

Summary of antimicrobial prescribing guidance – managing common infections (May 2019) - Summary

To be used in conjunction with the full guidance available APC formulary website.

Click [NICE visual summaries](#) or [BNF-C](#) to access doses for children

Infection	Comments	Formulary	Treatment options
Acute sore throat	Optimise analgesia. NICE visual summary FeverPAIN RTI leaflet	1 st choice	Phenoxymethylpenicillin 500mg QDS 10 days
		Pen allergy	Clarithromycin 500mg BD 5 days OR
		Pen allergy + preg	Erythromycin 500mg QDS 5 days
Acute otitis media	Optimise analgesia. Imm abx only if very unwell/high risk complications NICE visual summary	1 st choice	Amoxicillin 500mg TDS 7 days
		Pen allergy	Clarithromycin 500mg BD 7 days OR
		Pen allergy + preg	Erythromycin 500mg QDS 7 days
		2 nd choice	Co-amoxiclav 500/125mg TDS 7 days
Acute otitis externa	1 st choice - analgesia Cellulitis – abx + refer	2 nd choice	Acetic acid (Earcalm) 1 spray TDS 7 days OR Neomycin/steroid (Otomize) 1 spray TDS 7-14 days
		Cellulitis	Flucloxacillin 500mg QDS 7 days
Sinusitis (acute)	Optimise analgesia. Sx <10d no abx. Sx >10d - no abx/ back up abx unless v unwell or high risk of complications NICE visual summary RTI leaflet	1 st choice	Phenoxymethylpenicillin 500mg QDS 5 days
		Pen allergy	Doxycycline 200mg stat/100mg OD 5 days (not < 12yrs) OR Clarithromycin 500mg BD 5 days OR
		Pen allergy + preg	Erythromycin 500mg QDS 5 days
		2 nd choice/v unwell	Co-amoxiclav 500/125mg TDS 5 days
Acute exacerbation of COPD	NICE visual summary	1 st choice	Amoxicillin 500mg TDS 5 days OR Doxycycline 200mg stat/100mg OD 5 days OR clarithromycin 500mg BD 5 days
		High risk of treatment failure	Co-amoxiclav 500/125mg TDS 5 days OR Co-trimoxazole 960mg BD 5 days (consider safety issues)
Acute cough	Self-care. Consider no/back up abx. Immediate abx if v unwell or risk complications NICE visual summary RTI leaflet	1 st choice	Doxycycline 200mg stat/100mg OD 5 days (not < 12 yrs) OR Amoxicillin 500mg TDS 5 days OR
		Pen allergy	Clarithromycin 500mg BD 5 days OR erythromycin (child)
		Pen allergy + preg	Erythromycin 500mg QDS 5 days
Community acquired pneumonia – treatment in community <i>*BAAG update in response to [NG165]</i>	CRB65 score to determine tx. If CRB65 = 1-2 clinically assess need for dual therapy for atypicals	CRB65 = 0	doxycycline 200mg stat day 1 then 100mg OD for 4 days, alternative: Amoxicillin 500mg TDS 5 days. (For both antibiotics rev 3 days and extend to 7 days if poor resp)
		Pen allergy	doxycycline 200mg stat day 1 then 100mg OD for 4 days OR Clarithromycin 500mg BD 5 days
		CRB65 = 1-2	Amoxicillin 500mg TDS PLUS clarithromycin 500mg BD 7 days OR Doxycycline alone 200mg stat/100mg OD 7 days
UTI - lower UTI in non-pregnant women	Consider back-up abx NICE visual summary UTI leaflet	1 st choice	Nitrofurantoin (if eGFR>45ml/min) 100mg m/r BD 3 days OR Trimethoprim 200mg BD 3 days (if no risk resist.or recent exposure to trimeth)
		2 nd choice	Pivmecillinam (a penicillin) 400mg stat/200mg TDS 3 days OR Fosfomycin 3g sachet single dose
UTI – lower UTI in pregnant women	Immediate abx NICE visual summary	1 st choice	Nitrofurantoin (avoid at term) (if eGFR>45ml/min) 100mg m/r BD 7 days OR Trimethoprim 200mg BD 7 days (if no risk resist.or recent exposure to trimeth) 2 nd & 3 rd trimester (BAAG opinion)
		2 nd choice	Cefalexin 500mg BD 7 days OR amoxicillin (if susceptible) 500mg BD 7 days
UTI - lower UTI in men	Immediate abx NICE visual summary	1 st choice	Nitrofurantoin (if eGFR>45ml/min) 100mg m/r BD 7 days OR Trimethoprim 200mg BD 7 days (if no known risk resist.or recent trimeth exposure)
UTI– lower UTI in children	<3mths refer. Immediate abx NICE visual summary	1 st choice	Trimethoprim or nitrofurantoin (if eGFR>45ml/min) BNF-C doses
		2 nd choice	Nitrofurantoin (if not 1 st choice) OR amoxicillin (if susceptible) OR cefalexin (BNF-C)
Acute pyelonephritis (upper urinary tract)	NICE visual summary	1 st choice (men/ non-preg women)	Co-amoxiclav (if susceptible 500/125mg TDS 7 days OR Ciprofloxacin (consider safety issues) 500mg BD 7 days
		Preg women	Refer to secondary care (BAAG opinion)
		Children >3mths	Cefalexin or co-amoxiclav (if susceptible) BNF-C doses
Recurrent UTI	Self-help advice. Review in 3 months UTI leaflet NICE visual summary	1 st choice (non-pregnant women)	Trimethoprim 200mg stat when exposed to trigger or 100mg at night OR Nitrofurantoin (if eGFR>45ml/min) 100mg stat when exposed to trigger or at night
		2 nd choice or pregnant women	Amoxicillin 500mg stat when exposed to trigger or 250mg at night OR Cefalexin 500mg stat when exposed to trigger or 125mg at night
		Pregnant	Cefalexin 500mg TDS 10 days (non-severe) or 1.5g TDS 7 days (severe)
		Children > 3mths	Trimethoprim or amoxicillin or cephalixin or co-amoxiclav
Acute prostatitis	Sensitivities when available NICE visual summary	1 st choice	Ciprofloxacin 500mg BD 14 days then review (consider safety issues)
		2 nd choice	Co-trimoxazole 960mg BD 14 days then review
Suspected meningococcal disease	Immediate hospital transfer. If time IV or IM abx.	1 st choice	Benzylpenicillin 1.2g (adult/child>10yrs) IV or IM stat (see BNF-C for child doses)
Genital tract infections	Refer to full guidelines for STI screening and treatment of genital tract infections		
Epididymitis	>35 years low risk STI	1 st line	Doxycycline 100mg BD 14 days or ciprofloxacin (safety issues) 500mg BD 10 days
Impetigo	Oral if extensive/ severe. Topical only if localised. Mupirocin only if MRSA	Extensive/severe	Flucloxacillin 500mg QDS 7 days OR clarithromycin 500mg BD 7 days