

## **ANTIMICROBIAL GUIDELINES** **SUMMARY 2018**

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

Or **FeverPAIN**

<https://ctu1.phc.ox.ac.uk/feverpain/index.php>

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

Phenoxymethylpenicillin 500mg qds for 10 days

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

#### **Acute Sinusitis**

**Use symptomatic relief before prescribing antimicrobials.**

Phenoxymethylpenicillin 500mg qds for 5 days  
**OR**

**In penicillin allergy:** Doxycycline 200mg stat, then 100mg OD for 5 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  $\geq 30$  per minute
  - BP systolic <90 or diastolic  $\leq 60$
  - Age  $\geq 65$
- 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 200mg 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 0.5% eye drops. Use 2 hourly for 2 days then reduce frequency to 3 – 4 times daily. In addition, if required **use the 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

2018 <http://mm.wirral.nhs.uk/guidelines/>