Northern Territory of Australia

Medicines, Poisons and Therapeutic Goods Act 2012

## **Centre for Disease Control Infection Control SSTP Approval**

I, Christine Maree Connors, Chief Health Officer:

- (a) under section 254(1) of the Act, approve each Scheduled substance treatment protocol specified in Schedule A;
- (b) under section 254(3) of the Act, state that each Schedule substance treatment protocol specified in Schedule A remains in effect for a period of 3 months on and from the date of this instrument.

Dated 28 March 2025

EDOC2025/79610

Chief Health Officer

## Schedule A

Title	Publication Date	Author
Tubersol (Tuberculin PPD)	7 May 2014	Centre for Disease Control
CDC SSTP		Northern Territory
		Government, Department of
		Health
Azithromycin for treatment	7 May 2014	Centre for Disease Control,
or prophylaxis of Trachoma		Northern Territory
CDC SSTP		Government, Department of
		Health





# Centre for Disease Control Scheduled Substance Treatment Protocols (SSTP)

This document is current while being reviewed. Contact the Document Owner with all enquires. Review extended to 1/12/2024.

Target Audience	Aboriginal and Torres Strait Islanders Health Practitioners; Registered Nurses; Medical Officers
Jurisdiction	Centre for Disease Control; Outreach Services
Jurisdiction Exclusions	N/A
Document Owner	Senior Public Health Advisor
Approval Authority	Hugh Heggie Chief Health Officer
Author	Christian James

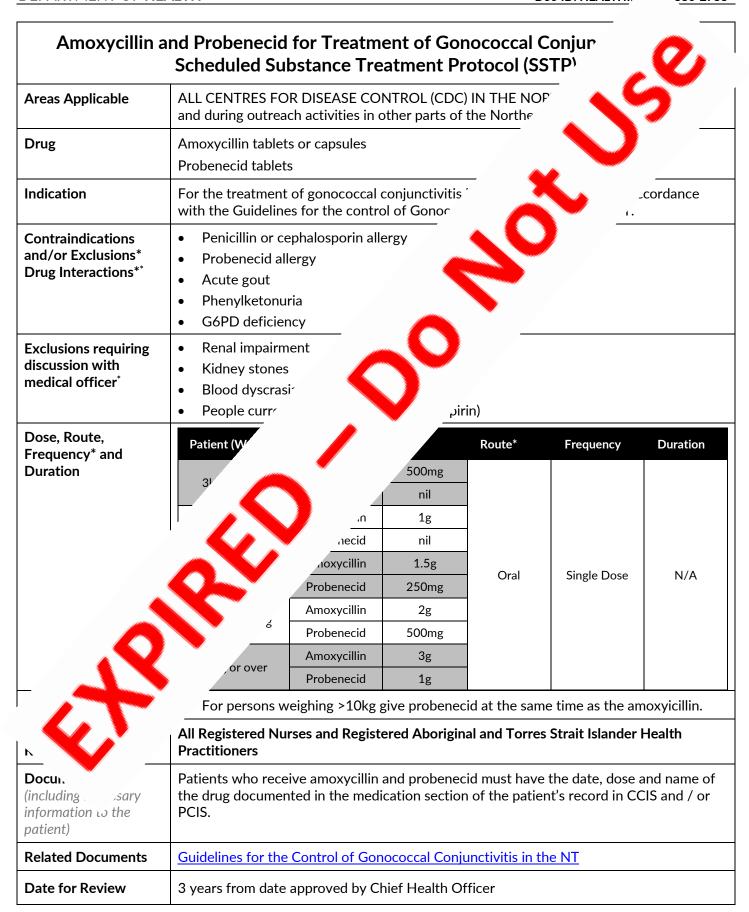
The attributes in the above table will be auto-filled from the PGC System. Do not update in this document.

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	Adre	enaline (1:10	00) for Inje	ection		
С	DC Scheduled				(SSTP)	
Areas Applicable		ALL CENTRES FOR DISEASE CONTROL (CDC) IN THE NORTHERN TERRITORY (NT) and during outreach activities in other parts of the Northern Territory				
Drug	Adrenaline (1:100	00) for injection				
Indication	Anaphylactic read	ctions				
Contraindications and/or Exclusions*	There are no abso	olute contraindica	tions to adrena	aline in anaph	ylactic reactions;	adrenaline is
Exclusions requiring discussion with medical officer*	N/A	N/A				
Dose, Route, Frequency* and	Patient (Age / Weight)	Drug /	Dose	Route*	Frequency	Duration
Duration	<1 year (approx. 5-10kg)	Adrenaline 1:1000	0.05- 0.1mL			
	1-2 years (approx. 10kg)	Adrenaline 1:1000	0.1mL			N/A
	2-3 years (approx. 15kg)	Adrenaline 1:1000	0.15mL		Repeated	
	4-6 years (approx. 20kg)	Adrenaline 1:1000	0.2mL	IMI	every 5 minutes until there is clinical	
	7-10 years (approx. 30kg)	Adrenaline 1:1000	0.3mL		improvement	
	10-12 years (approx. 40kg)	Adrenaline 1:1000	0.4mL			
	>12 years (over 50kg)	Adrenaline 1:1000	0.5mL			
Administration*	Given by dee	p intramuscular in	njection prefera	ably in the ant	erolateral (upper	outer) thigh
Accreditation Requirements	All Registered Nu Practitioners	All Registered Nurses and Registered Aboriginal and Torres Strait Islander Health Practitioners				
<b>Documentation</b> (including necessary information to the patient)		Patients who receive adrenaline must have this documented in the medication section of the patient's record in CCIS and / or PCIS				
Related Documents	The Australian I	mmunisation H	andbook 10th	Edition		
Date for Review	3 years from dat	e approved by 0	Chief Health (	Officer		
References:						

\* The drug information provided is to act as a guide only, for further information reference should be made to the full manufacturer's product info and other reliable sources of medicines information. If contraindications or interactions are present refer to medical officer before administration



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Az	ithromycin for Treatment o	or Prophylax	is of Per	tussis	
CI	DC Scheduled Substance Ti	reatment Pr	otocol (S	SSTP)	
Areas Applicable	ALL CENTRES FOR DISEASE CO (NT) and during outreach activitie	•			C
Drug	Azithromycin capsule or tablet or	suspension (20	00mg/5r		7
Indication	Treatment of pertussis infection a document below	and prophylaxis	s of r	V	.ced
Contraindications and/or Exclusions* Drug Interactions*	Allergy or hypersensitivity to erythromycin, roxithromycin,		Ä		
Exclusions requiring discussion with medical officer*	<ul><li>Renal or liver impairment</li><li>People currently taking colchi</li></ul>	c <sup>,</sup>		∕arfarin, dis	opyramide
Dose, Route, Frequency* and	Patient (Age)			Frequency	Duration
Duration	Infants <1 month	<b>Y</b>	Oral	Once Daily	5 days
	Infants 1 – 5 mo <sup>r</sup>	day/ <sub>ح</sub> /	Oral	Once Daily	5 days
	Infan*	Jmg/kg up to 500mg	Oral	Once Daily	Day 1
	_ml)	5mg/kg up to 250mg	Oral	Once Daily	Day 2-5
	thromycin, capsule or	500mg	Oral	Once Daily	Day 1
	tablet	250mg	Oral	Once Daily	Day 2-5
		en with onset of pery - discuss with i			onth of
Adm <sup>i</sup>					
A	∠gistered Nurses and Registered ∡ctitioners	d Aboriginal and	Torres Strai	it Islander Heal	th
(in. informnt)	Patients who receive azithromycir section of the patient's record in			ted in the med	lication
Related L nents	PERTUSSIS - Communicable Dise Public Health Units	ease Network o	of Australiar	National Gui	delines for
Date for Review	3 years from date approved by Cl	nief Health Off	icer		

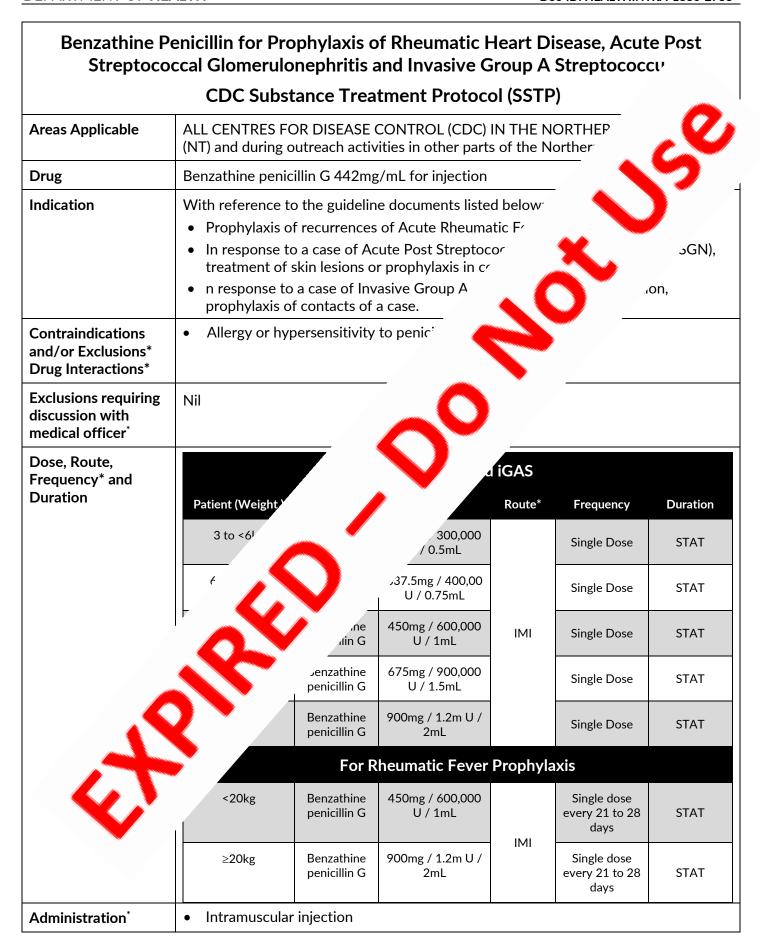
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Azi	thromycin for T CDC Substa					
Areas Applicable	ALL CENTRES FOR (NT) and during ou		•	•		
Drug	Azithromycin caps	ule or tablet or	suspension	(200mg/5ml	_)	
Indication	Treatment for trac	homa cases an	d prophylax	is for contact	s >3kg	
Contraindications and/or Exclusions* Drug Interactions*	<ul><li>Allergy or hype erythromycin, i</li><li>Weight &lt;3kg</li></ul>		=		/ketolides (eg	
Exclusions requiring discussion with medical officer	<ul><li>Renal or liver ir</li><li>People current</li></ul>	•	cine, digoxi	n, theophyllir	e, warfarin, dis	opyramide
Dose, Route, Frequency* and	Height A	djusted Azithr	omycin Trea	atment Sched	lule for Tracho	ma
Duration	Patient (Height)	Drug / Do	ose	Route*	Frequency	Duration
	<61cms or < 1 year	1 year Refer to weight-adjusted dosing				
	61-70cms	Azithromycin suspension (200mg/5ml)	4mL		Single Dose	STAT
	70-100cms	Azithromycin suspension (200mg/5ml)	6mL		Single Dose	STAT
	100-120cms	Azithromycin suspension (200mg/5ml)	10mL		Single Dose	STAT
	120-140cms	Azithromycin capsule or tablet or Azithromycin suspension (200mg/5ml)	1 tablet or 12.5mL	Oral	Single Dose	STAT
	140-160cms	Azithromycin capsule or tablet	11/2 tablets		Single Dose	STAT
	>160cms	Azithromycin capsule or tablet	2 tablets		Single Dose	STAT

Dose, Route, Frequency* and	Weight Adjusted Azithromycin Treatment Schedule for Trachoma					
Duration	Patient (Weight )	Drug / I	Dose	Route*	Frequency	Duration
	3 to <6kgs	Azithromycin suspension (200mg/5ml)	2mL		Single Dose	STAT
	6 to <10kgs	Azithromycin suspension (200mg/5ml)	4mL		Single Dose	STAT
	10 to <15kgs	Azithromycin suspension (200mg/5ml)	6mL		Single Dose	STAT
	15 to <20kgs	Azithromycin suspension (200mg/5ml)	10mL	Oral	Single Dose	STAT
	20 to <30kgs	Azithromycin capsule or tablet or Azithromycin suspension (200mg/5ml)	1 tablet or 12.5mL		Single Dose	STAT
	30 to <40kgs	Azithromycin capsule or tablet	11/2 tablets		Single Dose	STAT
	>40kgs	Azithromycin capsule or tablet	2 tablets		Single Dose	STAT
Administration*	Oral					
Accreditation Requirements	All Registered Nurses and Registered Aboriginal and Torres Strait Islander Health Practitioners					th
<b>Documentation</b> (including necessary information to the patient)	Patients who receive <i>azithromycin</i> must have this documented in the medication section of the patient's record in CCIS, or PCIS or Communicare					
Related Documents	CDNA National Guidelines for the Public Health Management of Trachoma					
Date for Review	3 years from date	approved by C	hief Health (	Officer		

<sup>\*</sup> The drug information provided is to act as a guide only, for further information reference should be made to the full manufacturer's product info and other reliable sources of medicines information. If contraindications or interactions are present refer to medical officer before administration



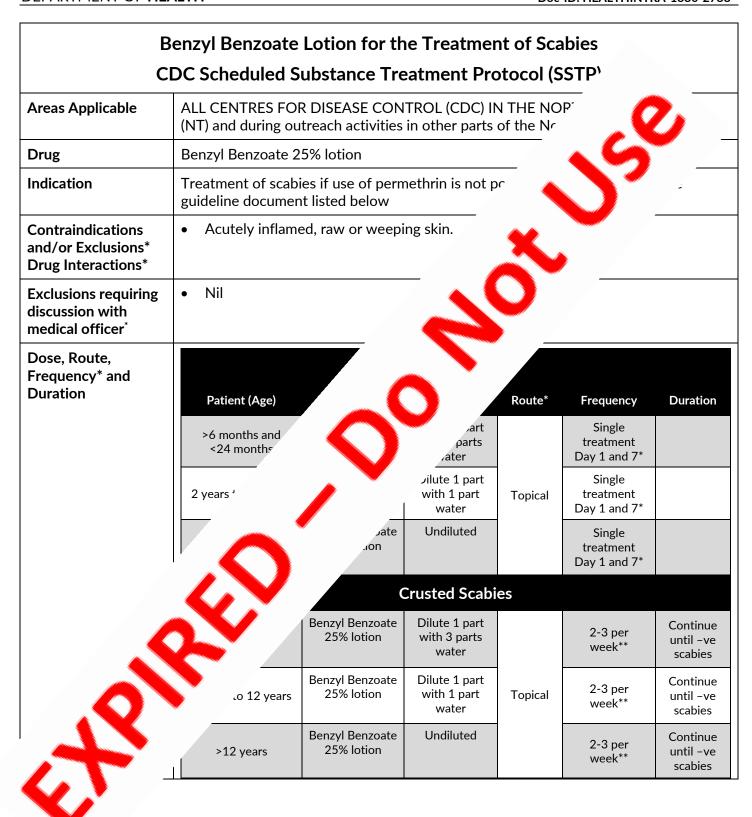
Accreditation Requirements	All Registered Nurses and Registered Aboriginal and Torres Strait Islander Health Practitioners
<b>Documentation</b> (including necessary information to the patient)	Patients who receive benzathine penicillin must have this documedication section of the patient's record in CCIS and / or F
Related Documents	The Australian Guideline for Prevention, Diagnosis and Rheumatic Fever and Rheumatic Heart Disease (2nd Northern Territory Guidelines for Acute Post-Storm Management of contacts of patients with involves.
Date for Review	3 years from date approved by Chief He
References:	

\* The drug information provided is to act as a guide only, for further in product info and other reliable sources of medicines information. If hoofficer before administration

de to the full manufacturer's re present refer to medical

This protocol was approved by the CHO on 2 Health '

ed protocols are retained by the



Administration*	Scabies*					
	Apply to skin from the neck down, wash off after 24 hours					
	Also apply to the scalp, neck, face immunocompromised people, people with atypical or crusted scabies					
	Crusted Scabies**					
	Apply second daily after bathing for cured	or the 1 <sup>st</sup> ,y until				
	Apply head to toe, ensuring the wh	hol . eyes and mouth				
	• Do not apply cream on the same $c'$					
Accreditation Requirements	All Registered Nurses and Register Practitioners	rait Islander Health				
<b>Documentation</b> (including necessary information to the patient)	Patients who receive benzy' section of the patient's re	cumented in the medication				
Related Documents	Healthy Skin Progra Crusted Scabies i	ις Control of Scabies, Skin Sores and				
Date for Review	3 years from	alth Officer				

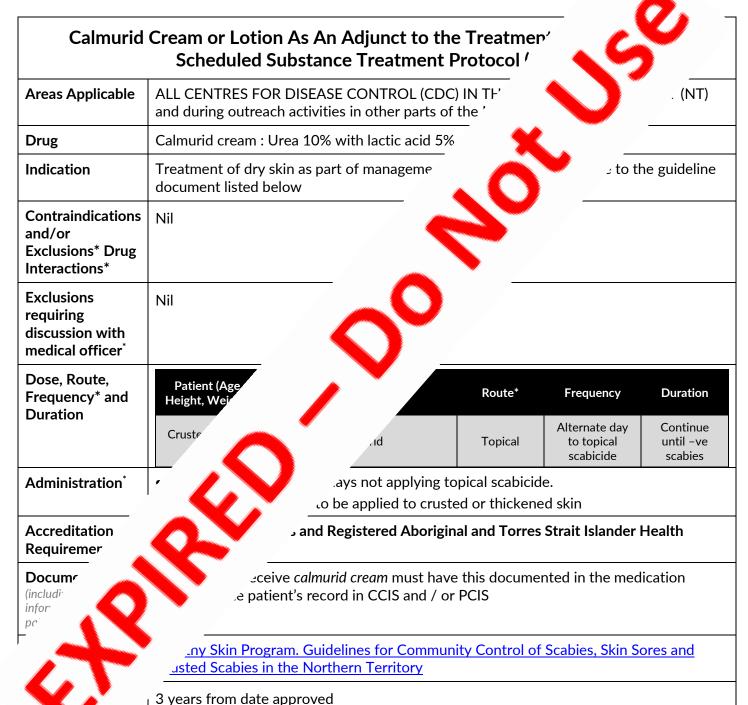
\* The drug information provided is to ac\* and other reliable sources of medicine

on reference should be made to the full manufacturer's product info interactions are present refer to medical officer before administration

This protocol was a

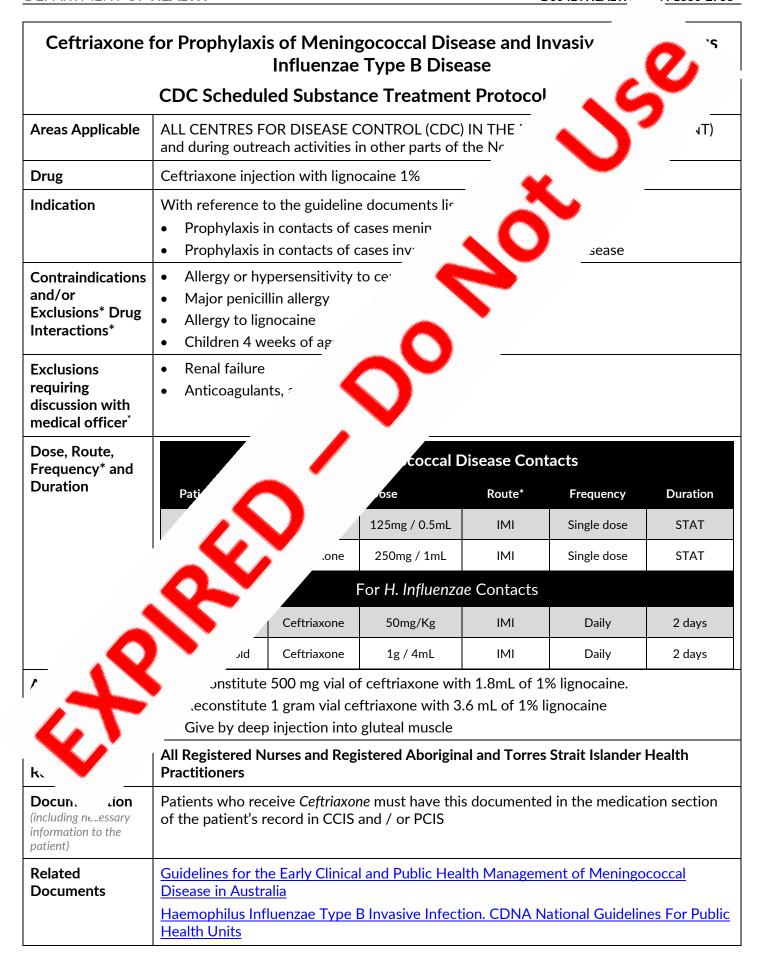
**July 2017**. Copies of signed protocols are retained by the blicy Guidelines Program

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rmation provided is to act as a guide only, for further information reference should be made to the full manufacturer's \* The a. product in. and other reliable sources of medicines information. If contraindications or interactions are present refer to medical officer before administration



**Date for Review** 

3 years from date approved by Chief Health Officer

#### References:

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'acturer's

This protocol was approved by the CHO on **25 July 2017**. Copies of signed proto-Health Policy Guidelines Program



	Ciprofloxacin	for Prophyl	axis of Meni	ngococcal	Disease	
	CDC Schedul	ed Substan	ce Treatmen	t Protocol	(SSTP)	
Areas Applicable	ALL CENTRES For and during outre		•			TCRY (NT)
Drug	Ciprofloxacin tal	olets and Cipro	floxacin suspens	sion 250mg/5	ml	
Indication		in contacts of	e documents lis cases meningoc n taking oral co	occal disease		
Contraindications and/or Exclusions* Drug Interactions*	<ul> <li>Pregnancy (c</li> <li>Drug interaction</li> </ul>	persensitivity t ompatible with	to quinolone ant n breastfeeding, nts on bupr			ants)
Exclusions requiring discussion with medical officer*	Patients with:  Myasthenia g renal impairm G6PD deficie Epilepsy Patients prescrib Anticoagula Clozapine Cyclospc Ianthc Gli'  '	nent CrCl<30m ency ed/ ta' nts	natory drugs	Jns: Probenecic Ropinirole Ropivacain Sevelamer Sildenafil Theophyllin Thyroid ho	e	
Dose, Route, Frequency* ? Duration	16-	Drug Ciprofloxacin suspension	/ Dose 30mg/kg up to	Route*	Frequency Single dose	<b>Duration</b> STAT
4	, ears	Ciprofloxacin tablets / Ciprofloxacin suspension 250mg/5ml	125mg 250mg	Oral	Single dose	STAT
<b>\'</b>	≥12 yrs	Ciprofloxacin tablets	500mg	Oral	Single dose	STAT
 Administraւ₁on <sup>*</sup>	Do not admir	nister within 4	hours of having	taken iron, zii	nc or calcium p	reparations,

antacids, or anti-retrovirals.

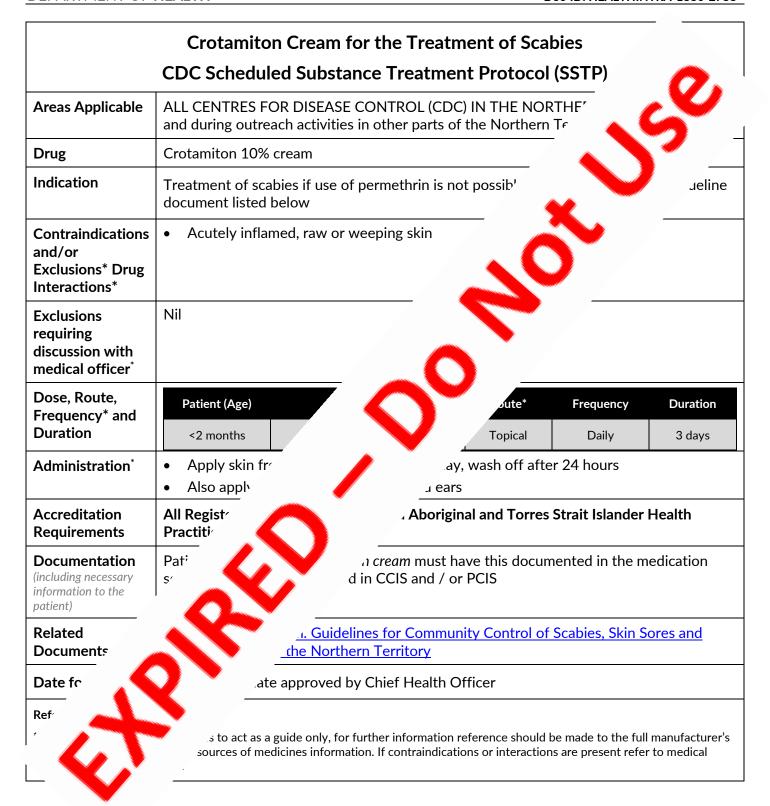
Accreditation Requirements	All Registered Nurses and Registered Aboriginal and Torres Strait Islander Health Practitioners
<b>Documentation</b> (including necessary information to the patient)	Patients who receive <i>Ciprofloxacin</i> must have this documented in the roof the patient's record in CCIS and / or PCIS
Related Documents	Guidelines for the Early Clinical and Public Health Managem Disease in Australia
Date for Review	3 years from date approved by Chief Health Officer
References:	

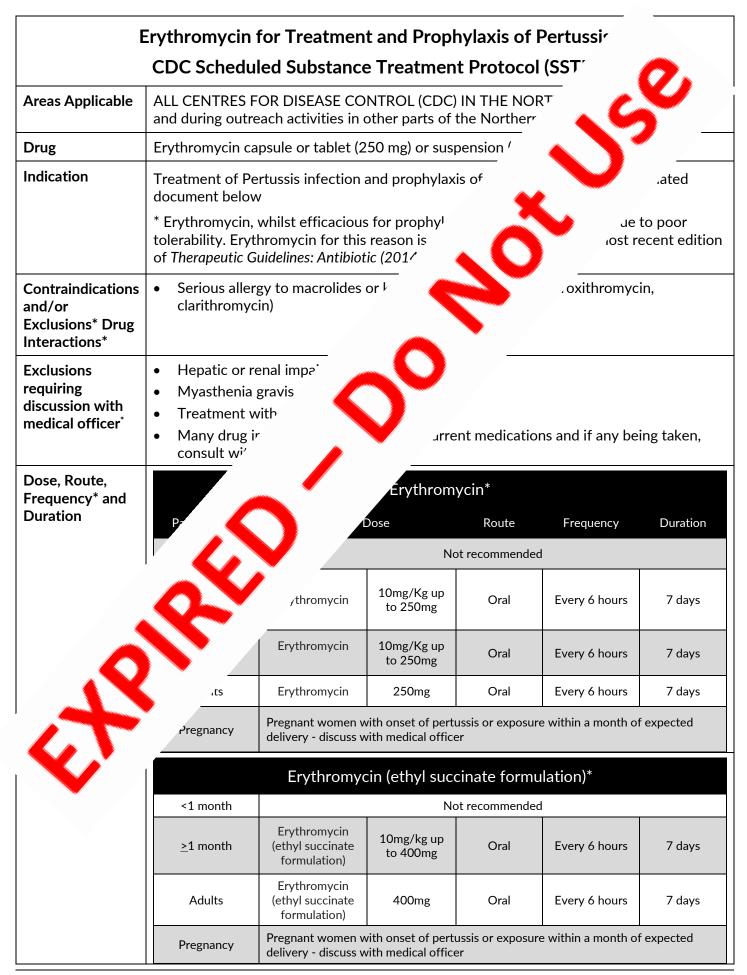
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ull manufacturer's refer to medical

This protocol was approved by the CHO on **25 July**Health Policy

cocols are retained by the





Title: Centre for Disease Control Scheduled Substance Treatment Protocols (SSTPs)

Administration*	Oral
Accreditation Requirements	All Registered Nurses and Registered Aboriginal and Torres Strait Islander alth Practitioners
<b>Documentation</b> (including necessary information to the patient)	Patients who receive <i>Erythromycin</i> must have this documented in the of the patient's record in CCIS and / or PCIS
Related Documents	PERTUSSIS - Communicable Disease Network of Australia Public Health Units
Date for Review	3 years from date approved by Chief Health Officer
References:	
_	provided is to act as a guide only, for further information reliable sources of medicines information. If contrainr' ration
This protocol wa	otocols are retained by the Health Polic

	Oseltamivir fo	or Treatment	and Preve	ntion of Inf	luenza	
	CDC Schedul	ed Substanc	e Treatmen	t Protocol (	(SSTP)	
Areas Applicable	ALL CENTRES FO					TORY (NT)
Drug	Oseltamivir caps Oseltamivir oral l	_	g, 75mg			
Indication	Treatment of infl cases	uenza infection	and prophylax	is of influenza	in cc	
Contraindications and/or Exclusions* Drug Interactions*	Known hyper	rsensitivity to an	y of the compo	onents of thr		7
Exclusions requiring discussion with medical officer*	<ul><li>Children &lt;12</li><li>Hereditary fr</li></ul>	enal impairment months of age uctose intoleran mg oseltamivir		ni <sup>r</sup>	, 0.9 	g sorbitol
Dose, Route, Frequency* and Duration	Patient (Weight)	Oseltamivir capsule 30m  Osel' orz		ral	Frequency	Duration 5 days
	15-23'	$\mathfrak{d}'$	.5ml of liquid	Oral	BD	5 days
		Jmg	60mg	Oral	BD	5 days
	16	Itamivir. psule 75mg.	75mg	Oral	BD	5 days
Adminis* Accr´ Re	ed No	urses and Regist	ered Aborigina	al and Torres S	itrait Islander	Health
ı. paı.		eive oseltamivir ecord in CCIS / I				
Relateo Document	Influenza Infection	on – CDNA Nati	onal Guidelines	s for Public He	ealth Units	

3 years from date approved by Chief Health Officer **Date for Review** References: \* The drug information provided is to act as a guide only, for further information reference should product info and other reliable sources of medicines information. If contraindications or interactions officer before administration This protocol was approved by the CHO on 25 July 2017. Copies ained by the Health Policy Guidelines Pr

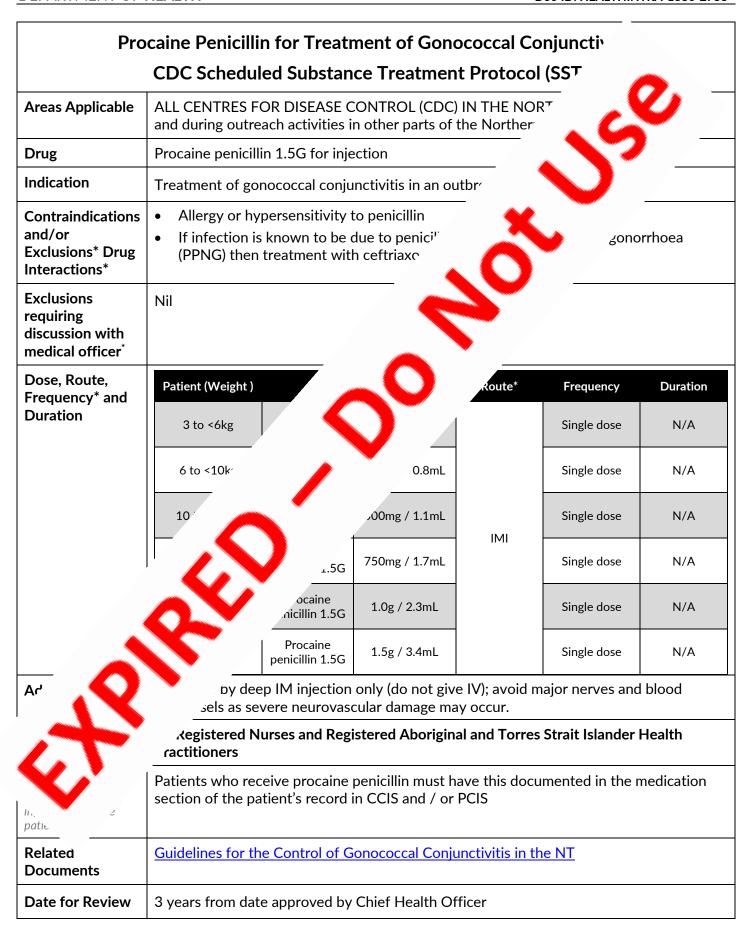
		Para	acetamol			
	CDC Schedu	led Substan	ce Treatmer	nt Protocol	(SSTP)	
Areas Applicable		ALL CENTRES FOR DISEASE CONTROL (CDC) IN THE NORTHERN TERRITORY (NT) and during outreach activities in other parts of the Northern Territory				
Drug	Oral liquid 24mg	Paracetamol tablet (500mg)  Oral liquid 24mg/mL, 48mg/mL, 100mg/mL  Suppository 125mg, 250mg, 500mg				
Indication	Mild-to-modera	te pain				
Contraindications and/or Exclusions* Drug Interactions*	Previous hyp	Previous hypersensitivity reaction to paracetamol				
Exclusions requiring discussion with medical officer*	<ul> <li>Sodium restriction—soluble paracetamol products may contain large amounts of sodium.</li> <li>Phenylketonuria—soluble paracetamol products may contain aspartame.</li> <li>Hepatic: patients with chronic liver disease may be at increased risk of liver damage following therapeutic dose or overdose of paracetamol.</li> <li>Pain or fever in children lasting more than 48 hours.</li> </ul>					
Dose, Route, Frequency* and	Patient (Age)	Drug ,	/ Dose	Route*	Frequency	Duration
Duration	<12 years	Paracetamol	15mg/kg	Oral, rectal	4 hours	Day 1 and 2
		Maximum daily dose 60 mg/kg (not to exceed 4g)	Oral, rectal	6 hours	Day 3 onwards	
	>12 years	Paracetamol  Maximum daily o	500mg - 1g dose 4g (8 lets)	Oral	4-6 hours	
Administration*	<ul> <li>Children</li> <li>A single dose of 30 mg/kg may be used for night-time dosing.</li> <li>A loading dose of 20–40 mg/kg may be used rectally; round dose down to nearest suppository strength.</li> <li>Adults</li> <li>If fasting, known liver disease, regular or heavy user of alcohol – reduce dose to 4-6 tablets in 24 hours</li> </ul>					
Accreditation Requirements	All Registered N Practitioners	lurses and Regi	stered Aborigir	nal and Torres	Strait Islander	Health

<b>Documentation</b> (including necessary information to the patient)	Patients who receive paracetamol must have this documented in the medication section of the patient's record in CCIS and / or PCIS
Related Documents	CARPA Standard Treatment Manual (Pain Management)
Date for Review	3 years from date approved by Chief Health Officer

<sup>\*</sup> The drug information provided is to act as a guide only, for further information reference should be made to the full manufacturer's product info and other reliable sources of medicines information. If contraindications or interactions are present refer to medical officer before administration

Permethrin Cream or Lotion for the Treatment of Scabies						
	CDC Schedu	ıled Substance	Treatment	Protocol (	(SSTP)	
Areas Applicable		ALL CENTRES FOR DISEASE CONTROL (CDC) IN THE NORTHERN TERRITORY (NT) and during outreach activities in other parts of the Northern Territory				
Drug	Permethrin 5%	cream or lotion				
Indication	Treatment of so	cabies with referen	ce to the guide	eline docume	nt listed below	I
Contraindications and/or Exclusions* Drug Interactions*	Allergy to pyret	Allergy to pyrethrins or pyrethroids				
Exclusions requiring discussion with medical officer*	Nil					
Dose, Route, Frequency* and Duration	Patient (Age) >2 months	Drug / D	ose	Route*	Frequency STAT	Duration  2 treatments (1-2 weeks apart)
Administration*	<ul><li>morning</li><li>Apply head</li><li>Including be</li></ul>	morning  • Apply head to toe, ensuring the whole body is covered but avoid eyes and mouth.				
Accreditation Requirements	All Registered Nurses and Registered Aboriginal and Torres Strait Islander Health Practitioners					
<b>Documentation</b> (including necessary information to the patient)	Patients who receive permethrin cream must have this documented in the medication section of the patient's record in CCIS and / or PCIS					
Related Documents		Healthy Skin Program. Guidelines for Community Control of Scabies, Skin Sores and Crusted Scabies in the Northern Territory				
Date for Review	3 years from da	te approved by Ch	ief Health Offi	icer		

<sup>\*</sup> The drug information provided is to act as a guide only, for further information reference should be made to the full manufacturer's product info and other reliable sources of medicines information. If contraindications or interactions are present refer to medical officer before administration



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#### Rifampicin For Prophylaxis Of Meningococcal And Invasive Haemophilus Influenzae Type B Disease CDC Scheduled Substance Treatment Protocol (SSTP) **Areas Applicable** ALL CENTRES FOR DISEASE CONTROL (CDC) IN THE NORTHERN TF and during outreach activities in other parts of the Northern Territor Rifampicin 300mg capsules and suspension (20mg/ml) Drug Indication With reference to the guideline documents listed below: Prophylaxis in contacts of cases meningococcal disear Prophylaxis in contacts of cases invasive H. influer Contraindications Allergy or hypersensitivity to any rifamycin ant and/or Pregnancy Exclusions\* Drug Jaundice, alcoholism Interactions\* Hepatic failure **Exclusions** requiring Oral contraceptives discussion with **Drug** interactions medical officer\* Ask about concurrent mer' ken, consult with a medical officer Dose. Route. ase contacts Frequency\* and **Duration** Patient (Age) Route\* Duration Frequency Oral BD 2 days <4 weeks ے/kg 10mg/kg Oral BD 2 days (Max 600mg) H. influenzae type B contacts /IPICIN 10mg/kg Oral Once daily 4 days 20mg/kg **RIFAMPICIN** Oral Once daily 4 days (Max 600mg) Admir iy half an hour before food. patient re staining of urine and tears (will stain soft contact lenses) Accre gistered Nurses and Registered Aboriginal and Torres Strait Islander Health Require. \_titioners **Documentation** ratients who receive rifampicin must have this documented in the medication section of (including necessary the patient's record in CCIS and / or PCIS information to the patient)

Related Documents	Guidelines for the Early Clinical and Public Health Management of Meningococcal Disease in Australia
	Haemophilus Influenzae Type B Invasive Infection. CDNA National Guidelines For Public Health Units
Date for Review	3 years from date approved by Chief Health Officer

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This protocol was approved by the CHO on **25 July 2017**. Copies of sign Health Policy Guidelines Program

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Roxithromy	cin for Prophylaxis of Acute (Penicilli	e Post Strept n Allergy)	tococcal C	Glomerulc	ritis
	CDC Scheduled Substance	Treatment	Protocol (	SST	<b>Q</b>
Areas Applicable	ALL CENTRES FOR DISEASE CON and during outreach activities in o			C	2
Drug	Roxithromycin				
Indication	In response to a case of Acute Po- treatment of skin lesions or proph guideline document listed below:	•	اد		το the
Contraindications and/or Exclusions* Drug Interactions*	<ul> <li>Serious allergy to macrolides of clarithromycin)</li> <li>Treatment with ergotamine</li> </ul>	or ketolir'	70	.comyci	'n,
Exclusions requiring discussion with medical officer*	<ul> <li>Risk factors for prolonged </li> <li>Hepatic failure</li> </ul>	40			
Dose, Route,	Patient (Weight)		Route*	Frequency	Duration
Frequency* and Duration	6-40kgs	g/kg aximum 150mg)	Oral	BD	5 days
		150mg	Oral	BD	5 days
	>40	300mg	Oral	OD	5 days
Administration*					<u>'</u>
Accreditation Requireme <sup>r</sup>	ક and Registe	ered Aboriginal	and Torres S	trait Islander I	Health
Docum <sup>r</sup> (includ <sup>†</sup> info <sup>r</sup>	eceive Roxithromyo			ed in the medi	cation

nern Territory Guidelines for Acute Post-Streptococcal Glomerulonephritis
ARPA Standard Treatment Manual (Antibiotics doses table)

Da. 3 years from date approved by Chief Health Officer

#### Reference.

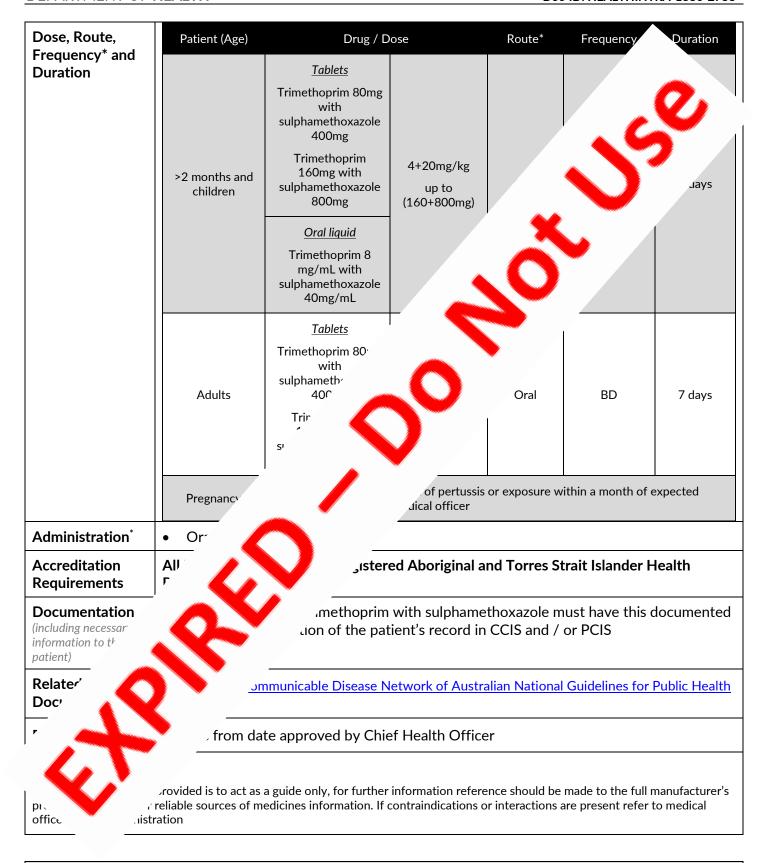
<sup>\*</sup> The drug information provided is to act as a guide only, for further information reference should be made to the full manufacturer's product info and other reliable sources of medicines information. If contraindications or interactions are present refer to medical officer before administration

Salbutamol for Bronchospasm						
	CDC Scheduled Substance Treatment Protocol (SSTP)					
Areas Applicable	ALL CENTRES FOR DISEASE CONTROL (CDC) IN THE NORTHERN TERRITORY (NT) and during outreach activities in other parts of the Northern Territory					
Drug	Salbutamol mete	Salbutamol metered dose inhaler (MDI), 100mcg/dose				
Indication	Prior to induced	sputum collec	tion			
	<ul><li>bronchodilat</li><li>All children ( bronchocons</li></ul>	<ul> <li>bronchodilators or inhaled corticosteroids or patients with a FEV(1)&lt;1 litre</li> <li>All children (less than 16 years old) regardless of whether they have a history of bronchoconstriction</li> </ul>				
Contraindications and/or Exclusions* Drug Interactions*	Risk factors for angle-closure glaucoma—inhaled salbutamol may rarely precipitate acute angle-closure crisis, especially if used with ipratropium.					
Exclusions requiring discussion with medical officer*	Nil					
Dose, Route,	Patient (Age)	Drug	/ Dose	Route*	Frequency	Duration
Frequency* and Duration			Induced S	putum		
	All	Salbutamol metered dose inhaler (MDI) 100mcg/dose	200/mcg (2 puffs)	Oral with spacer	Single dose	15 minutes before induced sputum
		Acute Asthma (Mild and Moderate Asthma)				
	<6 years	Salbutamol metered dose inhaler (MDI) 100mcg/dose	600mcg (6 puffs)	Inhaled with Spacer	STAT	If needed: Repeat every 20 minutes Maximum (3 doses)
	>6 years	Salbutamol metered dose inhaler (MDI) 100mcg/dose	1200/mcg (12 puffs)			_

Administration*	Induced Sputum
	Give Salbutamol via puffer and spacer
	Acute Asthma
	Prime the spacer before FIRST use with ten sprays of salbutamol.
	Give Salbutamol via puffer and spacer, spray one puff at a time into the spacer and have the patient inhale 4 times per puff.
	If not better in 20 minutes, repeat every 20 minutes up to 1 hour (3 doses)
	Medical consult / Call ambulance if no improvement
	Refer to related document for complete Asthma in adults management
Accreditation Requirements	All Registered Nurses and Registered Aboriginal and Torres Strait Islander Health Practitioners
<b>Documentation</b> (including necessary information to the patient)	Patients who receive Salbutamol must have this documented in the medication section of the patient's record in CCIS and / or PCIS
Related	Induced Sputum Collection RDH and TB Unit Procedure
Documents	CARPA Standard Treatment Manual - Asthma in Adults
	Salbutamol Inhaler and Nebule for Asthma or COPD - RDH ED SSTP
Date for Review	3 years from date approved by Chief Health Officer

<sup>\*</sup> The drug information provided is to act as a guide only, for further information reference should be made to the full manufacturer's product info and other reliable sources of medicines information. If contraindications or interactions are present refer to medical officer before administration

Trimethoprim	with Sulphamethoxazole for	Treatment and Prophylaxis of Pertussis
	CDC Scheduled Substance T	reatment Protocol (SSTP)
Areas Applicable	ALL CENTRES FOR DISEASE CONT and during outreach activities in other	ROL (CDC) IN THE NORTHERN TERRITORY (NT) er parts of the Northern Territory
Drug	Tablets: Trimethoprim 80mg with su Tablets: Trimethoprim 160mg with s Oral liquid: Trimethoprim 8 mg/mL v	ulphamethoxazole 800mg
Indication	Treatment of Pertussis infection and document below.	prophylaxis of contacts of
Contraindications and/or Exclusions* Drug Interactions*	<ul> <li>Serious allergic reaction to sulfor</li> <li>Preterm infants and neonates &lt;4</li> <li>Elderly</li> <li>Pregnancy first trimester and late</li> </ul>	weeks old
Exclusions requiring discussion with medical officer*	Patients with / who are:  Blood dyscrasias Breastfeeding if ill Folate deficiency G6PD deficiency Hepatic impairment HIV infection	ere or phenotype preterm infant lupus erythematosus
	<ul> <li>Drug interactions</li> <li>Treatment with against S. tyr'</li> <li>Drugs that hyperka'</li> </ul>	ethoprim with sulfamethoxazole is active accine, ., eg ACE inhibitors—increase risk of concentration.



	Tubersol (Tuberculin PPD)				
CDC Scheduled Substance Treatment Protocol (SSTP)					
Areas Applicable	ALL CENTRES FOR DISEASE CONTROL (CDC) IN THE NORTHERN TERRITORY (NT) and during outreach activities in other parts of the Northern Territory				
Drug	Tuberculin PPD (Mantoux - 5TU in 0.1mL) injection 1mL vial				
Indication	Mantoux skin test is given to identify people with tuberculosis (TB) or latent TB infection				
Contraindications and/or Exclusions* Drug Interactions*	<ul> <li>Confirmed TB infection</li> <li>Previous Mantoux test causing severe skin reactions (vesiculation, ulceration, necrosis</li> <li>Previous Mantoux test causing immediate hypersensitivity reaction</li> <li>Defer Mantoux skin testing</li> <li>Short term immunosuppressive therapy</li> <li>Recent live virus vaccination within 4 weeks</li> </ul>				
Exclusions requiring discussion with medical officer*	Nil				
Dose, Route, Frequency* and Duration	Patient Drug / Dose Route* Frequency Duration  All Tuberculin PPD 0.1mL Intradermal STAT				
Administration*	Intradermal injection				
Accreditation Requirements	All Registered Nurses and Registered Aboriginal and Torres Strait Islander Health Practitioners				
Documentation (including necessary information to the patient)	Patients who receive Tuberculin PPD must have this documented with the result in the appropriate section of the patient's record in CCIS and / or PCIS				
Related Documents	Guidelines for the Control of Tuberculosis in the Northern Territory  The Australian Immunisation Handbook 10th edition				
Date for Review	3 years from date approved by Chief Health Officer				

<sup>\*</sup> The drug information provided is to act as a guide only, for further information reference should be made to the full manufacturer's product info and other reliable sources of medicines information. If contraindications or interactions are present refer to medical officer before administration