



Adult Antibiotics quick reference guide

More detailed information can be found on the full guideline available at
http://www.neessexccg.nhs.uk/library_uploads/files/management_of_infection_guidance_for_primary_care_-_neemmc_october_2016.docx

Indication	1st line	Duration	2nd line	Duration2	Comments
Acute sore throat	No script/ delayed prescription unless severe	3/7	Phenoxymethylpenicillin 500mg-1g QDS	10/7	Penicillin allergy Clarithromycin 250-500mg BD 5/7
Acute otitis media-children	Consider delayed prescription and advise re analgesia	2-3/7	Amoxicillin - Neonate 7-28 days 30mg/kg TDS, 1 month-1 yr: 125mg TDS, 1-5 years: 250mg TDS, 5-18 years: 500mg TDS	5/7	Penicillin allergy all 5/7 Erythromycin <2 years 125mg QDS, 2-8 years 250mg QDS, 8-18 years 250-500mg QDS
Acute otitis externa	Acetic acid 2% spray 1 spray TDS	7/7	Neomycin sulphate with corticosteroid drops 3 drops TDS	7/7 to max of 14/7	
Acute rhinosinusitis	Consider delayed prescription	7/7	Amoxicillin 500mg-1g TDS, doxycycline 200mg stat then 100mg OD OR phenoxymethylpenicillin 500mg QDS	7/7	Persistent symptoms only Co-amoxiclav 625mg TDS 7/7
Acute bronchitis (with co-morbidities)	Amoxicillin 500mg TDS	5/7	Doxycycline 200mg stat then 100mg OD	5/7	
Acute exacerbation of COPD	Amoxicillin 500mg TDS	5/7	Doxycycline 200mg stat then 100mg OD OR Clarithromycin 500mg BD	5/7	If resistance Co-amoxiclav 625mg TDS 5/7
Community acquired pneumonia CRB65=0	Amoxicillin 500mg TDS	Comments box	Clarithromycin 500mg BD OR Doxycycline 200mg stat then 100mg OD	Comments box	5/7, review at 3/7 & extend to 7-10/7 if poor response.
Community acquired pneumonia CRB65=1 + 2 and at home	Amoxicillin 500mg TDS AND Clarithromycin 500mg BD	7 to 10 /7	Doxycycline 200mg stat then 100mg OD alone	7 to 10/7	Clinically assess need for dual therapy for atypicals.
UTI adults	Nitrofurantoin 100mg M/R BD	Women 3/7 Men 7/7	Trimethoprim 200mg BD (or on microbiology recommendation Pivmecillinam 200mg TDS (400mg if resistance risk).	Women 3/7 Men 7/7	If organism susceptible Amoxicillin 500mg TDS women 3/7 men 7/7
UTI pregnancy	Nitrofurantoin 100mg M/R BD	7/7	Trimethoprim 200mg BD (give folate if first trimester). Off-label.	7/7	If susceptible Amoxicillin 500mg TDS can be used first line 7/7. 3rd line Cefalexin 500mg BD 7/7
Lower UTI children	Trimethopim OR Nitrofurantoin	3/7	Cefalexin	3/7	If organism susceptible Amoxicillin can be used first line 3/7
Upper UTI children	Co-Amoxiclav	7 to 10/7	Cefixime	7 to 10/7	
Recurrent UTI (non-pregnant) ≥ 3 per year	Nitrofurantoin 50-100mg OR Trimethoprim 100mg	post coital stat (off-label)			Daily prophylaxis at night can be used review at 6 months
Vaginal Candidiasis	Clotrimazole Cream 10 % or Pessary 500mg OR oral Fluconazole 150mg	stat			
Vaginal Candidiasis Pregnant	Clotrimazole 100mg Pess 6/6 OR Miconazole 2% Cr 7/7				
Bacterial vaginosis	Metronidazole 400mg BD 7/7 OR 2g stat		Metronidazole 0.75% Vag gel 5/7 OR Clindamycin 2% Vag Cr 7/7		Less relapse with 7 day course. Pregnant breast feeding avoid the 2g stat dose.
Trichomoniasis	Metronidazole 400mg BD 5-7/7 OR 2g stat		If Metronidazole declined Clotrimazole 100mg Pess for symptom relief only (not cure)	6/6	
Impetigo	Flucloxacillin 500mg QDS	7/7 for childrens dose see BNFC	If penicillin allergic- Clarithromycin 250-500mg BD	7/7 for childrens dose see BNFC	Topical Fusidic acid TDS 5/7. MRSA only - Mupirocin TDS 5/7.
Eczema- if signs of infection	Treat as for Impetigo				
Cellulitis facial	Co-Amoxiclav 625mg TDS	7/7			If slow response continue for a further 7 days



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Cellulitis other	Flucloxacillin 500mg QDS	7/7	If penicillin allergic-clarithromycin 500mg BD. If on statins: doxycycline 200mg stat, then 100mg od. If unresolving: clindamycin 300-450mg QDS	7/7	If slow response continue for a further 7 days
Leg Ulcers-active infection send pre-treatment swab (review treatment after results)	Flucloxacillin 500mg QDS OR clarithromycin 500mg BD	As for cellulitis			Active infection - cellulitis/ increased pain/pyrexia/purulent exudate/odour
Bites-human or animal	Co-amoxiclav 375-625mg TDS	7/7	If penicillin allergic- metronidazole 400mg TDS PLUS doxycycline 100mg BD (cat/dog/human) OR metronidazole 200-400mg TDS PLUS clarithromycin 250-500mg BD (human)	7/7	Review at 24 and 48 hrs
Dermatophyte infection - nail superficial only	Amorolfine 5% nail lacquer				
Dermatophyte infection - nail	Terbinafine 250mg OD	fingers 6-12 weeks, toes 3-6 months	Itraconazole 200mg BD	7 days per month fingers 2 courses, toes 3 courses	Third line for very superficial as limited evidence: amorolfine 5% nail lacquer. 1-2x/weekly. Fingers 6 months, toes 12 months.
Varicella zoster/chicken pox (if indicated)	Aciclovir 800mg five times a day	7/7			
Herpes zoster/shingles	Aciclovir 800mg five times a day	7/7	Valaciclovir 1g TDS OR Famciclovir 500mg TDS (or 750mg BD)	7/7	
Acute prostatitis	Ciprofloxacin 500mg BD OR ofloxacin 200mg BD	28/7	Trimethoprim 200mg BD	28/7	
Acute pyelonephritis	Ciprofloxacin 500mg BD OR co-amoxiclav 625mg TDS	7/7			If organism susceptible trimethoprim200mg BD 14/7
Clostridium Difficile1st episode	Metronidazole 400mg OR 500mg TDS	10 to 14/7			Stop unnecessary antibiotics and PPIs
Clostridium Difficile 2nd episode/severe-type 027	Oral vancomycin 125mg QDS	10 to 14/7	Seek microbiology advice		Stop unnecessary antibiotics and PPIs
Chlamydia trachomatis/ urethritis - non-pregnant or not breast feeding	Azithromycin 1g stat OR doxycycline 100mg BD	7/7			
Chlamydia trachomatis/ urethritis Pregnant or Breastfeeding	Azithromycin 1g stat (off-label) OR erythromycin 500mg QDS 7/7 OR amoxicillin 500mg TDS 7/7				
Epididymitis (low STI risk)	Ofloxacin 200mg BD OR Doxycycline 100mg BD	14/7			
Pelvic Inflammatory Disease (PID)	Metronidazole 400mg BD PLUS ofloxacin 400mg BD or doxycycline 100mg BD	14/7			
Pelvic Inflammatory Disease (high risk of gonorrhoea)	As PID above & add IM ceftriaxone 500mg stat	14/7			

Based on October 2016 guidelines Review April 2017