day divided TID (max dose: 450 mg)	5 Days

*Amoxicillin 90 mg/kg/day divided TID is predicted to achieve a clinical and microbiologic cure in 90% of children treated, compared with only 65% when divided BID.

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Influenza (Flu A and Flu B) Clinical benefit is greatest if given within the first 48 hours of symptoms		Duration
Preferred	<u>Age 2 weeks to < 1 year</u>: Oseltamivir 3 mg/kg/dose twice daily <u>Age 1 year to 12 years</u>: ≤ 15 kg: Oseltamivir 30 mg twice daily 15.1 kg to 23 kg: Oseltamivir 45 mg twice daily 23.1 kg to 40 kg: Oseltamivir 60 mg twice daily	5 Days

Uncomplicated Cystitis (*E. coli, Klebsiella* spp., *Proteus* spp.) Uncomplicated: Non-pregnant, no recent instrumentation, no known structural/functional abnormalities, or other suspicion for pyelonephritis		Duration
Preferred	Nitrofurantoin Immediate release (i.e. Furadantin or MacroDANTIN): – <12 years of age: 1.75 mg/kg/dose QID (max dose: 100 mg) Nitrofurantoin macrocrystal/monohydrate (i.e. MacroBID): - ≥ 12 years of age: 100 mg bid	≤2 years: 5 days >2 years: 3 days
Alternative	Cefadroxil 15 mg/kg/dose BID (max dose: 500 mg) **OR** Cephalexin 25 mg/kg/dose QID (max dose: 500 mg)	≤2 years: 5 days >2 years: 3 days

Pyelonephritis (*E. coli, Klebsiella* spp., *Proteus* spp.)		Duration
Preferred	Cefadroxil 15 mg/kg/dose (max dose: 1,000 mg) BID **OR** Cephalexin 25 mg/kg/dose (max dose: 1,000 mg) QID	<2 years: 7 – 10 days ≥2 years: 7 Days
Alternative, Penicillin allergy	Sulfamethoxazole/Trimethoprim 4-5 mg/kg/dose based on trimethoprim component (max dose: 320 mg trimethoprim) BID-TID	<2 years: 7 – 10 days ≥2 years: 7 Days

Non-purulent Cellulitis (*Streptococcus pyogenes*, also known as Group A Strep)		Duration
Preferred	Cefadroxil 15 mg/kg/day divided BID (max dose: 1,000 mg) **OR** Cephalexin 50 mg/kg/day divided QID (max dose: 500 mg)	5 Days
Alternative	Clindamycin 30 mg/kg/day divided TID (max dose: 300 mg)	5 Days

Impetigo (*Streptococcus pyogenes*, also known as Group A Strep, and *S. aureus*, including MRSA and MSSA) For patients with limited number of lesions, topical is preferred		Duration
Preferred	Topical mupirocin cream 2% (Brand name includes Bactroban) BID	5 Days
Alternative	Cefadroxil 15 mg/kg/day divided BID (max dose: 500 mg) **OR** Cephalexin 50 mg/kg/day divided QID (max dose: 500 mg) **OR** Clindamycin 30 mg/kg/day divided TID (max dose: 300 mg)	5 Days

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Abscess or Purulent Cellulitis (*Staphylococcus aureus*, including MRSA and MSSA) Prioritize incision and drainage for primary treatment of abscess. Antimicrobials not always recommended if abscess is small and drained ***Mild***: No signs of systemic infection; ***Moderate***: Patients with signs of systemic infection; ***Severe***: Patients who failed I&D plus oral antibiotics, immunocompromised patients, or patients with systemic signs of infection			Duration
Preferred	Mild	Systemic antibiotics may be <u>unnecessary</u> in absence of cellulitis in immunocompetent individuals Consider 5 days of PO antibiotics if culture is positive for MRSA or if patient has overlying cellulitis (see moderate therapy options)	5 Days
	Moderate	Sulfamethoxazole/Trimethoprim 6 mg/kg/dose BID based on trimethoprim component (max dose: 320 mg of trimethoprim) **OR** Clindamycin 10 mg/kg/dose (max dose: 450 mg)	
	Severe	Recommend patient present to the emergency department	N/A
Alternative	Doxycycline 2.2 mg/kg/dose BID (max dose: 100 mg)		

Cat/Dog or Human Bite Prophylaxis (*S. aureus, Streptococcus* spp., *P. multocida, C. canimorsus,* oral anaerobes) **Bite wound prophylaxis is recommended in patients who present <u>within 24 hours</u> of bite and who meet one or more of the following criteria:** • **Patients who are immunocompromised, asplenic, or who have advanced liver disease** • **Patients who have edema of the affected area** • **Patients who have moderate to severe injuries, especially to the hands or face** • **Patients who have injuries that may have penetrated the periosteum or joint capsule** **Evaluate need for rabies treatment and vaccine, and tetanus vaccine – contact local health department for assistance**		Duration
Preferred	Amoxicillin/clavulanate 40 mg/kg/day divided BID (max dose: amoxicillin 875 mg)	3 Days
Alternative	Doxycycline* 4.4 mg/kg/day divided BID (max dose: 100 mg)	3 Days
Cat/Dog or Human Bite Treatment (*S. aureus, Streptococcus* spp., *P. multocida, C. canimorsus, E. corrodens,* oral anaerobes)		Duration
Preferred	Amoxicillin/clavulanate 60 mg/kg/day amoxicillin divided TID (max dose: amoxicillin 875 mg)	5 Days
Alternative	Doxycycline* 4.4 mg/kg/day divided BID (max: 100 mg BID)	5 Days

*Original data describing enamel staining are from studies with tetracycline. Recent comparative data in children suggest that doxycycline is NOT likely to cause visible teeth staining or enamel hypoplasia in children. The American Academy of Pediatrics have revised previous warnings and recommend that doxycycline can be administered **<u>in any pediatric patient for durations ≤21 days without regard to the patient's age</u>**.

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Otitis Externa (*Pseudomonas aeruginosa, Staphylococcus aureus, Streptococcus* spp.)			Duration
Intact Tympanic Membrane	Mild	Acetic acid 2% otic solution	7 Days
	Moderate-Severe	Ciprofloxacin 0.3%-dexamethasone 1% otic solution **OR** Ciprofloxacin 0.2%-hydrocortisone 1% otic solution **OR** Neomycin-polymyxin B-hydrocortisone otic solution **OR** Tobramycin 0.3%-dexamethasone 0.1% otic solution	7 Days
Not Intact Tympanic Membrane (or Unknown status)	Ciprofloxacin 0.3%-dexamethasone 1% otic solution **OR** Ofloxacin 0.3% otic solution		7 Days
Adjunctive	Wick placement is recommended for those with obstruction or swelling to improve delivery of the topical drugs. May require additional systemic therapy.		

Gonorrhea and Chlamydia Presumptive treatment for both Gonorrhea and Chlamydia is recommended in adolescents and pubescent children if Chlamydia cannot be ruled out **Treatment of STIs in PRE-Pubescent Children**: Generally, presumptive therapy in pre-pubescent children is not recommended. Due to the legal implications of positive STI screening in PRE-pubescent children, consultation with a pediatric ID or pediatric forensics expert PRIOR to treatment is recommended.			Duration
Gonorrhea, Preferred	≤45 kg	Ceftriaxone 50 mg/kg (max: 250 mg) IM x1 dose	1 Dose
	<150 kg	Ceftriaxone 500 mg IM x1 dose	
	≥150 kg	Ceftriaxone 1,000 mg IM x1 dose	
Gonorrhea, Alternative	Gentamicin 240 mg Intramuscular x1 dose ***plus*** Azithromycin 2,000 mg x1 dose		1 Dose
Chlamydia, Preferred	**Age < 8 years old**		
	Doxycycline 4.4 mg/kg/day divided BID (max dose: 100 mg)		7 Days
	Azithromycin 1000 mg x 1 dose may be an alternative agent for chlamydial infection in children weighing ≥45 kg if unable to tolerate doxycycline or when there is a concern for adherence to 7 days of treatment		1 Dose
	Age ≥ 8 years old		
	Doxycycline 100 mg BID		7 Days
	Azithromycin 1000 mg x 1 dose may be an alternative agent for chlamydial infection in children weighing ≥45 kg if unable to tolerate doxycycline or when there is a concern for adherence to 7 days of treatment		1 Dose

Sexually Transmitted Infection Additional Notes	
Re-testing	Any person who has a positive test for chlamydia or gonorrhea, along with women who have a positive test for trichomonas, should be rescreened **3 months** after treatment
Expedited Partner Therapy (EPT)	CDC supports issuing prescriptions to sex partners of those diagnosed with chlamydia or gonorrhea **without** the provider first examining the partner. EPT provides additional facilitation to treat partners with limited healthcare access.

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Trichomoniasis and Bacterial Vaginosis (*Trichomonas vaginalis;* Dysbiosis of vaginal flora)				Duration
Trichomoniasis	**Weight <45 kg**			
	Metronidazole 45 mg/kg/day divided TID (max: 500 mg TID)			7 Days
	Weight ≥45 kg			
	Female	Metronidazole 500 mg BID		7 Days
	Male	Metronidazole 2,000 mg x 1 dose		1 Dose
Bacterial Vaginosis	Oral	< 45 kg	Metronidazole 15 to 25 mg/kg/day divided TID	7 Days
		≥ 45 kg	Metronidazole 500 mg BID	
	Topical	Metronidazole 0.75% gel, 5 g (1 full applicator) vaginally once daily at bedtime		5 Days
		Clindamycin 2% cream, 5 g (1 full applicator) vaginally once daily		7 Days

Vulvovaginal Candidiasis (*Candida albicans*) Most agents/formulations available OTC. '*' denotes prescription only. Topicals recommended in pregnancy			Duration
Oral	Fluconazole*	150 mg x 1 dose May repeat 72 hours later for those with moderate symptoms	1+ Day(s)
Vaginal Cream	Clotrimazole	1% Vaginal cream, 5 g once daily	7 Days
		2% Vaginal cream, 5 g once daily	3 Days
	Miconazole	2% Vaginal cream, 5 g once daily	7 Days
		4% Vaginal cream, 5 g once daily	3 Days
Vaginal Suppository	Miconazole	100 mg vaginal suppository once daily	7 Days
		200 mg vaginal suppository once daily	3 Days

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Guideline References

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Antibiotic preferences incorporate guideline recommendations and local Kentucky outpatient resistance patterns. Please follow recommended dose adjustments when necessary for patients with impaired renal function.

Appendix:

AMOXICILLIN DOSING

Antibiotic	Dosing	Weight in kg	Dose in mg	Product A 125 mg/5 mL Dose in mL	Product B 250 mg/5 mL Dose in mL
Amoxicillin	30 mg/kg/dose	5	150	6	3
		10	300	12	6
		15	450	18	9
		20	600	24	12
		25	750	30	15
		30	900	36	18
		35	1050	42	21
		40	1200	48	24
		45	1300	52	26
Amoxicillin	45 mg/kg/dose	5	225	9	4.5
		10	450	18	9
		15	675	27	13.5
		20	900	36	18
		25	1125	45	22.5
		30	1350	54	27
		35	1575	63	31.5
		40	1800	72	36
		45	2000	80	40
Amoxicillin	50 mg/kg/dose	5	250	10	5
		10	500	20	10
		15	750	30	15
		20	1000	40	20

Product A: Amoxicillin 125 mg per 5 mL; Product B: Amoxicillin 250 mg per 5 mL

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AMOXICILLIN-CLAVULANATE DOSING

Antibiotic	Dosing	Weight in kg	Dose in mg	Product A 200-28.5 mg/5 mL	Product B 400-57 mg/5 mL	Product C* 600-42.9 mg/5 mL
				Dose in mL	Dose in mL	Dose in mL
Amoxicillin Component	20 mg/kg/dose	5	100	2.5	1.3	0.8
		10	200	5	2.5	1.7
		15	300	7.5	3.8	2.5
		20	400	10	5	3.3
		25	500	12.5	6.3	4.2
		30	600	15	7.5	5
		35	700	17.5	8.8	5.8
		40	800	20	10	6.7
		45	875	21.9	10.9	7.3
Amoxicillin Component	30 mg/kg/dose	5	150	3.8	1.9	1.3
		10	300	7.5	3.8	2.5
		15	450	11.3	5.6	3.8
		20	600	15	7.5	5
		25	750	18.8	9.4	6.3
		30	900	22.5	11.3	7.5
		35	1050	26.3	13.1	8.8
		40	1200	30	15	10
		45	1300	32.5	16.3	10.8
Amoxicillin Component	45 mg/kg/dose	5	225	5.6	2.8	1.9
		10	450	11.3	5.6	3.8
		15	675	16.9	8.4	5.6
		20	900	22.5	11.3	7.5
		25	1125	28.1	14.1	9.4
		30	1350	33.8	16.9	11.3
		35	1575	39.4	19.7	13.1
		40	1800	45	22.5	15
		45	2000	50	25	16.7

Product A: Amoxicillin-clavulanate 200-28.5 mg per 5 mL; Product B: Amoxicillin-clavulanate 400-57 mg per 5 mL; Product C Amoxicillin-clavulanate 600-42.9 mg per 5 mL;
*Product C (amoxicillin-clavulanate 600-42.9 mg per 5 mL) is the preferred amoxicillin-clavulanate oral suspension formulation to minimize clavulanate gastrointestinal toxicity (i.e. nausea/diarrhea) while allowing for pharmacokinetic/pharmacodynamic optimization of amoxicillin.

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CEFADROXIL DOSING

Antibiotic	Dosing	Weight in kg	Dose in mg	Product A 250 mg/5 mL	Product B 500 mg/5 mL
				Dose in mL	Dose in mL
Cefadroxil	15 mg/kg/dose	5	75	1.5	0.8
		10	150	3	1.5
		15	225	4.5	2.3
		20	300	6	3
		25	375	7.5	3.8
		30	450	9	4.5
		35	500	10	5

Product A: Cefadroxil 250 mg per 5 mL; Product B Cefadroxil 500 mg per 5 mL

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CEPHALEXIN DOSING

Antibiotic	Dosing	Weight in kg	Dose in mg	Product A 125 mg/5 mL Dose in mL	Product B 250 mg/5 mL Dose in mL
Cephalexin	12.5 mg/kg/dose or 50 mg/kg/day divided QID	5	62.5	2.5	1.3
		10	125	5	2.5
		15	187.5	7.5	3.8
		20	250	10	5
		25	312.5	12.5	6.3
		30	375	15	7.5
		35	437.5	17.5	8.8
		40	500	20	10
Cephalexin	20 mg/kg/dose	5	100	4	2
		10	200	8	4
		15	300	12	6
		20	400	16	8
		25	500	20	10
Cephalexin	25 mg/kg/dose	5	125	5	2.5
		10	250	10	5
		15	375	15	7.5
		20	500	20	10
		25	625	25	12.5
		30	750	30	15
		35	875	35	17.5
		40	1000	40	20

Product A: Cephalexin 125 mg per 5 mL; Product B: Cephalexin 250 mg per 5 mL

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CLINDAMYCIN DOSING

Antibiotic	Dosing	Weight in kg	Dose in mg	Product A 75 mg/5 mL Dose in mL
Clindamycin	7 mg/kg/dose	5	35	2.3
		10	70	4.7
		15	105	7
		20	140	9.3
		25	175	11.7
		30	210	14
		35	245	16.3
		40	280	18.7
		45	300	20
Clindamycin	10 mg/kg/dose or 30 mg/kg/day divided TID	5	50	3.3
		10	100	6.7
		15	150	10
		20	200	13.3
		25	250	16.7
		30	300	20
		35	350	23.3
		40	400	26.7
		45	450	30
Clindamycin	40 mg/kg/day divided TID	5	200	13.3
		10	400	26.7
		15	450	30

Product A: Clindamycin 75 mg per 5 mL

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DOXYCYCLINE DOSING

Antibiotic	Dosing	Weight in kg	Dose in mg	Product A 25 mg/5 mL
				Dose in mL
Doxycycline	2.2 mg/kg/dose or 4.4 mg/kg/day divided BID	5	11	2.5
		10	22	4
		15	33	5
		20	44	5.7
		25	55	6.3
		30	66	6.7
		35	77	7
		40	88	7.3
		45	100	7.6

Product A: Doxycycline 25 mg per 5 mL

METRONIDAZOLE DOSING

Antibiotic	Dosing	Weight in kg	Dose in mg	Product A 500 mg/5 mL
				Dose in mL
Metronidazole	15 mg/kg/dose or 45 mg/kg/day divided TID	5	75	0.8
		10	150	1.5
		15	225	2.3
		20	300	3
		25	375	3.8
		30	450	4.5
		35	525	5.3

Product A: Metronidazole 500 mg per 5 mL

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NITROFURANTOIN IMMEDIATE RELEASE DOSING

Antibiotic	Dosing	Weight in kg	Dose in mg	Product A 25 mg/5 mL	Product B 50 mg/5 mL
				Dose in mL	Dose in mL
Nitrofurantoin Immediate Release	1.75 mg/kg/dose	5	8.8	1.8	0.9
		10	17.5	3.5	1.8
		15	26.3	5.3	2.6
		20	35	7	3.5
		25	43.8	8.8	4.4
		30	52.5	10.5	5.3
		35	61.3	12.3	6.1
		40	70	14	7
		45	78.8	15.8	7.9
		50	87.5	17.5	8.8
		55	96.3	19.3	9.6
		60	100	20	10

Product A: Nitrofurantoin Immediate Release 25 mg per 5 mL; Product B: Nitrofurantoin Immediate Release 50 mg per 5 mL

Antibiotic preferences incorporate guideline recommendations and local Kentucky outpatient resistance patterns. Please follow recommended dose adjustments when necessary for patients with impaired renal function.

SULFAMETHOXAZOLE-TRIMETHOPRIM DOSING (BASED ON TRIMETHOPRIM COMPONENT)

Antibiotic	Dosing	Weight in kg	Dose in mg	Product A 200-40 mg/5 mL Dose in mL
Sulfamethoxazole/Trimethoprim Dose based on Trimethoprim Component	5 mg/kg/dose	5	25	3.1
		10	50	6.3
		15	75	9.4
		20	100	12.5
		25	125	15.6
		30	150	18.8
		35	175	21.9
		40	200	25
		45	225	28.1
		50	250	31.3
		55	275	34.4
		60	300	37.5
		65	320	40
Sulfamethoxazole/Trimethoprim Dose based on Trimethoprim Component	6 mg/kg/dose	5	30	3.8
		10	60	7.5
		15	90	11.3
		20	120	15
		25	150	18.8
		30	180	22.5
		35	210	26.3
		40	240	30
		45	270	33.8
		50	300	37.5
		55	320	40

Product A: Sulfamethoxazole-trimethoprim 200-40 mg per 5 mL

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