Emergency Antibiotic Reference Card: Children

Weight-based doses | Prescription required | Companion to the adult card

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Children are dosed by weight. Doses below are in **mg per kg of body weight** (1 kg = 2.2 lb). Have your child's physician fill in the worksheet on page 3 with the exact dose in milliliters for your child's weight and the liquid strength you have. **Never give more than the adult dose**, even for a large child. Use the oral syringe that comes with the medicine, not a kitchen spoon. These doses are not for newborns or infants under 2 months.[5] **Any baby under 3 months with a fever needs care right away.**

Waterborne and diarrheal illness

Condition	Antibiotic	Child dose	Notes
Any diarrhea	**Oral rehydration solution** (ORS) first	1 packet in the volume on the label (usually 1 liter) of boiled or treated water	ORS is the main treatment for children. Keep breastfeeding or formula and offer regular food.[4]
Giardia	**Tinidazole** (age over 3) Metronidazole Nitazoxanide	50 mg/kg once (max 2 g) 5 mg/kg 3 times a day, 5–7 days Age 1–3: 100 mg twice a day; age 4–11: 200 mg twice a day; 3 days	Often clears on its own.[1]
Cryptosporidium	**Nitazoxanide** liquid (100 mg/5 mL)	Age 1–3: 100 mg twice a day Age 4–11: 200 mg twice a day 3 days	Use the liquid under age 12; one tablet is too much for a young child.[2]
Bacterial diarrhea / dysentery	**Azithromycin**	10 mg/kg once a day for 3 days (max 500 mg a day)	For moderate to severe diarrhea.[3,4] Ask for the unmixed powder to store; mix with safe water when needed.[3]

Wounds, skin infections, and abscesses

Condition	Antibiotic	Child dose	Notes
Wound infection / cellulitis	**Cephalexin** (Keflex)	25–50 mg/kg per day, divided into 4 doses; 7–10 days	Dr. Lopez's recommended course; IDSA lists 5 days, extended if not improving.[5]
Skin abscess (MRSA coverage)	**Bactrim** (TMP-SMX) **Clindamycin**	8–12 mg/kg per day of the TMP part, in 2 doses 30–40 mg/kg per day, in 3 doses	Drainage is the main treatment.[5] Clindamycin liquid tastes bitter; ask about capsules for older children.
Bite wound	**Augmentin**	Weight-based dose from your physician	Clean and irrigate well; check tetanus and rabies risk.[5]

Throat, sinus, and chest infections

Condition	Antibiotic	Child dose	Notes
Strep throat / tonsillitis	**Amoxicillin** Penicillin V	50 mg/kg once a day (max 1,000 mg), or 25 mg/kg twice a day (max 500 mg a dose); 10 days 250 mg 2–3 times a day; 10 days	Penicillin allergy: cephalexin 20 mg/kg twice a day (max 500 mg); clindamycin 7 mg/kg 3 times a day (max 300 mg); 10 days. Or azithromycin 12 mg/kg day 1 (max 500 mg), then 6 mg/kg (max 250 mg) days 2–5.[6]
Sinus infection	**Augmentin**	45 mg/kg per day of amoxicillin, in 2 doses; 90 mg/kg per day if under 2, in daycare, or recent antibiotics; 10–14 days	Only if symptoms last 10+ days, are severe, or worsen after improving. Children need longer courses than adults.[7]
Bronchitis / chest cold	**Usually none**	—	Most are viral. Watch for pneumonia signs.[8]
Pneumonia fever, fast breathing, colored sputum	**Amoxicillin** (high dose) Azithromycin (atypical, age 5+)	90 mg/kg per day in 2 doses (max 4 g a day); 5–10 days 10 mg/kg day 1 (max 500 mg), then 5 mg/kg (max 250 mg) days 2–5	Under age 5, most pneumonia is viral. A child with fast or labored breathing needs to be seen.[9]

Urinary tract infections

Condition	Antibiotic	Child dose	Notes
Bladder infection burning, frequency, new accidents	**Cephalexin** **Nitrofurantoin** **Bactrim** (age 2 months+)	25–50 mg/kg per day in 2–4 doses 5–7 mg/kg per day in 4 doses (max 100 mg a dose) 8 mg/kg per day of TMP part, in 2 doses	Short courses work for bladder infections; ask your physician for the length.[10]
Kidney infection / fever with UTI	**Cephalexin** Augmentin Bactrim	50–100 mg/kg per day in 4 doses 20–40 mg/kg per day in 3 doses 6–12 mg/kg per day of TMP part, in 2 doses; 7–14 days total	**Get to care.** A toddler with fever and no clear source may have a UTI.[11]

Do not give children: doxycycline under age 8 (stains teeth)[5] • **ciprofloxacin or levofloxacin** unless a physician specifically directs it[3,12] • **Bactrim** under 2 months[11] • **loperamide (Imodium)** under age 6 • **Pepto-Bismol or Kaopectate** (bismuth) at any age[13] • adult tablets cut up by guesswork.

Get care right away

Signs of dehydration: unusual sleepiness or irritability • much less urine • dry mouth • sunken soft spot (babies) • cool hands and feet • bloody diarrhea • fever over 101.3°F with diarrhea • vomiting that won't stop.[3] Also go for: fast or labored breathing • a baby under 3 months with fever • red streaks from a wound • stiff neck • a child who is hard to wake • no improvement after 48–72 hours of antibiotics.

Child dosing worksheet (completed by your physician)

Child's name	Weight (kg)	Antibiotic and strength (mg/5 mL)	Dose (mL)	Times a day	Days

Worked example (amoxicillin for strep, 25 mg/kg twice a day): a 44 lb child weighs 20 kg. 20 kg × 25 mg = 500 mg per dose, which is also the 500 mg cap. With 400 mg/5 mL liquid, 500 mg = 6.25 mL, twice a day for 10 days. Confirm every calculation with your physician or pharmacist.

- Liquid antibiotics usually need refrigeration after mixing and expire in 7–14 days, so store the **unmixed powder** and mix with boiled or treated water when needed.
- Write down each dose and time. Bring the record and the bottle when you see a physician.
- Keep every medicine in a child-resistant bottle. For an accidental swallow, call Poison Control at **1-800-222-1222**.

1. StatPearls, Giardiasis: ncbi.nlm.nih.gov/books/NBK513239 2. CDC, Cryptosporidium clinical care: cdc.gov/cryptosporidium/hcp/clinical-care
3. CDC Yellow Book, Traveling safely with infants and children: cdc.gov/yellow-book/.../traveling-safely-with-infants-and-children 4. CDC Yellow Book 2026, Travelers' diarrhea: ncbi.nlm.nih.gov/books/NBK620898
5. IDSA, Skin and soft tissue infection guideline (CID 2014): academic.oup.com/cid/article/59/2/147 6. CDC, Strep throat clinical guidance: cdc.gov/group-a-strep/.../strep-throat
7. Virginia Dept. of Health, Acute sinusitis algorithm (IDSA 2012): vdh.virginia.gov (sinusitis algorithm) 8. CDC, Chest cold (acute bronchitis): cdc.gov/acute-bronchitis
9. AAFP, PIDS/IDSA pediatric pneumonia guideline: aafp.org/afp/2012/0715/p196 10. AAFP, UTIs in young children and infants (2020): aafp.org/afp/2020/0901/p278
11. StatPearls, UTIs in children (AAP dosing): ncbi.nlm.nih.gov/books/NBK599548 12. AAFP, Traveler's diarrhea: aafp.org/afp/2005/0601/p2095
13. CDC Travelers' Health, Traveling with children: wwwnc.cdc.gov/travel/page/children
This card is for general information and preparedness. It does not replace an exam or the instructions of your child's physician.