



NOTICE: UPDATES TO THE PRIMARY HEALTHCARE (PHC) AND ADULT HOSPITAL LEVEL (AHL) STANDARD TREATMENT GUIDELINES (STGs) AND ESSENTIAL MEDICINE LIST (EML)

Please note the following updates made to the 2024 PHC and AHL combined editions of the STGs and EML:

Primary Healthcare STG updates

PHC CH 23:Standard paediatric dosing tables

1. Cefalexin

- Cefalexin dose table removed for the age band >7 years in line with PHC Ch5: Skin STG dose recommendation. In addition, minor editorial changes made for better clarity.

The STG has been updated as follows:

CEPHALEXIN

5.4.1 Boil, abscess; 5.4.2 Impetigo; 5.4.3 Cellulitis; 5.8.1 Eczema, atopic; 5.8.2 Eczema, acute, moist or weeping; 19.4. Otitis, externa, (furuncular).
• Cephalexin, oral, 25 mg/kg/dose 12 hourly for 5 days.

Weight kg	Dose mg	Syrup 125 mg/ 5mL	Syrup 250 mg/ 5mL	Capsule 250 mg	Capsule 500mg	Age Months/years
>2.5-3.4 kg	75 mg	3 mL	1.5 mL	-	-	Birth-3 months
3.5-5.0 kg	100 mg	4 mL	2 mL	-	-	>3- 6-18 months
5.1-7.4 kg	150 mg	6 mL	3 mL	-	-	> 6-12 -126 months
7.5-10 kg	200 mg	8mL	4 mL	-	-	>12-18 months
10.1-14.4 kg	250 mg	10 mL	5 mL	1	-	>18 months-3 years
14.1-18 kg	350 mg	-	7 mL	-	-	>3-5 years
18.1-25 kg	500 mg	-	10 mL	2	1	>5-7 years
>25 kg	625 mg	-	12.5 mL	-	-	>7 years

2. Ciprofloxacin

- New dosing table for treatment of cholera added in line with updated PHC Ch 2 GIT conditions.

The STG has been updated as follows:

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2.7 Cholera

- Ciprofloxacin, oral, 20mg/kg as a single dose

Weight kg	Dose mg	Use one of the following:			Age Months/years
		Susp 250 mg/5 mL	Tablet 250 mg	Tablet 500 mg	
>9–11 kg	180mg	3.6 mL	—	—	>12–18 months
>11–14 kg	220 mg	4.4 mL	—	—	>18 months–3 years
>14–17.5 kg	280 mg	5.6 mL	1.25	—	>3–5 years
>17.5–25 kg	350 mg	7 mL	—	—	>5–7 years
>25 kg	520 mg	10.4 mL	2	1	>7 years

3. Cetirizine

- Amended table to dose by age, not by weight. The STG has been updated as follows:

CETIRIZINE

5.2 Itching (pruritus); 5.8.1 Eczema, atopic; 5.8.2 Eczema, acute, moist or weeping; 5.10.1 Urticaria; 5.10.4 Papular urticaria; 5.11 Pityriasis rosea; 18.1.1 Conjunctivitis, allergic; 19.1 Allergic rhinitis.

- Cetirizine, oral, 5 mg once daily

Age Years (Dose according to age not weight)	Dose mg	Use one of the following:	
		Syrup 1 mg/mL	Tablet 10 mg
6 months – 2 years	2.5 mg	2.5 mL	—
2–6 years	5 mg	5 mL	—
≥6 years	10 mg	10 mL	1 tablet

4. Chlorphenamine

- Dose band for children <2 years, in alignment with Paeds Hospital STGs added. The STG has been updated as follows:

CHLORPHENAMINE

5.2 Itching (pruritus); 5.7.3 Sandworm; 5.8.1 Eczema, atopic; 5.8.2 Eczema, acute, moist or weeping; 5.10.1 Urticaria; 5.10.4 Papular urticaria; 5.11 Pityriasis rosea; 10.2 Chicken pox; 18.1.1 Conjunctivitis, allergic; 19.1 Allergic rhinitis; 20.4 Chronic cancer pain (pruritis); 21.3.1.3 Insect stings, scorpion stings and spider bites.

- Chlorphenamine, oral, 0.1 mg/kg/dose 6–8 hourly.

Weight Kg	Dose mg	Use one of the following:		Age years
		Syrup 2 mg/5mL	Tablet 4 mg	
3.5 – 12 kg	10.8 mg	2.5 mL	—	Birth–1 month – 2 years*
>12–14 kg	1.2 mg	3 mL	—	>2–3 years
>14–17.5 kg	1.6 mg	4 mL	—	>3–5 years
>17.5–25 kg	2 mg	5 mL	—	>5–7 years
>25–35 kg	3 mg	7.5 mL	—	>7–11 years

- Caution box in PHC restricting chlorphenamine use only to children older than 2 years has been removed in the following chapters as follows:

PHC Chapter 19: Ear, nose and throat conditions
PHC Chapter 20: Pain

CAUTION

Do not give an antihistamine to children <2 years of age.

PHC Ch 5: Skin

1. Benzoyl peroxide

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- STG guidance for the management of acne vulgaris amended from benzoyl peroxide "gel" to benzoyl peroxide "topical". The STG has been updated as follows:

MEDICINE TREATMENT	MEDICINE TREATMENT
Mild inflammatory acne: <ul style="list-style-type: none"> Benzoyl peroxide 5%, gel, apply in the morning to affected areas as tolerated. Wash off in the evening. If ineffective and tolerated, increase application to 12 hourly. Avoid contact with eyes, mouth, angles of the nose and mucous membranes. 	Mild inflammatory acne: <ul style="list-style-type: none"> Benzoyl peroxide 5%, topical, apply in the morning to affected areas as tolerated. Wash off in the evening. If ineffective and tolerated, increase application to 12 hourly. Avoid contact with eyes, mouth, angles of the nose and mucous membranes.

PHC Ch 19: Ear, Nose and Throat conditions

- Dose of cefalexin in children for otitis externa has been amended from 12-25mg/kg dose 6 hourly to 25 mg/kg/dose 12 hourly in alignment with PHC Ch 5:Skin.

PHC Chapter 19: Ear, nose and throat conditions	
19.4.1 Otitis externa	
Changed From	Changed To
MEDICINE TREATMENT <p>Diffuse</p> <ul style="list-style-type: none"> » Does not usually require <u>an antibiotic</u> » Make a wick where possible, using ribbon gauze or other suitable absorbent cloth, e.g. paper <u>towel</u> to clean and dry the ear. • Acetic acid 2% in alcohol, topical, instilled into the ear every 6 hours for 5 days. o Instil 3-4 drops after cleaning and drying the ear. <p>Furuncular</p> <p>Children</p> <ul style="list-style-type: none"> • Cefalexin, oral, 12-25 mg/kg/dose 6 hourly for 5 days. See dosing table: Chapter 23. 	MEDICINE TREATMENT <p>Diffuse</p> <ul style="list-style-type: none"> » Does not usually require an antibiotic » Make a wick where possible, using ribbon gauze or other suitable absorbent cloth, e.g. paper <u>towel</u> to clean and dry the ear. • Acetic acid 2% in alcohol, topical, instilled into the ear every 6 hours for 5 days. o Instil 3-4 drops after cleaning and drying the ear. <p>Furuncular</p> <p>Children</p> <ul style="list-style-type: none"> • Cefalexin, oral, 25 mg/kg/dose 12 hourly for 5 days. See dosing table: Chapter 23. <p>OR</p>

PHC Ch 6: Obstetrics & Gynaecology

- Dexamethasone injection added as an alternative to betamethasone inj for for Preterm Labour (PTL) and Preterm Prelabour Rupture Of Membranes (PPROM) in alignment with AHL Ch 6: Obstetrics.

To improve fetal lung maturity at 26–34 weeks:

Z29.2

Betamethasone, IM, 12 mg, 2 doses 24 hours apart.

If betamethasone is not available:

- Dexamethasone, IM, 8 mg, 3 doses 8 hours apart.**

Note: Corticosteroids are maximally effective about 24 hours after administration of the first dose. Therefore, give as soon as possible following diagnosis of PTL or PPROM.

Adult Hospital Level STG and EML updates

AHL Ch 14: Neurological Disorders

- Statin choice in AHL Chapter 14: Neurological Disorders aligned with the source chapter AHL Chapter 3: Cardio Vascular System (CVS) for secondary prevention of Cardiovascular Disease (CVD) from Simvastatin 40mg to rosuvastatin 10mg.
- Dose of simvastatin for secondary prevention of CVD in patients on amlodipine (not on Protease inhibitors) Amended from 10mg to 10-20 mg ,in line with the source chapter AHL Chapter 3: CVS

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AHL Chapter 3: Cardiovascular System	Chapter 14: Neurological Disorders
B: Secondary prevention - existing CVD	Section: 14.1.1 Stroke
<ul style="list-style-type: none"> » Ischaemic heart disease » Atherothrombotic stroke » Peripheral vascular disease. » Patients on protease inhibitors. » Patients on amlodipine (and not on protease inhibitor) » If patient complains of muscle pain. 	<p>Secondary prevention: Measures for secondary prevention may not be appropriate for patients with severe disability.</p> <p><u>All patients with a thrombotic stroke, not on anticoagulation and irrespective of the LDL level:</u> Aspirin, oral, 150 mg daily.</p> <p>AND</p> <ul style="list-style-type: none"> ▪ HMGCoA reductase inhibitors (statins), e.g.: • Rosuvastatin, oral, 10 mg at night. • Atorvastatin, oral, 10 mg daily. • Simvastatin, oral, 10–20 mg at night. ▪ HMGCoA reductase inhibitors (statins), e.g.: • Simvastatin, oral, 40mg Rosuvastatin, oral, 10 mg at night. <p>Patients on protease inhibitor:</p> <ul style="list-style-type: none"> • Atorvastatin, oral, 10 mg at night. <p>Patients on amlodipine (and not on a protease inhibitor):</p> <ul style="list-style-type: none"> • Simvastatin, oral, 10-20 mg at night.

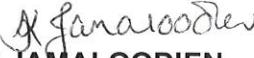
The updated PHC and Adult Hospital Level STGs and EML has been uploaded to the National Health Insurance webpage and can be downloaded using the following URL: <https://www.health.gov.za/nhi-edp-stgs-eml/>

Circular dissemination

Provinces and Healthcare Facilities are requested to distribute and communicate this information in consultation with the Pharmaceutical and Therapeutics Committees and all other relevant stakeholders.

Comments may be submitted via e-mail: SAEDP@health.gov.za

Kind regards


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