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) CDC SSTP	7 May 2014	Centre for Disease Control Northern Territory Government, Department of Health
Azithromycin for treatment or prophylaxis of Trachoma CDC SSTP	7 May 2014	Centre for Disease Control, Northern Territory 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.

Table of Contents

Adrenaline (1:1000) for Injection
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	Adrenaline (1:1000) for injection
Indication	Anaphylactic reactions
Contraindications and/or Exclusions*	There are no absolute contraindications to adrenaline in anaphylactic reactions; adrenaline is often life-saving
Exclusions requiring discussion with medical officer*	N/A

Dose, Route, Frequency* and Duration

Patient (Age / Weight)	Drug / Dose		Route*	Frequency	Duration
<1 year (approx. 5-10kg)	Adrenaline 1:1000	0.05-0.1mL	IMI	Repeated every 5 minutes until there is clinical improvement	N/A
1-2 years (approx. 10kg)	Adrenaline 1:1000	0.1mL			
2-3 years (approx. 15kg)	Adrenaline 1:1000	0.15mL			
4-6 years (approx. 20kg)	Adrenaline 1:1000	0.2mL			
7-10 years (approx. 30kg)	Adrenaline 1:1000	0.3mL			
10-12 years (approx. 40kg)	Adrenaline 1:1000	0.4mL			
>12 years (over 50kg)	Adrenaline 1:1000	0.5mL			

Administration*	• Given by deep intramuscular injection preferably in the anterolateral (upper outer) thigh
Accreditation Requirements	**All Registered Nurses and Registered Aboriginal and Torres Strait Islander Health Practitioners**
Documentation *(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 Immunisation Handbook 10th Edition
Date for Review	3 years from date approved by 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

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

Amoxycillin and Probenecid for Treatment of Gonococcal Conjur Scheduled Substance Treatment Protocol (SSTP)

Areas Applicable	ALL CENTRES FOR DISEASE CONTROL (CDC) IN THE NOF and during outreach activities in other parts of the Northe
Drug	Amoxycillin tablets or capsules Probenecid tablets
Indication	For the treatment of gonococcal conjunctivitis cordance with the Guidelines for the control of Gonoc .
Contraindications and/or Exclusions* Drug Interactions**	• Penicillin or cephalosporin allergy • Probenecid allergy • Acute gout • Phenylketonuria • G6PD deficiency
Exclusions requiring discussion with medical officer*	• Renal impairment • Kidney stones • Blood dyscrasi • People curr pirin)

Dose, Route, Frequency* and Duration

Patient (W			Route*	Frequency	Duration
3		500mg	Oral	Single Dose	N/A
		nil			
	n	1g			
	necid	nil			
	oxycillin	1.5g			
	Probenecid	250mg			
g	Amoxycillin	2g			
	Probenecid	500mg			
or over	Amoxycillin	3g			
	Probenecid	1g			

For persons weighing >10kg give probenecid at the same time as the amoxyicillin.

K	**All Registered Nurses and Registered Aboriginal and Torres Strait Islander Health Practitioners**
Docu. *(including sary information to the patient)*	Patients who receive amoxycillin and probenecid must have the date, dose and name of the drug documented in the medication section of the patient's record in CCIS and / or PCIS.
Related Documents	Guidelines for the Control of Gonococcal Conjunctivitis in the NT
Date for Review	3 years from date approved by 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 manufactu[illegible]'s product info and other reliable sources of medicines information. If contraindications or interactions are present refer to medical officer be[illegible]inistration**

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

Azithromycin for Treatment or Prophylaxis of Pertussis
CDC Scheduled Substance Treatment Protocol (SSTP)

Areas Applicable	ALL CENTRES FOR DISEASE CONTROL (CDC) IN THE NORT (NT) and during outreach activities in other parts of the Nor
Drug	Azithromycin capsule or tablet or suspension (200mg/5r
Indication	Treatment of pertussis infection and prophylaxis of c ced document below
Contraindications and/or Exclusions* Drug Interactions*	• Allergy or hypersensitivity to azithromycin erythromycin, roxithromycin, clarithrom
Exclusions requiring discussion with medical officer*	• Renal or liver impairment • People currently taking colchic arfarin, disopyramide

Dose, Route, Frequency* and Duration

Patient (Age)			Route	Frequency	Duration
Infants <1 month	Azi		Oral	Once Daily	5 days
Infants 1 – 5 mo		/day	Oral	Once Daily	5 days
Infan		mg/kg up to 500mg	Oral	Once Daily	Day 1
		5mg/kg up to 250mg	Oral	Once Daily	Day 2-5
	thromycin capsule or tablet	500mg	Oral	Once Daily	Day 1
		250mg	Oral	Once Daily	Day 2-5
		Pregnant women with onset of pertussis or exposure within a month of expected delivery - discuss with medical officer			

Adm	
A	**egistered Nurses and Registered Aboriginal and Torres Strait Islander Health ctitioners**
(in infor nt)	Patients who receive *azithromycin* must have this documented in the medication section of the patient's record in CCIS and / PCIS
Related D ments	PERTUSSIS - Communicable Disease Network of Australian National Guidelines for Public Health Units
Date for Review	3 years from date approved by 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 pr nfo and other reliable sources of medicines information. If contraindications or interactions are present refer to medical officer before ad**

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

Azithromycin for Treatment or Prophylaxis of Trachoma
CDC 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	Azithromycin capsule or tablet or suspension (200mg/5mL)
Indication	Treatment for trachoma cases and prophylaxis for contacts >3kg
Contraindications and/or Exclusions* Drug Interactions*	• Allergy or hypersensitivity to azithromycin/macrolides/ketolides (eg erythromycin, roxithromycin, clarithromycin). • Weight <3kg
Exclusions requiring discussion with medical officer*	• Renal or liver impairment • People currently taking colchicine, digoxin, theophylline, warfarin, disopyramide

Dose, Route, Frequency* and Duration

Height Adjusted Azithromycin Treatment Schedule for Trachoma

Patient (Height)	Drug / Dose		Route*	Frequency	Duration
<61cms or < 1 year	Refer to weight-adjusted dosing				
61-70cms	Azithromycin suspension (200mg/5ml)	4mL	Oral	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		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 Duration	**Weight Adjusted Azithromycin Treatment Schedule for Trachoma**

Patient (Weight)	Drug / Dose		Route*	Frequency	Duration
3 to <6kgs	Azithromycin suspension (200mg/5ml)	2mL	Oral	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		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**
Documentation *(including necessary information to the patient)*	Patients who receive *azithromycin* 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 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

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

Benzathine Penicillin for Prophylaxis of Rheumatic Heart Disease, Acute Post Streptococcal Glomerulonephritis and Invasive Group A Streptococcu

CDC Substance Treatment Protocol (SSTP)

Areas Applicable	ALL CENTRES FOR DISEASE CONTROL (CDC) IN THE NORTHEP (NT) and during outreach activities in other parts of the Norther
Drug	Benzathine penicillin G 442mg/mL for injection
Indication	With reference to the guideline documents listed below • Prophylaxis of recurrences of Acute Rheumatic F • In response to a case of Acute Post Streptocor ɔGN), treatment of skin lesions or prophylaxis in c • n response to a case of Invasive Group A ion, prophylaxis of contacts of a case.
Contraindications and/or Exclusions* Drug Interactions*	• Allergy or hypersensitivity to penic
Exclusions requiring discussion with medical officer*	Nil
Dose, Route, Frequency* and Duration	

d iGAS

Patient (Weight			Route*	Frequency	Duration
3 to <6		300,000 / 0.5mL	IMI	Single Dose	STAT
<		37.5mg / 400,00 U / 0.75mL		Single Dose	STAT
	ine lin G	450mg / 600,000 U / 1mL		Single Dose	STAT
	enzathine penicillin G	675mg / 900,000 U / 1.5mL		Single Dose	STAT
	Benzathine penicillin G	900mg / 1.2m U / 2mL		Single Dose	STAT

For Rheumatic Fever Prophylaxis

<20kg	Benzathine penicillin G	450mg / 600,000 U / 1mL	IMI	Single dose every 21 to 28 days	STAT
≥20kg	Benzathine penicillin G	900mg / 1.2m U / 2mL		Single dose every 21 to 28 days	STAT

Administration*	• Intramuscular injection

Accreditation Requirements	All Registered Nurses and Registered Aboriginal and Torres Strait Isl[illegible]der Health Practitioners
Documentation *(including necessary information to the patient)*	Patients who receive *benzathine penicillin* must have this docu[illegible] medication section of the patient's record in CCIS and / or [illegible]
Related Documents	The Australian Guideline for Prevention, Diagnosis an[illegible] Rheumatic Fever and Rheumatic Heart Disease (2n[illegible] Northern Territory Guidelines for Acute Post-St[illegible]ritis Management of contacts of patients with inv[illegible]s
Date for Review	3 years from date approved by Chief He[illegible]

References:

* The drug information provided is to act as a guide only, for further in[illegible]de to the full manufacturer's product info and other reliable sources of medicines information. If [illegible]re present refer to medical officer before administration

This protocol was approved by the CHO on 2[illegible]ed protocols are retained by the Health [illegible]

Benzyl Benzoate Lotion for the Treatment of Scabies
CDC Scheduled Substance Treatment Protocol (SSTP)

Areas Applicable	ALL CENTRES FOR DISEASE CONTROL (CDC) IN THE NOP (NT) and during outreach activities in other parts of the N
Drug	Benzyl Benzoate 25% lotion
Indication	Treatment of scabies if use of permethrin is not pr guideline document listed below
Contraindications and/or Exclusions* Drug Interactions*	• Acutely inflamed, raw or weeping skin.
Exclusions requiring discussion with medical officer*	• Nil

Dose, Route, Frequency* and Duration

Patient (Age)			Route*	Frequency	Duration
>6 months and <24 months		art parts ater	Topical	Single treatment Day 1 and 7*	
2 years		ilute 1 part with 1 part water		Single treatment Day 1 and 7*	
		ate ion Undiluted		Single treatment Day 1 and 7*	
Crusted Scabies					
	Benzyl Benzoate 25% lotion	Dilute 1 part with 3 parts water	Topical	2-3 per week**	Continue until –ve scabies
o 12 years	Benzyl Benzoate 25% lotion	Dilute 1 part with 1 part water		2-3 per week**	Continue until –ve scabies
>12 years	Benzyl Benzoate 25% lotion	Undiluted		2-3 per week**	Continue until –ve scabies

Administration*	**Scabies*** • Apply to skin from the neck down, wash off after 24 hours • Also apply to the scalp, neck, face and ears in children [illegible] immunocompromised people, people who have had [illegible] with atypical or crusted scabies **Crusted Scabies**** • Apply second daily after bathing for the 1st [illegible]ily until cured • Apply head to toe, ensuring the whol[illegible] eyes and mouth • Do not apply cream on the same d[illegible]
Accreditation Requirements	All Registered Nurses and Registe[illegible]rait Islander Health Practitioners
Documentation *(including necessary information to the patient)*	Patients who receive *benzyl*[illegible]cumented in the medication section of the patient's re[illegible]
Related Documents	Healthy Skin Progr[illegible]ity Control of Scabies, Skin Sores and Crusted Scabies i[illegible]
Date for Review	3 years from [illegible]alth Officer

References:

*** The drug information provided is to act[illegible]on reference should be made to the full manufacturer's product info and other reliable sources of medicine[illegible]nteractions are present refer to medical officer before administration**

This protocol was a[illegible] **July 2017**. Copies of signed protocols are retained by the [illegible]olicy Guidelines Program

Calmurid Cream or Lotion As An Adjunct to the Treatmen
Scheduled Substance Treatment Protocol /

Areas Applicable	ALL CENTRES FOR DISEASE CONTROL (CDC) IN TH (NT) and during outreach activities in other parts of the
Drug	Calmurid cream : Urea 10% with lactic acid 5%
Indication	Treatment of dry skin as part of manageme to the guideline document listed below
Contraindications and/or Exclusions* Drug Interactions*	Nil
Exclusions requiring discussion with medical officer*	Nil
Dose, Route, Frequency* and Duration	

Patient (Age Height, Wei		Route*	Frequency	Duration
Cruste	id	Topical	Alternate day to topical scabicide	Continue until –ve scabies

Administration*	ays not applying topical scabicide. o be applied to crusted or thickened skin
Accreditation Requiremer	and Registered Aboriginal and Torres Strait Islander Health
Docum *(includi infor po*	eceive *calmurid cream* must have this documented in the medication e patient's record in CCIS and / or PCIS
	ny Skin Program. Guidelines for Community Control of Scabies, Skin Sores and usted Scabies in the Northern Territory
	3 years from date approved

Re

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

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

Ceftriaxone for Prophylaxis of Meningococcal Disease and Invasiv[illegible]s Influenzae Type B Disease

CDC Scheduled Substance Treatment Protocol

Areas Applicable	ALL CENTRES FOR DISEASE CONTROL (CDC) IN THE [illegible]NT) and during outreach activities in other parts of the N[illegible]
Drug	Ceftriaxone injection with lignocaine 1%
Indication	With reference to the guideline documents li[illegible] • Prophylaxis in contacts of cases menin[illegible] • Prophylaxis in contacts of cases inv[illegible]sease
Contraindications and/or Exclusions* Drug Interactions*	• Allergy or hypersensitivity to ce[illegible] • Major penicillin allergy • Allergy to lignocaine • Children 4 weeks of ag[illegible]
Exclusions requiring discussion with medical officer*	• Renal failure • Anticoagulants, [illegible]

Dose, Route, Frequency* and Duration

Pati[illegible]		Dose	Route*	Frequency	Duration
[illegible]coccal Disease Contacts					
[illegible]		125mg / 0.5mL	IMI	Single dose	STAT
[illegible]	[illegible]one	250mg / 1mL	IMI	Single dose	STAT
For *H. Influenzae* Contacts					
[illegible]	Ceftriaxone	50mg/Kg	IMI	Daily	2 days
[illegible]	[illegible]ild	Ceftriaxone	1g / 4mL	IMI	Daily	2 days

A[illegible]
[illegible]onstitute 500 mg vial of ceftriaxone with 1.8mL of 1% lignocaine.
[illegible]econstitute 1 gram vial ceftriaxone with 3.6 mL of 1% lignocaine
Give by deep injection into gluteal muscle

K[illegible]	**All Registered Nurses and Registered Aboriginal and Torres Strait Islander Health Practitioners**
Docun[illegible]ion *(including necessary information to the patient)*	Patients who receive *Ceftriaxone* must have this documented in the medication section of the patient's record in CCIS and / or PCIS
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

References:

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

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

Ciprofloxacin for Prophylaxis of Meningococcal Disease
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	Ciprofloxacin tablets and Ciprofloxacin suspension 250mg/5ml
Indication	With reference to the guideline documents listed below: • Prophylaxis in contacts of cases meningococcal disease • May be preferred in women taking oral contraceptives
Contraindications and/or Exclusions* Drug Interactions*	Contraindications • Allergy or hypersensitivity to quinolone antibioti • Pregnancy (compatible with breastfeeding, bu ants) Drug interactions • Do not administer to patients on bupr
Exclusions requiring discussion with medical officer*	Patients with: • Myasthenia gravis • renal impairment CrCl<30m' • G6PD deficiency • Epilepsy Patients prescribed/ ta' ons: • Anticoagulant • Clozapine • Cyclospo • Iantha • Gli' • ' • matory drugs • Probenecid, • Ropinirole • Ropivacaine • Sevelamer • Sildenafil • Theophylline • Thyroid hormones

Dose, Route, Frequency* a Duration

	Drug / Dose		Route*	Frequency	Duration
	Ciprofloxacin suspension	30mg/kg up to 125mg	Oral	Single dose	STAT
ears	Ciprofloxacin tablets / Ciprofloxacin suspension 250mg/5ml	250mg	Oral	Single dose	STAT
≥12 yrs	Ciprofloxacin tablets	500mg	Oral	Single dose	STAT

Administration*	• Do not administer within 4 hours of having taken iron, zinc or calcium preparations, antacids, or anti-retrovirals.

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

References:

* The drug information provided is to act as a guide only, for further information ull manufacturer's product info and other reliable sources of medicines information. If contraindi refer to medical officer before administration

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

Crotamiton Cream for the Treatment of Scabies
CDC Scheduled Substance Treatment Protocol (SSTP)

Areas Applicable	ALL CENTRES FOR DISEASE CONTROL (CDC) IN THE NORTHE and during outreach activities in other parts of the Northern Te
Drug	Crotamiton 10% cream
Indication	Treatment of scabies if use of permethrin is not possib document listed below ...deline
Contraindications and/or Exclusions* Drug Interactions*	• Acutely inflamed, raw or weeping skin
Exclusions requiring discussion with medical officer*	Nil
Dose, Route, Frequency* and Duration	Patient (Age) ... ...oute* | Frequency | Duration <2 months ... Topical | Daily | 3 days
Administration*	• Apply skin fr... ...ay, wash off after 24 hours • Also appl... ...d ears
Accreditation Requirements	**All Regist... ... Aboriginal and Torres Strait Islander Health Practiti...**
Documentation *(including necessary information to the patient)*	Pat... ...n *cream* must have this documented in the medication s... ...d in CCIS and / or PCIS
Related Documents	...i. Guidelines for Community Control of Scabies, Skin Sores and ...the Northern Territory
Date fo...	...ate approved by Chief Health Officer
Ref...	...s to act as a guide only, for further information reference should be made to the full manufacturer's ...sources of medicines information. If contraindications or interactions are present refer to medical

This pr... ...was approved by the CHO on **25 July 2017**. Copies of signed protocols are retained by the Health Policy Guidelines Program

Erythromycin for Treatment and Prophylaxis of Pertussi
CDC Scheduled Substance Treatment Protocol (SST

Areas Applicable	ALL CENTRES FOR DISEASE CONTROL (CDC) IN THE NORT and during outreach activities in other parts of the Norther
Drug	Erythromycin capsule or tablet (250 mg) or suspension /
Indication	Treatment of Pertussis infection and prophylaxis of ,ated document below * Erythromycin, whilst efficacious for prophyl ue to poor tolerability. Erythromycin for this reason is ,ost recent edition of *Therapeutic Guidelines: Antibiotic (201*
Contraindications and/or Exclusions* Drug Interactions*	• Serious allergy to macrolides or l , oxithromycin, clarithromycin)
Exclusions requiring discussion with medical officer*	• Hepatic or renal impa • Myasthenia gravis • Treatment with • Many drug ir urrent medications and if any being taken, consult wi

Dose, Route, Frequency* and Duration

Erythromycin*					
P		Dose	Route	Frequency	Duration
	Not recommended				
	ythromycin	10mg/Kg up to 250mg	Oral	Every 6 hours	7 days
	Erythromycin	10mg/Kg up to 250mg	Oral	Every 6 hours	7 days
	ts Erythromycin	250mg	Oral	Every 6 hours	7 days
	Pregnancy	Pregnant women with onset of pertussis or exposure within a month of expected delivery - discuss with medical officer			

Erythromycin (ethyl succinate formulation)*					
<1 month	Not recommended				
≥1 month	Erythromycin (ethyl succinate formulation)	10mg/kg up to 400mg	Oral	Every 6 hours	7 days
Adults	Erythromycin (ethyl succinate formulation)	400mg	Oral	Every 6 hours	7 days
Pregnancy	Pregnant women with onset of pertussis or exposure within a month of expected delivery - discuss with medical officer				

Administration*	• Oral
Accreditation Requirements	**All Registered Nurses and Registered Aboriginal and Torres Strait Islander ealth Practitioners**
Documentation *(including necessary information to the patient)*	Patients who receive *Erythromycin* must have this documented in th n 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:

* The drug information provided is to act as a guide only, for further informatio e full manufacturer's product info and other reliable sources of medicines information. If contrain t refer to medical officer before administration

This protocol was approved by the CHO on **25 Jul** otocols are retained by the Health Polic

Oseltamivir for Treatment and Prevention of Influenza
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	Oseltamivir capsule: 30mg, 45mg, 75mg Oseltamivir oral liquid 6 mg/mL
Indication	Treatment of influenza infection and prophylaxis of influenza in cc cases
Contraindications and/or Exclusions* Drug Interactions*	• Known hypersensitivity to any of the components of th
Exclusions requiring discussion with medical officer*	• Adults with renal impairment (CrCl<60ml/mi • Children <12 months of age • Hereditary fructose intolerance—oral li / 0.9 g sorbitol with each 30 mg oseltamivir

Dose, Route, Frequency* and Duration

Patient (Weight)	Drug / Do		Frequency	Duration
<15kg	Oseltamivir capsule 30m		BD	5 days
	Osel or			
15-23		.5ml of liquid	BD	5 days
	mg	60mg	BD	5 days
	eltamivir psule 75mg	75mg	BD	5 days

Adminis	
Accr Re	**ed Nurses and Registered Aboriginal and Torres Strait Islander Health ers**
	its who receive oseltamivir must have this documented in the medication section ne patient's record in CCIS / PCIS / Communicare or other appropriate patient ecord.
Relate Documen	Influenza Infection – CDNA National Guidelines for Public Health Units

Date for Review	3 years from date approved by Chief Health Officer

References:

* The drug information provided is to act as a guide only, for further information reference should ... s product info and other reliable sources of medicines information. If contraindications or interac... officer before administration

This protocol was approved by the CHO on **25 July 2017**. Copies ... ained by the Health Policy Guidelines Pr...

Paracetamol

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	Paracetamol tablet (500mg) Oral liquid 24mg/mL, 48mg/mL, 100mg/mL Suppository 125mg, 250mg, 500mg
Indication	Mild-to-moderate pain
Contraindications and/or Exclusions* Drug Interactions*	• Previous hypersensitivity reaction to paracetamol
Exclusions requiring discussion with medical officer*	• Sodium restriction—soluble paracetamol products may contain large amounts of sodium. • Phenylketonuria—soluble paracetamol products may contain aspartame. • Hepatic: patients with chronic liver disease may be at increased risk of liver damage following therapeutic dose or overdose of paracetamol. • Pain or fever in children lasting more than 48 hours.

Dose, Route, Frequency* and Duration

Patient (Age)	Drug / Dose		Route*	Frequency	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	500mg – 1g	Oral	4-6 hours	
	Maximum daily dose 4g (8 tablets)				

Administration*

Children

- A single dose of 30 mg/kg may be used for night-time dosing.
- A loading dose of 20–40 mg/kg may be used rectally; round dose down to nearest suppository strength.

Adults

- If fasting, known liver disease, regular or heavy user of alcohol – reduce dose to 4-6 tablets in 24 hours

Accreditation Requirements

All Registered Nurses and Registered Aboriginal and Torres Strait Islander Health Practitioners

Documentation *(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

References:

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

Permethrin Cream or Lotion for the Treatment of Scabies
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	Permethrin 5% cream or lotion
Indication	Treatment of scabies with reference to the guideline document listed below
Contraindications and/or Exclusions* Drug Interactions*	Allergy to pyrethrins or pyrethroids
Exclusions requiring discussion with medical officer*	Nil
Dose, Route, Frequency* and Duration	See table below
Administration*	• Apply late or evening, cream left on overnight (8-12 hours) and washed off in the morning • Apply head to toe, ensuring the whole body is covered but avoid eyes and mouth. • Including between the toes, fingers, soles of feet, under nails, behind ears, the groin, bottom and genitalia.
Accreditation Requirements	**All Registered Nurses and Registered Aboriginal and Torres Strait Islander Health Practitioners**
Documentation *(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 date approved by Chief Health Officer

Patient (Age)	Drug / Dose		Route*	Frequency	Duration
>2 months	PERMETHRIN		Topical	STAT	2 treatments (1-2 weeks apart)

References:

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Procaine Penicillin for Treatment of Gonococcal Conjuncti
CDC Scheduled Substance Treatment Protocol (SST

Areas Applicable	ALL CENTRES FOR DISEASE CONTROL (CDC) IN THE NORT and during outreach activities in other parts of the Norther
Drug	Procaine penicillin 1.5G for injection
Indication	Treatment of gonococcal conjunctivitis in an outbr
Contraindications and/or Exclusions* Drug Interactions*	• Allergy or hypersensitivity to penicillin • If infection is known to be due to penici gonorrhoea (PPNG) then treatment with ceftriaxo
Exclusions requiring discussion with medical officer*	Nil

Dose, Route, Frequency* and Duration

Patient (Weight)			Route*	Frequency	Duration
3 to <6kg			IMI	Single dose	N/A
6 to <10k		0.8mL		Single dose	N/A
10		00mg / 1.1mL		Single dose	N/A
	1.5G	750mg / 1.7mL		Single dose	N/A
	ocaine nicillin 1.5G	1.0g / 2.3mL		Single dose	N/A
	Procaine penicillin 1.5G	1.5g / 3.4mL		Single dose	N/A

Ad	by deep IM injection only (do not give IV); avoid major nerves and blood sels as severe neurovascular damage may occur.
	Registered Nurses and Registered Aboriginal and Torres Strait Islander Health ractitioners
In patie	Patients who receive procaine penicillin must have this documented in the medication section of the patient's record in CCIS and / or PCIS
Related Documents	Guidelines for the Control of Gonococcal Conjunctivitis in the NT
Date for Review	3 years from date approved by Chief Health Officer

References:

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Health Policy Guidelines Program

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
Drug	Rifampicin 300mg capsules and suspension (20mg/ml)
Indication	With reference to the guideline documents listed below: • Prophylaxis in contacts of cases meningococcal disea • Prophylaxis in contacts of cases invasive H. influer
Contraindications and/or Exclusions* Drug Interactions*	• Allergy or hypersensitivity to any rifamycin ant • Pregnancy • Jaundice, alcoholism
Exclusions requiring discussion with medical officer*	• Hepatic failure • Oral contraceptives Drug interactions • Ask about concurrent me ken, consult with a medical officer

Dose, Route, Frequency* and Duration

Patient (Age)		Route*	Frequency	Duration
ease contacts				
<4 weeks	g/kg	Oral	BD	2 days
>4	10mg/kg (Max 600mg)	Oral	BD	2 days
or *H. influenzae* type B contacts				
IPICIN	10mg/kg	Oral	Once daily	4 days
RIFAMPICIN	20mg/kg (Max 600mg)	Oral	Once daily	4 days

Admi	ly half an hour before food. patient re staining of urine and tears (will stain soft contact lenses)
Accre Require	**gistered Nurses and Registered Aboriginal and Torres Strait Islander Health titioners**
Documentati *(including necessary information to the patient)*	Patients who receive *rifampicin* must have this documented in the medication section of the patient's record in CCIS and / or PCIS

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

References:

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product info and other reliable sources of medicines information. If contraindications or interactions arr
officer before administration

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Roxithromycin for Prophylaxis of Acute Post Streptococcal Glomerul itis (Penicillin Allergy)

CDC Scheduled Substance Treatment Protocol (SST

Areas Applicable	ALL CENTRES FOR DISEASE CONTROL (CDC) IN THE NORT and during outreach activities in other parts of the Norther
Drug	Roxithromycin
Indication	In response to a case of Acute Post Streptococcal C treatment of skin lesions or prophylaxis in conta guideline document listed below:
Contraindications and/or Exclusions* Drug Interactions*	• Serious allergy to macrolides or ketoli romycin, clarithromycin) • Treatment with ergotamine
Exclusions requiring discussion with medical officer*	• Risk factors for prolonged C • Hepatic failure

Dose, Route, Frequency* and Duration

Patient (Weight)		Route*	Frequency	Duration
6-40kgs	g/kg aximum 150mg)	Oral	BD	5 days
>4C	150mg	Oral	BD	5 days
	300mg	Oral	OD	5 days

Administration*	
Accreditation Requireme	**s and Registered Aboriginal and Torres Strait Islander Health**
Docum *(includ info pr*	eceive Roxithromycin must have this documented in the medication e patient's record in CCIS and / or PCIS
	hern 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

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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 metered dose inhaler (MDI), 100mcg/dose
Indication	Prior to induced sputum collection • For patients who have asthma or suspected asthma, those who use regular bronchodilators or inhaled corticosteroids or patients with a FEV(1)<1 litre • All children (less than 16 years old) regardless of whether they have a history of bronchoconstriction • Treatment of bronchospasm
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, Frequency* and Duration	See table below

Patient (Age)	Drug / Dose		Route*	Frequency	Duration
Induced Sputum					
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**
Documentation *(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 Documents	Induced Sputum Collection RDH and TB Unit Procedure 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

References:

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Trimethoprim with Sulphamethoxazole for Treatment and Prophylaxis of Pertussis 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	Tablets: Trimethoprim 80mg with sulphamethoxazole 400mg Tablets: Trimethoprim 160mg with sulphamethoxazole 800mg Oral liquid: Trimethoprim 8 mg/mL with sulphamethoxazole 40mg/m
Indication	Treatment of Pertussis infection and prophylaxis of contacts of c document below.
Contraindications and/or Exclusions* Drug Interactions*	• Serious allergic reaction to sulfonamides, megaloblasti • Preterm infants and neonates <4 weeks old • Elderly • Pregnancy first trimester and late in pregnan
Exclusions requiring discussion with medical officer*	Patients with / who are: • Blood dyscrasias • Breastfeeding if ill • Folate deficiency • G6PD deficiency • Hepatic impairment • HIV infection Drug interactions • Treatment with ethoprim with sulfamethoxazole is active against S. typ accine, • Drugs tha , eg ACE inhibitors—increase risk of hyperka concentration.

Dose, Route, Frequency* and Duration

Patient (Age)	Drug / Dose		Route*	Frequency	Duration
>2 months and children	*Tablets* Trimethoprim 80mg with sulphamethoxazole 400mg Trimethoprim 160mg with sulphamethoxazole 800mg	4+20mg/kg up to (160+800mg)			days
	Oral liquid Trimethoprim 8 mg/mL with sulphamethoxazole 40mg/mL				
Adults	*Tablets* Trimethoprim 80 with sulphameth 40 Trir s		Oral	BD	7 days
Pregnanc		of pertussis or exposure within a month of expected dical officer			

Administration* • Or

Accreditation Requirements All istered Aboriginal and Torres Strait Islander Health

Documentation *(including necessar information to t patient)* methoprim with sulphamethoxazole must have this documented ion of the patient's record in CCIS and / or PCIS

Relate Doc ommunicable Disease Network of Australian National Guidelines for Public Health

from date approved by Chief Health Officer

rovided is to act as a guide only, for further information reference should be made to the full manufacturer's pr reliable sources of medicines information. If contraindications or interactions are present refer to medical offic istration

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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*	• Confirmed TB infection • Previous Mantoux test causing severe skin reactions (vesiculation, ulceration, necrosis • Previous Mantoux test causing immediate hypersensitivity reaction • Defer Mantoux skin testing • Short term immunosuppressive therapy • Recent live virus vaccination within 4 weeks
Exclusions requiring discussion with medical officer*	Nil
Dose, Route, Frequency* and Duration	See table below
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

Patient	Drug / Dose		Route*	Frequency	Duration
All	Tuberculin PPD	0.1mL	Intradermal	STAT	

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