

Quick reference—Antibiotics

All doses listed are for adults unless otherwise stated. See full formulary for further details
Promote self-care where possible

Infection	1st Line/Self care	2nd Line/Alternative option	3rd Line/Comments
Acute sore throat Please follow the "Antibiotic Prescribing for Local Group A Streptococcal Outbreak" where there is a epidemiological connection with the current GAS outbreak.	FeverPAIN 0-1/ Centor 0-2 No antibiotics advise self-care ♦ Paracetamol/ibuprofen for pain ♦ Medicated lozenges FeverPAIN 2-3 No or back up antibiotic	FeverPAIN 4-5 / Centor 3-4 Penicillin V 500mg QDS 5-10 days Penicillin Allergy Clarithromycin 250mg-500mg BD 5-10 days	If systemically very unwell or high risk of complications give immediate antibiotics
Sinusitis (acute)	Symptoms 10 days or less –no antibiotics advise self care: ♦ Paracetamol/ibuprofen for pain ♦ Nasal saline or nasal decongestions may help (little evidence) Symptoms>10 days no antibiotic or backup antibiotic	Penicillin V 500mg QDS 5 days Penicillin allergy Doxycycline 200mg on day one then 100mg OD 5 days total OR Clarithromycin 500mg BD 5 days	Systemically very unwell or high risk of complications Co-amoxiclav 625mg TDS 5 days
Otitis Media (acute)	Otorrhoea or under 2 years with infection in both ears: no, back-up or immediate antibiotic. Otherwise: no or back-up antibiotic. Advise self-care ♦ Paracetamol/ibuprofen for pain	Amoxicillin 500mg-1000mg TDS 5-7 days Penicillin allergy Doxycycline 200mg on day one then 100mg OD 5 –7 days total OR Clarithromycin 250mg to 500mg BD 5 –7 days	Systemically very unwell or high risk of complications Co-amoxiclav 625mg TDS 5-7 days
Otitis Externa (acute)	No antibiotics advise self-care ♦ Paracetamol/ibuprofen for pain ♦ Apply localised heat (warm flannel)	Acetic Acid 2% - Available OTC as EarCalm® 1 spray TDS 7 days Betamethasone 1mg with neomycin 5mg/mL ear drop 2-3 drops TDS 7-14 days	If cellulitis, systemic signs of infection or extends outside of ear canal Flucloxacillin 250mg-500mg QDS 7 days Refer to exclude malignant otitis externa
Acute cough - Systemically very unwell or high risk of complications	Systemically very unwell — immediate antibiotic High risk of complications— immediate or back up antibiotic Amoxicillin 500mg TDS 5 days	Doxycycline 200mg on day one then 100mg OD for 5 days total OR Clarithromycin 250mg- 500mg BD 5 days	Acute cough with upper respiratory tract infection: no antibiotic give TARGET RTI leaflet Acute bronchitis: no routine antibiotic Self-care treatments have limited evidence for the relief of cough symptoms.
Community Acquired pneumonia	CRB65 0 (low severity) Amoxicillin 500mg TDS 5 days OR Clarithromycin 500mg BD 5 days OR Doxycycline 200mg on day one then 100mg OD 5 days total	CRB65 1-2 (moderate severity) Amoxicillin 500mg TDS 5 days and Clarithromycin 500mg BD 5 days OR Doxycycline alone 200mg on day one then 100mg OD 5 days	CRB65 3-4 (high severity) Urgently admit to hospital Stop antibiotics after 5 days unless patient shows sign of clinical deterioration. Consider alternative therapy or hospital admission
Acute exacerbation COPD	Amoxicillin 500mg TDS 5 days OR Doxycycline 200mg on day one then 100mg OD 5 days total OR Clarithromycin 500mg BD 5 days	Use alternative first choice 5 day course	If at higher risk of treatment failure: Co-amoxiclav 625mg TDS 5 days or Co-trimoxazole 960mg BD 5 days (contains trimethoprim)

Quick reference –Antimicrobials

All doses listed are for adults unless otherwise stated. See full formulary for further details
Promote self-care. Advise patients to purchase OTC

Infection	1st Line/Self care	2nd Line/Alternative option	3rd Line/Comments
UTI (non-pregnant women, men)	Nitrofurantoin 100mg m/r BD, Women: 3 days, Men: 7 days OR If low risk of resistance: Trimethoprim 200mg BD, Women: 3 days, Men: 7 days	Women: Pivmecillinam 400mg stat then 200mg TDS 3 days total OR Women: Fosfomycin 3g stat (1 dose) Men: see recent culture & susceptibility	Only use Nitrofurantoin in eGFR > 45ml/min /1.73m ² Avoid trimethoprim if taking methotrexate *See details of risk of resistance in full guidance. e.g. recent use, culture
UTI (Pregnant)	Nitrofurantoin 100mg m/r BD 7 days Avoid 3rd trimester	Amoxicillin 500mg TDS 7 days (only if culture results available and susceptible) OR Cefalexin 500mg BD 7 days	Immediate antibiotic required Treatment of asymptomatic bacteriuria in pregnant women.: Nitrofurantoin (avoid in third trimester), Amoxicillin or Cefalexin based on recent culture and susceptibility results.
Pyelonephritis (men >16 and non-pregnant women)	Cefalexin 500mg BD/TDS 7-10 days (up to 1g-1.5g TDS/QDS if severe)	Ciprofloxacin 500mg BD 7 days	Consider admission advice if vomiting, unable to take oral antibiotics or severely unwell.
Pyelonephritis (pregnant)	Cefalexin 500mg BD/TDS 7-10 days (up to 1g-1.5g TDS/QDS if severe)	Contact microbiology for advice	Consider admission advice if vomiting, unable to take oral antibiotics or severely unwell.
Acute prostatitis	Ciprofloxacin 500mg BD 28 days OR Trimethoprim 200mg BD 28 days	Only prescribe after discussion with specialist	Advise paracetamol (+/- low-dose weak opioid) for pain, or ibuprofen if preferred and suitable. Be guided by susceptibilities where appropriate
Epididymitis	Doxycycline 100mg BD 10-14 days	Ofloxacin 200mg BD 14 days	Ciprofloxacin 500mg BD 10 days High risk of STI or <35yrs-refer to GUM
Pelvic inflammatory disease	Ceftriaxone 1000mg IM stat plus Metronidazole 400mg BD & Doxycycline 100mg BD 14 days	Metronidazole 400mg BD & Ofloxacin 400mg BD 14 days	Refer women and sexual contacts to GUM for treatment.
Bacterial vaginosis	Metronidazole 400mg BD 7 days or 2g STAT	Metronidazole vaginal gel 0.75% 5g applicator ON 5 days (oral treatment preferred)	Clindamycin 2% cream 5g applicator ON 7 days
Chlamydia	Doxycycline 100mg BD 7 days	Azithromycin 1g stat then 500mg OD 2 days (total 3 days)	Advise patient to abstain from sexual intercourse for 7 days after treatment. Refer women and sexual contacts to GUM for treatment.
Cellulitis and erysipelas	Flucloxacillin 500mg to 1000mg QDS 5-7 days	Clarithromycin 500mg BD 5-7 days	Continue treatment for further 7 days if required
Facial Cellulitis (non dental)	Co-amoxiclav 625mg TDS 7 days		Continue for a further 7 days if required
Acute diverticulitis—systemically unwell, immunosuppressed or significant co-morbidity	Give oral antibiotics if person not referred to hospital for suspected complicated acute diverticulitis. Co-amoxiclav 625mg TDS 5 days	Cefalexin 500mg BD or TDS (up to 1g to 1.5g TDS/QDS in severe infection) 5 days PLUS Metronidazole 400mg TDS 5 days	Trimethoprim 200mg BD 5 days PLUS Metronidazole 400mg TDS 5 days
Meningococcal disease suspected Transfer to hospital immediately	If time before admission, & suspected meningococcal septicaemia or non-blanching rash, give IV benzylpenicillin: Benzylpenicillin IV or IM stat dose: <1yr : 300mg 1-9yrs : 600mg 10yrs+: 1200mg Use IM if IV not possible		Do not give IV antibiotics if there is a definite history of anaphylaxis; rash is not a contraindication