



“Just In Case” or “Delayed” Antibiotic Prescriptions

PLEASE READ BEFORE USING MEDICINES. KEEP IT SOMEWHERE SAFE SO YOU CAN READ IT AGAIN.

Why has my child been given a “just in case” or “delayed” prescription for antibiotics?

- Middle ear infections are common, painful infections in children. Germs multiply in the middle ear causing a build-up of pressure that stretches the ear drum. In around 1 in 7 children, the ear drum bursts, releasing a liquid (medical term: ‘discharge’) that can be seen coming out of the ear.
- Most people believe that the ear pain improves when the ear drum bursts, but research shows the pain is the same, with or without the ear drum bursting.
- Most symptoms of ear infections improve or stop within **4 to 7 days**.
- Not every child needs antibiotics but nearly all children in the UK with ear infections and discharge are given antibiotics immediately - these can cause side-effects like:-
 - > rashes
 - > diarrhoea and vomiting
 - > and, very rarely, severe allergic reactions
 They can also make the germs in a child’s body resistant to antibiotics.
- We want to see if a “delayed” antibiotic prescription (a prescription which is not “cashed” unless the infection does not get better on its own or the symptoms get worse) could be an alternative treatment for ear discharge – studies in other infections suggest this can be just as effective and safe, but with fewer side-effects.

When to give the antibiotics

- Your doctor/nurse will have given you a prescription for amoxicillin (or clarithromycin or other antibiotic, if your child is allergic to amoxicillin) and will have advised you to “**wait and see**” over the **next 3 days**, before “cashing” it in.
- If your child’s ear infection improves, it is unlikely that you will have to give them the antibiotics.
- If at **any time** during the **first 3 days** your child’s condition worsens, start giving the antibiotics and if you are concerned, contact your GP. See the section “What to do if your child’s symptoms get worse” on the next page for signs to look out for in the first 3-4 days.

How much to give

- The amount to give depends on which antibiotic your child has been prescribed and how old they are – your doctor/nurse will have worked out the correct dose for your child.
- If your child has been given a prescription for **amoxicillin (liquid or tablets)** you should give it **3 times daily for 7 days**:

- > in the morning;
- > in the early afternoon, e.g. straight after school;
- > in the evening.

- If your child has been given a prescription for **clarithromycin (liquid or tablets)** you should give it **2 times daily for 7 days**:
 - > in the morning;
 - > in the evening.
- Try to space these times out as evenly as possible.
- Give the antibiotic at about the same time each day.
- The dose will be shown on the medicine label.
- **It is important that you follow the instructions on the medicine label about how much to give.**



When will the antibiotic start working if I have to “cash in” the prescription?

- The antibiotic will start to work straight away but it may take another **2–3 days** before your child starts to feel better.
- It is important that you give the whole course of antibiotics that your doctor has prescribed, even when your child feels better. This is to make sure that all the bacteria are killed and the infection doesn’t come back.

What if I forget to give it?

- Do not give the missed dose. Just give the next dose as usual.

What if I give too much?

- Higher doses are used for serious infection. If you are still worried that you may have given your child too much, contact your doctor or local NHS 111 telephone service as soon as possible. Have the medicine or packaging with you if you telephone for advice.

Are there any possible side-effects?

We use medicines to make our children better, but sometimes they have other effects that we don’t want (side-effects).

Very rare side-effects you must do something about

- If your child is short of breath or is wheezing, or their face, lips or tongue start to swell, or they develop a rash, they may be allergic to the antibiotic.



STOP using the medicine. Take your child to hospital or call an ambulance **straight away**.

Other side-effects you need to know about

- The most common side-effects for **amoxicillin** are:
 - > skin rash
 - > nausea
 - > diarrhoea

Important things to know about taking antibiotics

- Try to give the medicine at about the same times each day, to help you remember, and to make sure that there is the right amount of medicine in your child's body to kill the bacteria.
- Only give this medicine to your child for their current infection that you have agreed to take part in the study for, and for **7 days only**.
- **Never save** medicine for future illnesses.



- Only give the antibiotic to the child for whom it was prescribed. Never give it to anyone else, even if their condition appears to be the same, as this could do harm.
- Antibiotics only kill bacteria; they do not kill viruses. This means that they do not work against colds, sore throats, flu or other infections that are caused by viruses. Your doctor will not prescribe antibiotics for these illnesses.

- The most common side-effects for **clarithromycin** are:
 - > abdominal pain
 - > diarrhoea
 - > nausea
 - > vomiting
 - > change in sense of taste
- If your child develops any of the above side-effects contact your doctor for advice.
- There may, sometimes, be other side-effects that are not listed above. If you notice anything unusual and are concerned, contact your doctor **and** the REST study team (**07778 7666502**).

Remember

- Keep the antibiotic in the container it comes in and out of the reach of children.
- If you have any questions about how to use the medicine, contact the REST study team on **0778 7666502** or email rest-trial@bristol.ac.uk
- The study is not intended to replace your child's usual medical care. If you have concerns about your child's illness, please contact your GP or NHS 111 in the usual way.

Can other medicines be given at the same time as antibiotics?

- You can give your child medicines that contain paracetamol or ibuprofen to help treat any pain or high temperature, unless your doctor has told you not to. Always follow the dosing instructions on the packaging or from your doctor.
- Check with your doctor or pharmacist **before** giving any other medicines to your child, including herbal or complementary medicines. However, most medicines can be given safely while using antibiotics.

What to do if your child's symptoms get worse

- Contact your doctor or local NHS 111 telephone service if your child does not appear to be getting better after a few days or if they have any of the following symptoms:-
 - > increasing pain
 - > high temperatures
 - > headaches
 - > irritability
 - > or reduced feeding (particularly if your child is under 2 years old).
- If your child's other ear starts to hurt or you see discharge contact your GP surgery **and** also the Trial Research Nurse (**0778 7666502** or email rest-trial@bristol.ac.uk).



the runny ear study