BaNES, Wiltshire, Swindon CCGs Management of Infection Guidance for Primary Care (Quick Ref Guide) – May 2020 ADULTS www.bswformulary.nhs.uk

Antibiotic		Adult Dose (oral unless otherwise stated)	Length
Upper Respiratory Tract Infections *Treating your infection-RTI PIL RCGP*			
Influenza: PHE Influenza NICE Influenza (prophylaxis)			
Acute Sore Throat NICE sore throat FeverPAIN *Avoid antibiotics where possible*			
1st choice	**Penicillin V**	500mg QDS OR 1g BD	5-10 days
Penicillin allergy	**Clarithromycin**	250mg BD OR 500mg BD if severe	5 days
Pregnant + allergy	**Erythromycin**	250-500mg QDS or 500mg-1g BD	5 days
Acute Otitis Externa CKS OE **Use analgesia as well. For topical 1st line treatments- see full guideline**			
If cellulitis	**Flucloxacillin 250mg** QDS OR 500mg QDS if severe		7 days
Acute Rhinosinusitis NICE RTIs NICE sinusitis *Avoid antibiotics if possible, Use adequate analgesia first*			
1st choice	**Penicillin V**	500mg QDS	5 days
Penicillin allergy	**Doxycycline OR** **Clarithromycin**	200mg 1st dose then 100mg once daily 500mg BD (**Erythromycin** 250mg to 500mg QDS if pregnant)	5 days 5 days
Unwell/worsening	**Co-amoxiclav**	625mg TDS	5 days
Lower Respiratory Tract Infections: *Treating your infection-RTI PIL RCGP*			
Acute Cough / Bronchitis NICE NG120 NICE 69 RCGP CKS *Further treatment options in full guidance*			
1st choice	**Doxycycline**	200mg 1st dose then 100mg OD	5 days
Alternative	**Amoxicillin**	500mg TDS	5 days
Acute exacerbation COPD Gold NICE COPD exacerbation *send sputum sample & check cultures if used			
1st choice	**Doxycycline**	200mg 1st dose, then 100mg OD	5 days
1st choice	**Amoxicillin**	500mg TDS	5 days
1st choice	**Clarithromycin**	500mg BD	5 days
If risk of resistance	**Co-amoxiclav** 625mg(500/125)TDS **OR Co-trimoxazole** 960mg BD*		5 days
Community Acquired Pneumonia NICE Pneumonia NG138 2019 During the COVID-19 pandemic, **Doxycycline is the 1st choice oral antibiotic for CAP**			
CRB65 = **0**:**Amoxicillin** 500mg TDS OR *(if penicillin allergic)* **Clarithromycin** 500mg BD OR **Doxycycline** 200mg 1st dose, then 100mg OD For 5 days OR **Erythromycin** 500mg QDS if pregnant. Extend to 7-10 days if poor response. CRB65 **=1-2 & AT HOME:** Clinically assess need for dual therapy for atypicals. **Amoxicillin** 500mg TDS AND **Clarithromycin** 500mg BD (**Erythromycin** 500mg QDS if pregnant) OR for pen allergy: **Doxycycline** alone 200mg 1st dose, then 100mg OD OR **Clarithromycin** 500mg BD alone for 5 days . CRB65 **=3-4 or consider urgent hospital admission: Co-amoxiclav** 625mg TDS AND **Clarithromycin** 500mg BD OR **Erythromycin** 500mg QDS if pregnant for 5 days.			
Bronchiectasis NICE bronchiectasis			
1st choice option	**Doxycycline** 200mg STAT, then 100mg OD OR **Amoxicillin** 500mg TDS (preferred option in pregnancy) OR **Clarithromycin** 500mg BD		7-14 days

Antibiotic		Adult Dose (oral unless otherwise stated)	Length
If risk of resistance (or seek micro advice)	**Co-amoxiclav** 625mg TDS		7-14 days
Gastro-intestinal Tract Infections: Clostridium difficile PHE **See full guidance for antibiotic options**			
Acute Diverticulitis NICE NG147 2019 Consider offering antibiotics if the patient is systemically unwell.			
1st line:	**Co-amoxiclav**	500/125mg TDS	5 days
If penicillin allergy	**Cefalexin** 500mg* BD or TDS AND **Metronidazole** 400mg TDS *Up to 1-1.5g TDS or QDS can be used for severe infection. A longer course may be needed base on clinical assessment		5 days
	Trimethoprim 200mg BD AND **Metronidazole** 400mg TDS		5 days

Urinary Tract Infections: *Encourage hydration. Culture in all treatment failures and patients at increased resistance risk. ALWAYS safety net and consider risks for resistance. Give TARGET UTI PIL and self care advice.* **Diagnosis of UTIs:** *Refer to PHE UTI guidance algorithm for diagnosis information*

Uncomplicated UTI: PHE URINE, RCGP UTI clinical module

Treatment	Length
1st line: Nitrofurantoin 100mg m/r BD OR if unavailable **Nitrofurantoin** 50mg QDS *If low risk of resistance:* **Trimethoprim** 200mg BD	7 days men 3 days women
If 1st line options unsuitable: **If eGFR<45ml/min & NOT penicillin allergic: Pivmecillinam (**400mg 1st dose then 200mg TDS).	7 days men 3 days women
If high risk of resistance or penicillin allergy: Fosfomycin 3g STAT in women. In men also give a 2nd 3g dose 3 days later (unlicensed)	
If organism susceptible: amoxicillin 500mg TDS (7 days men, 3 days women)	

Acute Pyelonephritis NICE acute pyelonephritis *Send sample for culture*

1st choice	**Cefalexin**	500mg BD-TDS (1-1.5g TDS-QDS if severe)	7-10 days
If culture results available & susceptible	**Co-amoxiclav**	625mg (500/125) TDS	7-10 days
	Trimethoprim	200mg BD	14 days
	Ciprofloxacin	500mg BD (consider safety issues)	7 days

Recurrent U.T.I. in non-pregnant women *Encourage hydration* TARGET UTI

Nitrofurantoin 100mg STAT when exposed to trigger OR 50-100mg ON **OR**		**Use STAT regimen 1st line. Only use DAILY regimen if STAT regimen fails.** **Review within 6/12.**
Trimethoprim 200mg STAT when exposed to trigger OR 100mg ON		
2nd line	**Amoxicillin** 500mg STAT when exposed to trigger OR 250mg ON	
2nd line	**Cefalexin** 500mg STAT when exposed to trigger OR 125mg ON	

UTI in pregnancy PHE

1st choice (avoid at term)	**Nitrofurantoin**	100mg m/r BD OR if unavailable 50mg QDS	7 days
1st choice *if susceptible*	**Amoxicillin**	500mg TDS	7 days
2nd choice	**Cefalexin**	500mg BD	7 days

Acute Prostatitis *(Where STI not expected) Send MSU for culture* NICE acute prostatitis

Antibiotic	Adult Dose (oral unless otherwise stated)	Length
1st choice	**Ciprofloxacin** 500mg BD **OR** **Ofloxacin** 200mg BD (There are safety issues with quinolones but they are appropriate to use in prostatitis)	14 days then review. Cont. for further 14 days if needed
2nd choice	**Trimethoprim** 200mg BD	

UTI (catheter associated) NICE (catheter)

	Antibiotic	Dose	Length
1st line: ***LOWER UTI***	**Nitrofurantoin** (if eGFR >45ml/min)	100mg M/R BD **OR** if unavailable 50mg QDS	7 days
	Trimethoprim (if low risk of resistance)	200mg BD	7 days
	Amoxicillin (if culture results available & susceptible)	500mg TDS	7 days
2nd line	**Pivmecillinam** (no upper UTI symptoms, no pen allergy)	400mg STAT then 200mg TDS	7 days
1st line: ***UPPER UTI***	**Cefalexin**	500mg BD-TDS (up to 1-1.5g TDS or QDS if severe)	7-10 days
If culture results avail. & susceptible	**Co-amoxiclav**	500/125mg TDS	7-10 days
	Trimethoprim	200mg BD	14 days
	Ciprofloxacin (consider safety issues)	500mg BD	7 days

Genital Tract Infections:

Chlamydia trachomatis (Treat partner(s) and consider other STDs) BASHH, CKS

1st choice	**Doxycycline** 100mg BD for 7 days
2nd choice	**Azithromycin** 1g stat then 500mg once daily for 2 days
Pregnant/Breast Feeding	**Azithromycin** 1g (off-label use) STAT then 500mg once daily for 2 days **OR** **Erythromycin** 500mg **QDS** 7 days or 500mg BD for 14 days **OR** **Amoxicillin** 500mg TDS 7 days

Chlamydia trachomatis / Urethritis High Risk refer to local GUM Clinic. STI Screening: BASHH

Vaginal candidiasis BASHH, CKS

1st choice	**Fluconazole** 150mg oral **OR** **Clotrimazole (10%** vaginal cream **OR** 500mg pessary)	Stat
Pregnant	**Clotrimazole** 100mg pessary ON 6 nights	

Bacterial Vaginosis BASHH

1st choice	**Metronidazole** 400mg BD (**OR** 2g oral stat)	7 days
1st choice	**Metronidazole** vaginal gel 0.75% 5g PV at night (ON)	5 days
1st choice	**Clindamycin** 2% cream 5g PV at night (ON)	7 days

Pelvic Inflammatory Disease BASHH *See full guidance for antibiotic regimen.*

1st choice	*Low risk* **Metronidazole** 400mg BD **AND** **Ofloxacin** 400mg BD (safety issues)	14 days

Antibiotic	Adult Dose (oral unless otherwise stated)	Length

Skin Infections:

Cellulitis CKS NICE Cellulitis NG141 2019

	Antibiotic	Dose	Length
1st choice	**Flucloxacillin**	500mg QDS	5 to 7 days. If slow response continue for further 7 days
Penicillin allergic	**Clarithromycin** **Erythromycin** if pregnant	500mg BD 500mg QDS	
Pen allergy + statin	**Doxycycline**	200mg stat then 100mg OD	
Unresolving	**Clindamycin**	150- 300mg QDS (can be increased to 450mg QDS under microbiologist advice)	7 days
Facial cellulitis	**Co-amoxiclav**	625mg TDS **OR** if penicillin allergic use **Clarithromycin** 500mg BD **AND** **Metronidazole** 400mg TDS	

Leg Ulcers PHE CKS *NICE NG152* *Ulcers always colonized. Antibiotics do not improve healing unless active infection[2A+] and may put patient at risk of C difficile infection If the infection is not improving as expected, consider microbiological testing. Review antibiotics after culture results. See full guidance for further information and 2nd line options.*

1st choice	**Flucloxacillin** 500mg – 1g(off-label) QDS if unsuitable consider; **Clarithromycin** 500mg BD **OR** **Erythromycin (in pregnancy)** 500mg QDS **OR** **Doxycycline** 200mg STAT, then 100mg OD	7 days

Animal / Human bites (treatment OR prophylaxis) (consider tetanus) CKS *Irrigate wound thoroughly*

Cat / Dog / Human	**Co-amoxiclav**	375mg (250/125) - 625mg (500/125) TDS	7 days
Pen allergy: Animal bite	**Metronidazole** 400mg TDS **AND** **Doxycline** 100mg BD*		7 days
Pen allergy: Human bite	**Metronidazole** 400mg TDS **AND** **Clarithromycin** 250-500mg BD*		7 days

* ***REVIEW*** *at 24-48hrs as not all pathogens covered with this regimen.*

Diabetic foot infection NICE NG19 2019 *See full guidance for severity classification*

Mild infection:	**Flucloxacillin**	500mg to 1g(off label) QDS	7 days
Penicillin allergy	**Clarithromycin** 500mg BD **OR** **Erythromycin** (if pregnant) 500mg QDS **OR** **Doxycycline** 200mg STAT, then 100mg OD (can use 200mg OD if severe) for 7 days		

Moderate to severe diabetic foot infections should not be treated in primary care without a discussion/review with a diabetic foot infection specialist. See full guidance for antibiotic regimen.

Impetigo NICE NG153

Topical treatment; **Hydrogen peroxide 1% cream** (Crystacide®) Apply BD or TDS if unsuitable or ineffective; **Fusidic acid 2%** Thinly TDS if MRSA; **Mupirocin 2% ointment** topically TDS and consult local microbiologist	5 days, increased to 7 days based on clinical judgement
Oral treatment: 1st **Flucloxacillin** 500mg QDS If penicillin allergic; **Clarithromycin** 250-500mg BD **OR** **Erythromycin** (in pregnancy) 250-500mg QDS	

Please refer to full guidance for other infections which are not covered by this summary.