

Summary of antimicrobial prescribing guidance – managing common infections (Jan 2022) - 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 | Phenoxyethylpenicillin 500mg QDS 5 days and review |
| | | 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 + REFER |
| | | | |
| 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 | Phenoxyethylpenicillin 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 | See full guidelines for high severity in adults | 1 st choice (moderate severity in adults) | Amoxicillin 500mg TDS 5 days AND (if atypical pathogens suspected) clarithromycin 500mg BD 5 days OR erythromycin 500mg QDS 5 days (in pregnancy) Doxycycline 200mg stat/100mg OD for 5days OR clarithromycin 500mg BD 5 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) Fosfomycin 3g sachet single dose (swallowing difficulties) |
| | | 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 third trimester) (if eGFR>45ml/min) 100mg m/r BD 7 days |
| | | 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 3months 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 OR levofloxacin 500mg OD 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 |
| Insect bites & stings | Most insect bites or stings will not need antibiotics. Do not offer an antibiotic if there are no symptoms or signs of infection. If there are symptoms or signs of infection, see main guidance under cellulitis and erysipelas. | | |