Pan Birmingham Primary Care Antimicrobial Guidelines 2017 – Summary

To be used in conjunction with the full guidance available on BSSE APC formulary. See BNFC for child doses

Illness	Comments	Formulary place	Treatment options
Sore throat (acute)	Avoid abx or use 2-3 days back-up abx if possible FeverPAIN Treating your infection leaflet	1st line	Phenoxymethylpenicillin 500mg QDS 10 days
		2nd line or pen allergy	Clarithromycin 500mg BD 5 days (consider erythromycin for child)
		Pregnant & pen allergy	Erythromycin 500mg QDS 5 days
Scarlet fever (GAS)	Optimise analgesia. Prompt abx reduces complications	1st line	Phenoxymethylpenicillin 500mg QDS 10 days
		2nd line or pen allergy	Clarithromycin 500mg BD 5 days
Otitis media (acute)	Optimise analgesia and target abx. Consider 2-3 day back-up abx if possible	1st line	Amoxicillin 500mg TDS 5 days (see BNF-C for child doses)
		2nd line or pen allergy	Clarithromycin 500mg BD 5 days (see BNF-C for child doses)
Otitis externa (acute)	Cellulitis/disease outside ear canal – abx + refer to exclude malignant disease	1st line	Analgesia
		2nd Line	Acetic acid 2% 1 spray TDS 7days **or** neomycin/steroid (Otomize) 1 spray TDS 7-14d
		Cellulitis	Flucloxacillin 500mg QDS 7 days
Sinusitis (acute)	Avoid abx if < 10days. >10d consider 7day back-up abx Treating your infection leaflet	1st line	No abx. Self care or (back-up) Phenoxymethylpenicillin 500mg QDS 5 days
		2nd line or pen allergy	Doxycycline 200mg stat/100mg OD 5 days (not <12yrs, pregnancy or lactation) or Clarithromycin 500mg BD 5 days
		V unwell or worse > 10d	Co-amoxiclav 625mg TDS 5 days Mometasone 200micrograms BD 14 days
Acute cough & bronchitis	Consider 7d back up abx with advice. Immediate abx if risk factors (see guidelines)	1st line	Do not prescribe antibiotics. Self-care and safety netting
		2nd line	(back-up) Amoxicillin 500mg TDS 5 days (see BNFC for child doses)
		3rd line or pen allergy	Doxycycline 200mg stat/100mg OD 5 days (not <12yrs, pregnancy or lactation) **or** clarithromycin 500mg BD 5 days (consider erythromycin 500mg QDS in pregnancy)
COPD acute exacerbation	Treat promptly if purulent sputum +increased SOB +/- increased sputum vol.	1st line	Amoxicillin 500mg TDS 5 days
		2nd line or pen allergy	Doxycycline 200mg stat/100mg OD 5 days **or** clarithromycin 500mg BD 5 days
		3rd line	(if resistance) Co-amoxiclav 625mg TDS 5 days
Community acquired pneumonia ADULT – treated in community	If CRB65=0 HOME	1st line	Amoxicillin 500mg TDS 5 days (rev 3 days and extend to 7-10 days if poor resp)
		2nd line or pen allergy	Doxycycline 200mg stat/100mg OD 5 days **or** clarithromycin 500mg BD 5 days (rev at 3d & extend to 7-10 days if poor resp) If pregnant consider erythromycin + seek advice
	If CRB65=1-2 & AT HOME clinically assess need for dual tx for atypicals	1st line	Amoxicillin 500mg TDS **AND** Clarithromycin 500mg BD 7-10 days
		2nd line or pen allergy	Doxycycline alone 200mg stat/100mg OD 7-10days
Community acquired pneumonia – CHILD treated in community	CRB65 not approp. CKS CAP in children risk assessment tool. Self-help + safety net	1st line	Amoxicillin 5-7 days (see BNF-C for doses)
		2nd line or pen allergy	Clarithromycin 7 days (see BNF-C for doses)
Suspected meningococcal disease	Immediate hospital. If time IV abx if possible.	1st line	Benzylpenicillin IV or IM STAT (see BNF-C for doses)
		2nd line	Cefotaxime IV or IM STAT (see BNF-C for doses)
UTI in adults (lower)	See guidelines for when to treat. UTI leaflet Nitrofurantoin MHRA advice MSU if treatment failure	1st line	Nitrofurantoin MR 100mg BD 3 days (women) or 7 days (men) (if GFR>30ml/min) Pivmecillinam 400mg stat/200mg TDS 3 days (women) or 7 days (men) if GFR <30ml/min
		2nd line	LOW RISK PTS: Trimethoprim 200mg BD 3 days (women) or 7 days (men) **or** amoxicillin (if susceptible) 500mg TDS 7 days HIGH RISK OF RESISTANCE Fosfomycin 3g STAT (women); 3g STAT on days 1 & 4 (men)
UTI– lower UTI in child	Child <3mths refer urgently. Send pre-treatment MSU	1st line	Trimethoprim **or** amoxicillin (if susceptible) BNF-C dose - 3days
		2nd line	Cefalexin (see BNF for doses) 3 days
UTI - upper UTI in child	Refer to paeds	1st line	Refer to paeds to: obtain MSU, assess, consider abx
UTI in pregnancy	MSU + start abx. (see guidelines) UTI leaflet Nitrofurantoin MHRA advice	1st line	Nitrofurantoin MR 100mg BD (not at term) **or** amoxicillin (if susceptible) 500mg TDS 7d
		2nd line	Trimethoprim 200mg BD (off-label) 7 days (give folate if 1st trimester)
		3rd line	Cefalexin 500mg BD 7 days
Recurrent UTI - non-pregnant women	Simple measures. Review every 3 months UTI leaflet <Link to flow chart>	1st line	Simple measures (hydration + analgesia) Review 3-6months
		2nd line	Nitrofurantoin 100mg stat (post-coital) **or** at night (prophylaxis) for 3 months Nitrofurantoin MHRA advice
	If prophylaxis indicated	1st line	Nitrofurantoin 100mg at night or stat post-coital (off label) for 3 months
		2nd line	Cefalexin 250mg od **or** (if recent sensitivity) trimethoprim 200mg ON or post-coital
Acute pyelonephritis	MSU + start abx. If ESBL risk on micro advice consider IV via OPAT	1st line	Co-amoxiclav 625mg TDS 7 days
		2nd line or pen allergy	Ciprofloxacin 500mg BD 7 days (de-escalate after micro results if sensitive)
Acute prostatitis	MSU + abx. 4wk course may prevent chronic.	1st line	Ciprofloxacin 500mg BD 28 days **or** ofloxacin 200mg BD 28 days
		2nd line	Seek local specialist advice
Infectious diarrhoea	No abx if not systemically ill	1st line	Clarithromycin 500mg BD 5-7 days
Clostridium difficile	Stop unnecessary abx + PPIs + antiperistaltic agents.	1st episode	Metronidazole 400mg TDS 14 days
		2nd/3rd episode/ severe/type 027- **Seek microbiologist advice**	
Epididymitis	>35 years low risk STI	Low STI risk	Ofloxacin 200mg BD **or** doxycycline 100mg BD 14 days. **If high risk refer to GUM**
Pelvic inflammatory dx	Refer + contacts to GUM	Low STI risk	Metronidazole 400mg BD **PLUS** Ofloxacin 400mg BD 14 days. **If high risk refer to GUM**
Impetigo	Topical if localised. Oral if extensive/severe.	1st line	Fusidic acid (topical) TDS 5 days **or** Flucloxacillin 500mg QDS 7 days
		2nd line or pen allergy	Clarithromycin 500mg BD 7 days (see BNFC for child doses)
		MRSA only	Mupirocin 2% topical TDS 5 days
Bites (human or animal)	See guidelines for risk assessment for other inf. Prophylaxis advised	All bites	(prophylaxis or treatment) Co-amoxiclav 625mg TDS 7 days
		Pen allergy	Animal bite: Metronidazole 400mg TDS **PLUS** Doxycycline 200mg stat/100mg BD 7 days Human bite: Metronidazole 400mg TDS **PLUS** Clarithromycin 500mg BD 7 days