BaNES, Swindon & Wiltshire CCG Management of Infection Guidance for Primary Care (Quick Ref Guide) – December 2021 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**	200mg 1st dose then 100mg once daily	5 days
Clarithromycin	500mg BD (**Erythromycin** 250mg to 500mg QDS if pregnant)	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 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 *Up to 1-1.5g TDS or QDS can be used for severe infection. A longer course may be needed base on clinical assessment		5 days
Trimethoprim 200mg BD **AND Metronidazole** 400mg TDS		5 days
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		7 days men 3 days women
If low risk of resistance: **Trimethoprim** 200mg BD		7 days men 3 days women
If 1st line options unsuitable: **If eGFR<45ml/min & NOT penicillin allergic: Pivmecillinam (**400mg 1st dose then 200mg TDS).		7 days men 3 days women
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)		7 days men 3 days women
If organism susceptible: amoxicillin 500mg TDS (7 days men, 3 days women)		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		
Nitrofurantoin 100mg STAT when exposed to trigger OR 50-100mg ON **OR**		**Use STAT regimen 1st line. Only use DAILY regimen if STAT regimen fails. Review within 6/12.**
Trimethoprim 200mg STAT when exposed to trigger OR 100mg ON		**Use STAT regimen 1st line. Only use DAILY regimen if STAT regimen fails. Review within 6/12.**
2nd line **Amoxicillin** 500mg STAT when exposed to trigger OR 250mg ON		**Use STAT regimen 1st line. Only use DAILY regimen if STAT regimen fails. Review within 6/12.**
2nd line **Cefalexin** 500mg STAT when exposed to trigger OR 125mg ON		**Use STAT regimen 1st line. Only use DAILY regimen if STAT regimen fails. Review within 6/12.**
2nd line **Methenamine** 100mg BD - Initiated by a Urologist or as advised by a microbiologist if there are no suitable alternatives		*Refer to full guidance for further information*
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	7 days
2nd choice **Cefalexin**	500mg BD	7 days

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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 if unsuitable or ineffective; **Fusidic acid 2%** Thinly TDS 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 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.			