SCCG - Antibiotic Prescribing Diagram

NHS Sunderland Clinical Commissioning Group

CHILD (1 month to 1 year)

Acute rhinosinusitis
First line: Amoxicillin 125mg TDS for 7 days
Persistent symptoms: **Co-amoxiclav**
0.25 ml/kg of 125/31 susp TDS for 7 days

Bacterial Conjunctivitis
Most are viral & self-limiting – Treat if severe
First Line: Chloramphenicol 0.5% eye drops
Initially 1 drop ev 2 hours for 2 days, then reduce
***OR* Chloramphenicol** 1% eye ointment QDS
Alternative: Fusidic acid 1% gel apply BD
Continue for 48 hours after healing

Sore Throat (Acute)
Avoid antibiotics as 90% resolve in 7 days without. Pain only reduced by 16 hours.
Assess severity using FeverPAIN score or CENTOR criteria
First line: **Phenoxymethylpenicillin** 62.5mg QDS for 10 days
Penicillin allergy: **Clarithromycin**
Dose based on weight (see BNF-C) for 5 days

Acute Otitis Media
Avoid antibiotics as 60% are better within 24 hours
First line: Amoxicillin 125mg TDS for 5 days
Penicillin allergy: **Erythromycin** 125mg QDS for 5 days

Impetigo
Erythromycin 125mg QDS for 7 days
For very localised lesions:
Fusidic Acid 1%
Apply TDS for 5 days

Pneumonia (Community acquired)
If CRB65=0
First Line: Amoxicillin 125mg TDS for 5 days*
Penicillin allergy: **Clarithromycin**
Dose dependent on body weight (see BNF-C) for 5 days*
*Extend to 7-10 days if poor response
If CRB65=1 & managed **at home**
Amoxicillin AND Clarithromycin for 7 days

Urinary Tract infections
<3 months - urgently refer
>3 months: If mildly unwell - use positive nitrite to guide
Lower UTI - **First Line: Cefalexin** 125mg BD for 3 days
Upper UTI - **First Line: Co-amoxiclav**
0.25 ml/kg of 125/31 TDS 7-10 days

Cellulitis and Wound Infection
First line: Flucloxacillin 62.5-125mg QDS for 7 days
Penicillin Allergy: **Clarithromycin**
Dose based on weight (see BNF-C) for 7 days

Threadworms
All household contacts should be treated at the same time
<6 months good hygiene measures
>6 months of age: **Mebendazole**
100mg single dose (a second dose may be needed after 2 weeks)(unlicensed but is an accepted treatment, endorsed by BNF-C)

Human/ animal bites
First Line: Co-amoxiclav
0.25 ml/kg of 125/31 susp TDS for 7 days
Penicillin Allergy: **Metronidazole**
1–2 months 7.5 mg/kg BD
2 months–1 years 7.5 mg/kg (max 400 mg) TDS
PLUS **Clarithromycin**
Dose based on weight (see BNF-C) for 7 days

CHILD (1 year to 12 years)

Acute rhinosinusitis
First line: Amoxicillin 1-5 years 250mg TDS for 7 days
5-12 years 500mg TDS for 7 days
Persistent symptoms: **Co-amoxiclav**
1-6 years 125/31 - 5ml TDS for 7 days
6-12 years 250/62 - 5ml TDS for 7 days

Bacterial Conjunctivitis
Most are viral & self-limiting - Treat if severe
First line: Chloramphenicol 0.5% eye drops
Initially 1 drop ev 2 hours for 2 days, then reduce
***OR* Chloramphenicol** 1% eye ointment QDS
Alternative: Fusidic acid 1% gel apply BD
Continue for 48 hours after healing

Sore Throat (Acute)
Avoid antibiotics as 90% resolve in 7 days without. Assess severity using CENTOR criteria
First line: Phenoxymethylpenicillin
1-6 years 125mg QDS for 10 days
6-12 years 250mg QDS for 10 days
Penicillin allergy: **Clarithromycin**
Dose based on wgt (see BNF-C) 5 days

Acute Otitis Media
Avoid antibiotics as 60% are better within 24 hours
First line: Amoxicillin
1-5 years: 250mg TDS for 5 days
5-12 years: 500mg TDS for 5 days
Penicillin allergy: **Erythromycin**
1-2 years: 125mg QDS for 5 days
2-8 years: 250mg QDS for 5 days
8-12 years: 250–500mg QDS 5 days

Pneumonia (Community acquired)
If CRB65=0
First Line: Amoxicillin
1-5 years 250mg TDS for 7 days
5-12 years 500mg TDS for 7 days
Penicillin allergy: **Clarithromycin**
Dose based on wgt (see BNF-C) 7 days
If CRB65=1 & managed **at home**
Amoxicillin PLUS **Clarithromycin** for 7 days

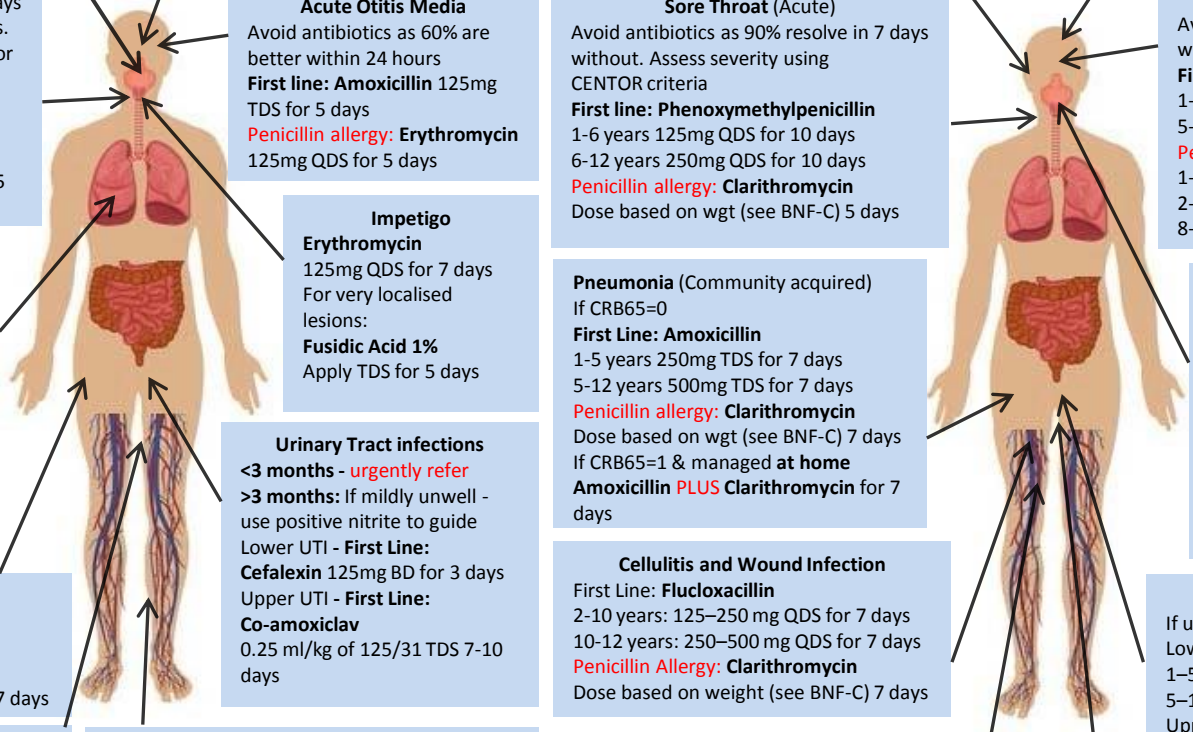
Impetigo
If liquid required **Erythromycin**
1-2 years: 125mg QDS for 7 days
2-8 years: 250mg QDS for 7 days
8-12 yrs: 250–500mg QDS 7 days
First Line: Flucloxacillin
2-10 yrs: 125–250 mg QDS 7 days
10-12 yrs: 250–500 mg QDS 7days
Penicillin Allergy: **Clarithromycin**
Dose based on weight (see BNF-C) for 7 day

Cellulitis and Wound Infection
First Line: **Flucloxacillin**
2-10 years: 125–250 mg QDS for 7 days
10-12 years: 250–500 mg QDS for 7 days
Penicillin Allergy: **Clarithromycin**
Dose based on weight (see BNF-C) 7 days

Urinary Tract infections
If unwell - use positive nitrite to guide
Lower UTI – **First Line: Cefalexin**
1–5 years: 125 mg TDS for 3 days
5–12 years: 250mg TDS for 3 days
Upper UTI – **First Line: Co-amoxiclav**
1-6 years: 125/31 5ml TDS 7-10 days
6-12 years: 250/62 5ml TDS 7-10 days

Human/ animal bites
First Line: Co-amoxiclav
1-6 years: 125/31 - 5ml TDS for 7 days
6-12 years: 250/62 - 5ml TDS for 7 days
Penicillin Allergy:
Metronidazole 7.5 mg/kg (max. 400 mg) TDS PLUS **Clarithromycin** Dose based on weight (see BNF-C) for 7 days

Threadworm All household contacts should be treated at the same time
Mebendazole 100mg single dose (a second dose may be needed after 2 weeks)(unlicensed if under 2 yrs, endorsed by BNF-C) *Available OTC*



Note: If meningitis is suspected General Practitioners are advised to give a single IV dose of benzylpenicillin, prior to urgently transporting the patient to hospital
<1 year 300mg; 1-9 years 600mg; 10 years and over 1.2g (same as adults). Alternative: Cefotaxime <12 years 50mg/kg; 12 years and over 1g. Give IM if vein cannot be found.

Based on North East and Cumbria Primary Care Antibiotic Prescribing Guidelines version 2.1 June 2016 Review April 2018

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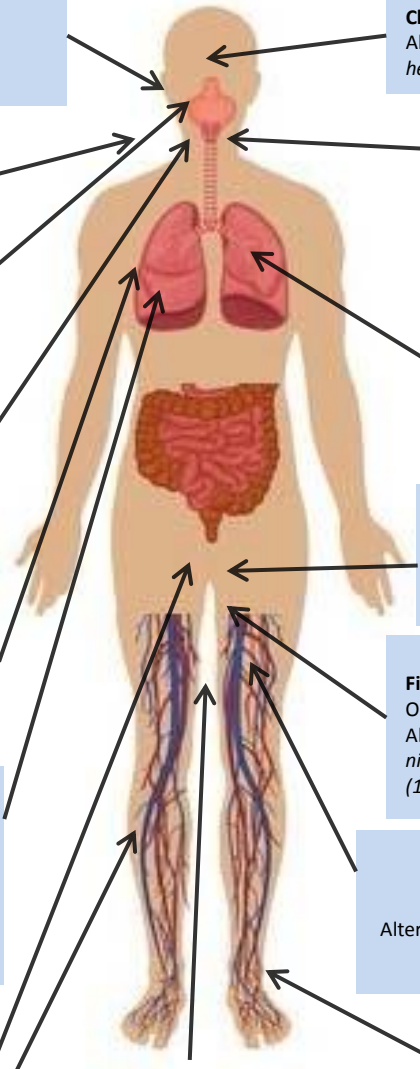
ADULT



Otitis Externa
Exclude underlying chronic otitis media. Many cases resolve after thorough cleansing using suction or dry mopping of external ear.
First line: Acetic acid spray 2% (EarCalm®) *1 spray TDS for 7 days*
Alternatives: Betnesol N *3 drops TDS for 7-14 days;* Otomize spray *1 spray TDS*
Earcalm® available OTC

Acute Otitis Media
Avoid antibiotics as 60% are better within 24 hrs without treatment.
First line: **Amoxicillin** for 5 days
Penicillin Allergy: **Erythromycin or Clarithromycin**

Acute rhinosinusitis
Avoid antibiotics, 80% resolve in 14 days – consider delayed Rx
First line: **Amoxicillin** *500mg TDS for 7 days* or
Phenoxymethylpenicillin *500mg QDS for 7 days*
Penicillin allergy: **Doxycycline** *200mg stat then 100mg OD for 7 days*

Acute sore throat
Avoid antibiotics, 90% resolve in 7 days without treatment. Assess severity using **FeverPAIN** score or **CENTOR** criteria
First line: **Phenoxymethylpenicillin** *500mg QDS for 10 days*
Penicillin allergy: **Clarithromycin** *250-500mg BD for 5 days*

Exacerbation of COPD
Treat promptly with antibiotics if purulent sputum and increased shortness of breath and/or increased sputum volume.
Doxycycline *200mg stat then 100mg OD for 5 days* OR **Amoxicillin** *500mg TDS for 5 days*
Alternative (if resistance risk factors) **Co-amoxiclav** *625mg TDS for 5 days*

Acute cough, bronchitis
Antibiotics of little benefit if no co-morbidity - consider delayed antibiotic with advice.
Consider immediate antibiotics if >80years **and** one of: hospitalisation in the past year, oral steroids, diabetic, congestive heart failure **OR** >65 years with two of the above.
First line: Amoxicillin *500mg TDS for 5 days* OR **Doxycycline** *200mg stat then 100mg OD for 5 days*

Acute Prostatitis
First line: **Ciprofloxacin** *500mg BD for 28 days* (Quinolones achieve higher prostate levels.) Second line: **Trimethoprim** *200mg BD for 28 days*

Human/ Animal bites
First line: Co-amoxiclav 625mg TDS for 7 days
Penicillin Allergy **: Metronidazole** 400mg TDS PLUS **Doxycycline** 100mg BD, for 7 days

Bacterial Conjunctivitis –
only treat if severe, most are self limiting
First line: **Chloramphenicol 0.5% drops** *1drop every 2hr for 2 days then 4 hourly* Or **Chloramphenicol 1% eye ointment** *3-4 times daily.*
Alternative: **Fusidic acid 1% gel** apply *BD Continue all treatments for 48 hours after healing.*

Impetigo
First line: **Flucloxacillin** *500mg – 1g QDS for 7 days*
Penicillin allergy: **Clarithromycin** *500mg BD for 7 days*
If liquid formulation required : **Erythromycin**

Community Acquired Pneumonia -
Use CRB-65 score as a guide to treatment
If CRB-65=0 First line: **Amoxicillin** *500mg TDS for 5 days**
Penicillin allergy: **Clarithromycin** *500mg BD for 5 days** Or: **Doxycycline** *200mg stat, then 100mg OD for 5 days**
*Extend to 7-10 days if poor response
If CRB-65=1 and able to be managed at home
First line: Amoxicillin *500mg TDS for 7-10 days* PLUS **Clarithromycin** *500mg BD for 7-10 days*
Or: **Doxycycline** *200mg stat, then 100mg OD for 10 days*

UTI in men and non-pregnant women
(no fever or flank pain)
First line: **Nitrofurantoin** 100mg BD (modified release) or 50mg QDS (standard release) for 3 days in women & 7 days in men (contra-indicated in patients with eGFR<45ml/min)
Alternative**: Trimethoprim** 200mg BD for 3 days in women/ 7 days in men

Bacterial Vaginosis
First line: **Metronidazole PO** *400mg BD for 7 days*
Or **Metronidazole PO** *2g stat (*2g stat dose should not be used in pregnant women)
Alternative: **Metronidazole vaginal gel** *0.75% 5g (1 applicatorful) intravaginally at night for 5 nights* Or **Clindamycin cream** *2% 5g*
(1 applicatorful) intravaginally at night for 7 nights

Vaginal candidiasis
Clotrimazole pessary *500mg stat Or* **Clotrimazole vaginal cream** *10% stat* Or **Fluconazole PO** *150mg stat*
Alternative or pregnancy: **Clotrimazole pessary** *100mg at night for 6 nights* **Miconazole intravaginal cream** *2% 5g BD for 7 days*

Cellulitis and Wound Infection
First line: Flucloxacillin *500mg-1g QDS for 7 days** Facial cellulitis: **Co-amoxiclav** *625mg TDS for 7 days**
Penicillin allergy: **Clarithromycin** *500mg BD for 7 days**
**continue treatment for a further 7 days if slow response*

Diarrhoeal Illness
Acute gastroenteritis is usually mild and self-limiting. **Antibiotics are not usually indicated.**
Rule out C Difficile infection.

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Note: If meningitis is suspected, give a single dose of benzylpenicillin 1.2g IV or IM, prior to urgently transporting the patient to hospital. Alternative - cefotaxime 1g IV or IM