

## ANTIMICROBIAL GUIDELINES SUMMARY 2017

All doses in this summary are for Adults—see guideline for information on treating children

### ENT INFECTIONS

#### **CENTOR CRITERIA for acute sore throat**

- \* Tonsillar exudate
  - \* Tender anterior cervical lymphadenopathy
  - \* Absence of cough
  - \* Current pyrexia >38°C
- If 3 or more present treat with antibiotics  
Risk of GABHS is greater in age 3-14 years

#### **Acute Bacterial Sore Throat**

Penicillin V 500mg qds for 10 days

**In penicillin allergy:** Clarithromycin 500mg bd for 5 days

#### **Acute Sinusitis**

**Use symptomatic relief before prescribing antimicrobials.**

Amoxicillin 500mg tds for 7 days **OR** 1g tds for 7 days in more severe infections **OR**

**In penicillin allergy:** Doxycycline 200mg stat then 100mg OD for 7 days in total. For **children under 12:** use clarithromycin instead of doxycycline.

#### **Acute Otitis Media**

**60% of cases will resolve in 24 hours without antibiotics.**

Amoxicillin 500mg tds for 5 days

**In penicillin allergy:** Clarithromycin 500mg bd for 5 days

### RESPIRATORY TRACT INFECTION

**Acute Bronchitis with or without existing co-morbidities** – see full guideline.

#### **Pneumonia risk assessment CRB-65**

##### **Each scores 1**

Confusion (recent)

Respiratory rate >30 per minute

BP systolic <90 or diastolic ≤60

Age >65

Score 0: suitable for home treatment

Score 1-2: consider hospital assessment or admission

**Score 3-4: Urgent hospital admission**

#### **Community Acquired Pneumonia**

**Low Risk** CRB-65 = 0:

Amoxicillin 500mg tds for 5 days. Review at 3 days and extend to 7-10 days if poor response.

**In penicillin allergy:** Clarithromycin 500mg bd for 5 days or Doxycycline 200mg stat then 100mg od for 5 days in total. Review at 3 days and extend to 7-10 days if poor response.

**Intermediate Risk** CRB-65 = 1 and 2 and at home:

Amoxicillin 500mg tds for 7-10 days **AND**

Clarithromycin 500mg bd for 7-10 days **or**

**In penicillin allergy:** Doxycycline alone 200 mg stat then 100mg od for 7-10 days in total.

**Consider immediate antibiotics if condition is life-threatening or admission delayed >6hrs.**

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### LOWER RESPIRATORY TRACT INFECTION cont

#### **Acute Infective Exacerbation of COPD**

Amoxicillin 500mg tds for 5 Days **OR**

Doxycycline 200mg STAT then 100mg OD for 5 days in total **OR**

Clarithromycin 500mg bd for 5 days

### URINARY TRACT INFECTIONS

**Patients with CKD 4 or 5 – see full Guidelines for advice on treatment choice**

#### **Uncomplicated UTI in adult women (no fever or flank pain)**

**1<sup>st</sup> line:** Nitrofurantoin MR 100mg bd or 50mg qds for 3 days

**2<sup>nd</sup> line** (only if there is low risk of resistance):  
Trimethoprim 200mg bd for 3 days

#### **UTI in Pregnancy**

**1<sup>st</sup> line:** Nitrofurantoin 100mg MR bd or 50mg qds for 7 days except at term

**2<sup>nd</sup> line:** Trimethoprim 200mg bd for 7 days (off label use. See full guideline for further advice regarding folate supplementation).

**3<sup>rd</sup> line:** Cefalexin 500mg bd for 7 days  
(See full guideline for further advice)

#### **UTI in Men**

**1<sup>st</sup> line:** Nitrofurantoin capsules 100mg MR bd or 50mg qds for 7 days

**2<sup>nd</sup> line** (only if there is low risk of resistance):  
Trimethoprim 200mg bd for 7 days

#### **UTI in Children, catheterised patients and**

**Recurrent UTI** - See full guidelines for advice on prescribing, MSU, prophylaxis and referral

### SKIN INFECTIONS

#### **Impetigo** (widespread)

Flucloxacillin 500mg qds for 7 days

**In penicillin allergy:** Clarithromycin 250mg - 500mg bd for 7 days

#### **Cellulitis**

**See full guideline for details**

**Class 1:** Flucloxacillin 500mg qds for 7 days

**In penicillin allergy:** Clarithromycin 500mg bd for 7 days

**If on statins:** Doxycycline 200mg stat then 100mg od for 7 days

**If un-resolving:** Clindamycin 300-450mg qds for 7 days

### EYE INFECTIONS - CONJUNCTIVITIS

Chloramphenicol eye drops 0.5% 1 drop every 2 hours during waking hours for 2 days then four hourly (whilst awake) **plus** Chloramphenicol 1% ointment at night  
**Continue treatment for 48 hours after resolution**

### GASTROINTESTINAL, FUNGAL, GENITO-URINARY and CNS INFECTIONS

See full guidelines for details

Extracted from the Wirral Antimicrobial Guidelines

2017 <http://mm.wirral.nhs.uk/formulary/>