North East and Cumbria antimicrobial prescribing guideline for primary care

Quick reference guide to common infections in primary care

Enc 2.2

Please refer to the North East and Cumbria antimicrobial prescribing guideline for primary care for full details.
NB. Clarithromycin should be avoided in pregnanacy (Erythromcin 500mg would be a suitable alternative)

Upper respiratory tract infections

Antibiotics are rarely necessary as most upper respiratory tract infections are self-limiting. Provide patients with advice about total illness length and advice regarding management of symptoms, particularly analgesics and antipyretics.

Acute sore throat – avoid antibiotics, 90% resolve in 7 days without and pain only reduced by 16 hours. Assess severity using FeverPAIN clinical scoring system.

- First line: **Phenoxymethylpenicillin** *500mg QDS for 10 days*
- Penicillin allergy: **Clarithromycin** *250-500mg BD for 5 days – avoid in pregnancy*

Acute rhinosinusitis – avoid antibiotics, 80% resolve in 14 days without, and they only offer marginal benefit after 7 days

- First line: **Amoxicillin** *500mg TDS for 7 days* or
- Penicillin allergy: **Doxycycline** *200mg stat then 100mg OD for 7 days*

Acute otitis media in children – avoid antibiotics as 60% are better within 24 hours

- First line: **Amoxicillin** *(see BNF for Children (BNF-C) for doses)*
- Penicillin allergy: **Erythromycin** (children <12), **Clarithromycin** (children ≥12) *for 5 days (see BNF-C for doses)*

Lower respiratory tract infections

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*
- Penicillin allergy: **Doxycycline** *200mg stat then 100mg OD for 5 days*

Acute 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*

Urinary tract infections

UTI in adults (lower)

- All patients first line antibiotic: **Nitrofurantoin** *50mg QDS or 100mg BD (modified release) for 3 days in women/ 7 days in men*
  nitrofurantoin is contra-indicated in patients with eGFR<45ml/min. If no alternative treatment is available short courses may be used with caution in patients with eGFR 30-44ml/min.
- Alternative treatments if Nitrofurantoin contraindicated:
  - If low risk of resistance **Trimethoprim** *200mg BD for 3 days in women/ 7 days in men*
  - If high risk of resistance or GFR <45mls/min **Pivmecillinam** *400mg stat, then 200mg TDS for 3 days in women/ 7 days in men*

Skin infections

Cellulitis and wound infection

- First line: **Flucloxacillin** *500mg-1g QDS for 7 days**
- Alternative (penicillin allergy): **Clarithromycin** *500mg BD for 7 days – avoid in pregnancy*

** continue treatment for a further 7 days if slow response -*

Impetigo (also boils, carbuncles, folliculitis, staphylococcal paronychia and staphylococcal whitlow)

- First line: **Flucloxacillin** *500mg – 1g QDS for 7 days (see BNF-C for patients <18 years of age)*
- Penicillin allergy: **Clarithromycin** *500mg BD for 7 days – avoid in pregnancy*
- If liquid formulation required: **Erythromycin** *(see BNF-C for doses)*

Bites (human and animal)

- First line: **Co-amoxiclav** ☹ *625mg TDS for 7 days*
- Penicillin allergy: **Metronidazole** *400mg TDS for 7 days* ***PLUS*** **doxycycline** *100mg BD for 7 days*

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