# BaNES, Swindon & Wiltshire CCG Management of Infection Guidance for Primary Care (Quick Ref Guide) – Jan 2025 ADULTS www.bswformulary.nhs.uk

| Antibiotic | | Adult Dose (oral unless otherwise stated) | Length |
|---|---|---|---|
| **Upper Respiratory Tract Infections** *Treating your infection-RTI PIL RCGP* | | | |
| **Influenza:** PHE Influenza NICE Influenza (prophylaxis) | | | |
| **Acute Sore Throat NICE sore throat FeverPAIN** *Avoid antibiotics where possible* | | | |
| 1st choice | **Penicillin V** | 500mg QDS **OR** 1g BD | 5-10 days |
| Penicillin allergy | **Clarithromycin** | 250mg BD OR 500mg BD if severe | 5 days |
| Pregnant + allergy | **Erythromycin** | 250-500mg QDS or 500mg-1g BD | 5 days |
| **Acute Otitis Externa CKS OE Use analgesia as well. For topical 1st line treatments- see full guideline** | | | |
| If cellulitis | **Flucloxacillin 250mg** QDS OR 500mg QDS if severe | | 7 days |
| **Acute Rhinosinusitis NICE RTIs NICE sinusitis** *Avoid antibiotics if possible, Use adequate analgesia first* | | | |
| 1st choice | **Penicillin V** | 500mg QDS | 5 days |
| Penicillin allergy | **Doxycycline OR**<br>**Clarithromycin** | 200mg 1st dose then 100mg once daily<br>500mg BD (**Erythromycin** 250mg to 500mg QDS if pregnant) | 5 days<br>5 days |
| *Unwell/worsening* | **Co-amoxiclav** | 625mg TDS | 5 days |
| **Lower Respiratory Tract Infections:** *Treating your infection-RTI PIL **RCGP*** | | | |
| **Acute Cough / Bronchitis** NICE NG120 NICE 69 RCGP CKS *Further treatment options in full guidance* | | | |
| 1st choice | **Doxycycline** | 200mg 1st dose then 100mg OD | 5 days |
| Alternative | **Amoxicillin** | 500mg TDS | 5 days |
| **Acute exacerbation COPD** Gold NICE COPD exacerbation *send sputum sample & check cultures if used | | | |
| 1st choice | **Doxycycline** | 200mg 1st dose, then 100mg OD | 5 days |
| 1st choice | **Amoxicillin** | 500mg TDS | 5 days |
| 1st choice | **Clarithromycin** | 500mg BD | 5 days |
| If risk of resistance | **Co-amoxiclav** 625mg(500/125)TDS **OR Co-trimoxazole** 960mg BD* | | 5 days |
| **Community Acquired Pneumonia NG138 2019** During the COVID-19 pandemic, **Doxycycline is the 1st choice oral antibiotic for CAP** | | | |
| **CRB65 = 0**:**Amoxicillin** 500mg TDS **OR** *(if penicillin allergic)* **Clarithromycin** 500mg BD **OR Doxycycline** 200mg 1st dose, then 100mg OD For 5 days **OR Erythromycin** 500mg QDS if pregnant. Extend to 7-10 days if poor response. **CRB65 =1-2 & AT HOME:** Clinically assess need for dual therapy for atypicals. **Amoxicillin** 500mg TDS **AND Clarithromycin** 500mg BD (**Erythromycin** 500mg QDS if pregnant) **OR** for pen allergy: **Doxycycline alone** 200mg 1st dose, then 100mg OD **OR Clarithromycin** 500mg BD **alone** for 5 days . **CRB65 =3-4 or consider urgent hospital admission: Co-amoxiclav** 625mg TDS **AND Clarithromycin** 500mg BD **OR Erythromycin** 500mg QDS if pregnant for 5 days. | | | |
| **Bronchiectasis NICE bronchiectasis** | | | |
| 1st choice option | **Doxycycline** 200mg STAT, then 100mg OD **OR Amoxicillin** 500mg TDS (preferred option in pregnancy) **OR Clarithromycin** 500mg BD | | 7-14 days |
| If risk of resistance (or seek micro advice) | **Co-amoxiclav** 625mg TDS 7-14 days | | |

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| **Gastro-intestinal Tract Infections: Clostridium difficile PHE See full guidance for antibiotic options** | | | |
| **Acute Diverticulitis NICE NG147 2019**<br>Consider offering antibiotics if the patient is systemically unwell. | | | |
| 1st line: | **Co-amoxiclav** | 500/125mg TDS | 5 days |
| If penicillin allergy | **Cefalexin** 500mg* BD or TDS **AND Metronidazole** 400mg TDS<br>*Up to 1-1.5g TDS or QDS can be used for severe infection.<br>A longer course may be needed base on clinical assessment | | |
| | **Trimethoprim** 200mg BD **AND Metronidazole** 400mg TDS | | |
| **Urinary Tract Infections:** *Encourage hydration. Culture in all treatment failures and patients at increased resistance risk. ALWAYS safety net and consider risks for resistance.* Give TARGET UTI PIL and self care advice. **Diagnosis of UTIs:** *Refer to PHE UTI guidance algorithm for diagnosis information* | | | |
| **Uncomplicated UTI: PHE URINE, RCGP UTI clinical module** | | | |
| **1st line: Nitrofurantoin** 100mg m/r BD **OR** if unavailable **Nitrofurantoin** 50mg QDS<br>*If low risk of resistance:* **Trimethoprim** 200mg BD | | | 7 days men<br>3 days women |
| **If 1st line options unsuitable:**<br>**If eGFR<45ml/min & NOT penicillin allergic: Pivmecillinam (**400mg 1st dose then 200mg TDS).<br>**If high risk of resistance or penicillin allergy: Fosfomycin** 3g STAT in women. In men also give a 2nd 3g dose 3 days later (unlicensed)<br>**If organism susceptible:** amoxicillin 500mg TDS (7 days men, 3 days women) | | | |
| **Acute Pyelonephritis NICE acute pyelonephritis** *Send sample for culture* | | | |
| 1st choice | **Cefalexin** | 500mg BD-TDS (1-1.5g TDS-QDS if severe) | 7-10 days |
| If culture results available & susceptible | **Co-amoxiclav** | 625mg (500/125) TDS | 7-10 days |
| | **Trimethoprim** | 200mg BD | 14 days |
| | **Ciprofloxacin** | 500mg BD (consider safety issues) | 7 days |
| **Recurrent U.T.I. in non-pregnant women** *Encourage hydration* TARGET UTI | | | |
| **1st line** | **Consider vaginal oestrogen,** if experiencing perimenopause or menopause, or have already experienced menopause where behavioral or personal hygiene measures are not effective. | | |
| **2nd line** | **Trial of single dose antibiotic,** to be used when exposed to an identifiable trigger<br>**Nitrofurantoin** 100mg STAT **OR Trimethoprim** 200mg STAT when exposed to trigger. | | |
| **3rd line** | **Methenamine Hippurate 1g BD** as an initial alternative to avoid use of daily antibiotics. | | |
| **4th line** | **Trial of daily antibiotics** if there has been no improvement after measures above<br>**Nitrofurantoin** 50-100mg ON **OR Trimethoprim** 100mg ON | | |
| **Review and assessing prophylaxis success at least every 6 monthly. Refer to full guidance for further details.** | | | |
| **UTI in pregnancy PHE** | | | |
| 1st choice (avoid at term) | **Nitrofurantoin** | 100mg m/r BD **OR** if unavailable 50mg QDS | 7 days |
| 1st choice *if susceptible* | **Amoxicillin** | 500mg TDS | |
| 2nd choice | **Cefalexin** | 500mg BD | |

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| **Acute Prostatitis** *(Where STI not expected) Send MSU for culture* NICE acute prostatitis | | | |
| 1st choice | **Ciprofloxacin** 500mg BD OR **Ofloxacin** 200mg BD (There are safety issues with quinolones but they are appropriate to use in prostatitis) | | 14 days then review. Cont. for further 14 days if needed |
| 2nd choice | **Trimethoprim** 200mg BD | | |
| **UTI (catheter associated)** NICE (catheter) | | | |
| 1st line: ***LOWER UTI*** | **Nitrofurantoin** (if eGFR >45ml/min) | 100mg M/R BD OR if unavailable 50mg QDS | 7 days |
| | **Trimethoprim** (if low risk of resistance) | 200mg BD | 7 days |
| | **Amoxicillin** (if culture results available & susceptible) | 500mg TDS | 7 days |
| 2nd line | **Pivmecillinam** (no upper UTI symptoms, no pen allergy) | 400mg STAT then 200mg TDS | 7 days |
| 1st line: ***UPPER UTI*** | **Cefalexin** | 500mg BD-TDS (up to 1-1.5g TDS or QDS if severe) | 7-10 days |
| ***If culture results avail. & susceptible*** | **Co-amoxiclav** | 500/125mg TDS | 7-10 days |
| | **Trimethoprim** | 200mg BD | 14 days |
| | **Ciprofloxacin** (consider safety issues) | 500mg BD | 7 days |
| **Genital Tract Infections:** | | | |
| **Chlamydia trachomatis (Treat partner(s) and consider other STDs)** BASHH, CKS | | | |
| 1st choice | **Doxycycline** 100mg BD for 7 days | | |
| 2nd choice | **Azithromycin** 1g stat then 500mg once daily for 2 days | | |
| Pregnant/Breast Feeding | **Azithromycin** 1g (off-label use) STAT then 500mg once daily for 2 days OR **Erythromycin** 500mg **QDS** 7 days or 500mg BD for 14 days OR **Amoxicillin** 500mg TDS 7 days | | |
| **Chlamydia trachomatis / Urethritis High Risk refer to local GUM Clinic. STI Screening:** BASHH | | | |
| **Vaginal candidiasis** BASHH, CKS | | | |
| 1st choice | **Fluconazole** 150mg oral OR **Clotrimazole (10%** vaginal cream OR 500mg pessary) | | Stat |
| Pregnant | **Clotrimazole** 100mg pessary ON 7 nights | | |
| **Bacterial Vaginosis** BASHH | | | |
| 1st choice | **Metronidazole** 400mg BD (OR 2g oral stat) | | 7 days |
| 1st choice | **Metronidazole** vaginal gel 0.75% 5g PV at night (ON) | | 5 days |
| 1st choice | **Clindamycin** 2% cream 5g PV at night (ON) | | 7 days |
| **Pelvic Inflammatory Disease** BASHH *See full guidance for antibiotic regimen.* | | | |
| 1st choice | *Low risk* **Metronidazole** 400mg BD AND **Ofloxacin** 400mg BD (safety issues) | | 14 days |

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| **Skin Infections:** | | | |
| **Cellulitis** CKS NICE Cellulitis NG141 2019 | | | |
| 1st choice | **Flucloxacillin** | 500mg to 1g QDS | 5 to 7 days. If slow response continue for further 7 days |
| Penicillin allergic | **Clarithromycin** **Erythromycin** if pregnant | 500mg BD 500mg QDS | |
| Pen allergy + statin | **Doxycycline** | 200mg stat then 100mg OD | |
| Unresolving | **Clindamycin** | 150- 300mg QDS (can be increased to 450mg QDS under microbiologist advice) | 7 days |
| Facial cellulitis | **Co-amoxiclav** | 625mg TDS OR if penicillin allergic use **Clarithromycin** 500mg BD AND **Metronidazole** 400mg TDS | |
| **Leg Ulcers** PHE CKS *NICE NG152* *Ulcers always colonized. Antibiotics do not improve healing unless active infection[2A+] and may put patient at risk of C difficile infection If the infection is not improving as expected, consider microbiological testing. Review antibiotics after culture results. See full guidance for further information and 2nd line options.* | | | |
| 1st choice | **Flucloxacillin** 500mg – 1g(off-label) QDS if unsuitable consider; **Clarithromycin** 500mg BD OR **Erythromycin (in pregnancy)** 500mg QDS OR **Doxycycline** 200mg STAT, then 100mg OD | | 7 days |
| **Animal / Human bites** NICE NG184 2020 (treatment OR prophylaxis) Consider tetanus, rabies, blood borne viral infection. Irrigate wound thoroughly. Take a swab for microbiological testing to guide treatment if there is discharge. | | | |
| 1st choice | **Co-amoxiclav** | 375mg- 625mg TDS | Prophylaxis 3 days Treatment 5 days (infected bites) |
| Pen allergy or if co-amoxiclav is unsuitable | **Metronidazole** 400mg TDS AND **Doxycycline** 200mg STAT, then 100mg OD OR 200mg OD | | |
| Reassess if there is no improvement within 24 to 48 hours after starting treatment. Consider referral if the person is systemically unwell, cannot take, or an infection is not responding to oral antibiotics. | | | |
| **Diabetic foot infection** NICE NG19 2019 *See full guidance for severity classification* | | | |
| Mild infection: | **Flucloxacillin** | 500mg to 1g QDS | 7 days |
| Penicillin allergy | **Clarithromycin** 500mg BD OR **Erythromycin** (if pregnant) 500mg QDS OR **Doxycycline** 200mg STAT, then 100mg OD (can use 200mg OD if severe) for 7 days | | |
| Moderate to severe diabetic foot infections should not be treated in primary care without a discussion/review with a diabetic foot infection specialist. See full guidance for antibiotic regimen. | | | |
| **Impetigo** NICE NG153 | | | |
| Topical treatment; **Hydrogen peroxide 1% cream** (Crystacide®) Apply BD or TDS<br>if unsuitable or ineffective; **Fusidic acid 2%** Thinly TDS<br>if MRSA; **Mupirocin 2% ointment** topically TDS and consult local microbiologist | | | 5 days, increased to 7 days based on clinical judgement |
| Oral treatment: 1st **Flucloxacillin** 500mg QDS<br>If penicillin allergic; **Clarithromycin** 250-500mg BD OR **Erythromycin** (in pregnancy) 250-500mg QDS | | | |
| **Please refer to full guidance for other infections which are not covered by this summary.** | | | |