

Antibiotic	Adult Dose (oral unless otherwise stated)	Length
Upper Respiratory Tract Infections <i>Treating your infection-RTI PIL RCGP</i>		
Influenza: PHE Influenza NICE Influenza (prophylaxis)		
Acute Sore Throat NICE sore throat FeverPAIN <i>Avoid antibiotics where possible</i>		
1 st choice	Penicillin V	500mg QDS OR 1g BD
Penicillin allergy	Clarithromycin	250mg BD OR 500mg BD if severe
Pregnant + allergy	Erythromycin	250-500mg QDS or 500mg-1g BD
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 <i>Avoid antibiotics if possible, Use adequate analgesia first</i>		
1 st choice	Penicillin V	500mg QDS
Penicillin allergy	Doxycycline OR Clarithromycin	200mg 1st dose then 100mg once daily 500mg BD (use erythromycin if pregnant)
Unwell/worsening	Co-amoxiclav	625mg TDS
Scarlet Fever PHE <i>NB Notifiable Disease Avon HPA: 0117900620 PHE South West 0300 303 8162</i>		
1 st choice	Penicillin V	500mg QDS
Penicillin allergy	Clarithromycin	250-500mg BD
Lower Respiratory Tract Infections: <i>Treating your infection-RTI PIL RCGP</i>		
Acute Cough / Bronchitis NICE NG120 NICE 69 RCGP CKS <i>Further treatment options in full guidance</i>		
1 st choice	Doxycycline	200mg 1st dose then 100mg OD
Alternative	Amoxicillin	500mg TDS
Acute exacerbation COPD Gold NICE COPD exacerbation *send sputum sample & check cultures if used		
1 st choice	Doxycycline	200mg 1st dose, then 100mg OD
1 st choice	Amoxicillin	500mg TDS
1 st choice	Clarithromycin	500mg BD
If risk of resistance	Co-amoxiclav 625mg(500/125)TDS OR Co-trimoxazole 960mg BD*	5 days
Community Acquired Pneumonia NICE Pneumonia CG191 2014		
CRB65 = 0: Amoxicillin 500mg TDS OR (if penicillin allergic) Clarithromycin 500mg BD OR Doxycycline 200mg 1 st dose, then 100mg OD For 5 days. 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 for OR Doxycycline alone 200mg 1 st dose, then 100mg OD 7-10 days		
Bronchiectasis NICE bronchiectasis (continued in next column)		
1 st choice option	Doxycycline	200mg 1st dose, then 100mg OD
1 st choice option	Amoxicillin	500mg TDS (preferred option in pregnancy)

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Bronchiectasis continued:			
1 st choice option	Clarithromycin	500mg BD	
If risk of resistance (or seek micro advice)	Co-amoxiclav	625mg TDS	
Gastro-intestinal Tract Infections: Clostridium difficile PHE See full guidance for antibiotic options			
Urinary Tract Infections: <i>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</i>			
Uncomplicated UTI: PHE URINE , RCGP UTI clinical module			
1 st line: Nitrofurantoin 100mg m/r BD If low risk of resistance: Trimethoprim 200mg BD		} 7 days men 3 days women	
If 1 st line options unsuitable: If eGFR<45ml/min & NOT penicillin allergic: Pivmecillinam (400mg 1 st dose then 200mg TDS). If high risk of resistance or penicillin allergy: Fosfomycin 3g STAT in women. In men also give a 2 nd 3g dose 3 days later (unlicensed) If organism susceptible: amoxicillin 500mg TDS (7 days men, 3 days women)			
Acute Pyelonephritis NICE acute pyelonephritis <i>Send sample for culture</i>			
1 st choice	Cefalexin		500mg BD-TDS (1-1.5g TDS-QDS if severe)
If culture results available & susceptible	Co-amoxiclav	625mg (500/125) TDS	
	Trimethoprim	200mg BD	
	Ciprofloxacin	500mg BD (consider safety issues)	
Recurrent U.T.I. in non-pregnant women <i>Encourage hydration</i> TARGET UTI			
Nitrofurantoin 100mg STAT when exposed to trigger OR 50-100mg ON OR Trimethoprim 200mg STAT when exposed to trigger OR 100mg ON		} Use STAT regimen 1 st line. Only use DAILY regimen if STAT regimen fails. Review within 6/12.	
2 nd line	Amoxicillin 500mg STAT when exposed to trigger OR 250mg ON		
2 nd line	Cefalexin 500mg STAT when exposed to trigger OR 125mg ON		
UTI in pregnancy PHE			
1 st choice (avoid at term)	Nitrofurantoin	100mg m/r BD	
1 st choice if susceptible	Amoxicillin	500mg TDS	
2 nd choice	Cefalexin	500mg BD	
Acute Prostatitis (Where STI not expected) <i>Send MSU for culture</i> NICE acute prostatitis			
1 st 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	
2 nd choice	Trimethoprim 200mg BD		

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UTI (catheter associated) NICE (catheter)		
1 st line: LOWER UTI	Nitrofurantoin (if eGFR >45ml/min)	100mg M/R BD 7 days
	Trimethoprim (if low risk of resistance)	200mg BD 7 days
	Amoxicillin (if culture results available & susceptible)	500mg TDS 7 days
2 nd line	Pivmecillinam (no upper UTI symptoms, no pen allergy)	400mg STAT then 200mg TDS 7 days
1 st line: UPPER UTI <i>If culture results avail. & susceptible</i>	Cefalexin	500mg BD-TDS (up to 1-1.5g TDS or QDS if severe) 7-10 days
	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		
1 st choice	Doxycycline 100mg BD for 7 days	
2 nd 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	
Epididymitis: Low STI risk	Ofloxacin 200mg BD 14 days OR Doxycycline 100mg BD 10-14 days	
Chlamydia trachomatis / Urethritis High Risk refer to local GUM Clinic. STI Screening: BASHH		
Vaginal candidiasis BASHH, CKS		
1 st choice	Fluconazole 150mg oral OR Clotrimazole (10% vaginal cream OR 500mg pessary)	Stat
Pregnant	Clotrimazole 100mg pessary ON 6 nights	
Bacterial Vaginosis BASHH		
1 st choice	Metronidazole 400mg BD (OR 2g oral stat)	7 days
1 st choice	Metronidazole vaginal gel 0.75% 5g PV at night (ON)	5 days
1 st choice	Clindamycin 2% cream 5g PV at night (ON)	7 days
Trichomonas (Treat partners) BASHH		
1 st choice	Metronidazole 400mg BD (OR 2g oral stat- <i>but has more adverse effects</i>)	5-7 days
Pregnancy	Clotrimazole 100mg pessary ON for symptomatic relief only if MTZ declined.	
Pelvic Inflammatory Disease BASHH See full guidance for antibiotic regimen.		
1 st choice	Low risk Metronidazole 400mg BD AND Ofloxacin 400mg BD (safety issues)	14 days

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Skin Infections:		
Mastitis: Lactating Women See CKS . If not urgent <i>simple analgesia, warm compresses, continue feeding (or express)</i> . If infected nipple fissure, or symptoms not improved after 12-24 hours then:		
1 st choice	Flucloxacillin 500 mg QDS	10-14 days.
Penicillin allergic	Erythromycin 250-500mg QDS OR Clarithromycin 500mg BD	10-14 days.
Cellulitis CKS		
1 st choice	Flucloxacillin 500mg QDS	7 days. If slow response continue for further 7 days
Penicillin allergic	Clarithromycin 500mg BD	
Pen allergy + statin	Doxycycline 200mg stat then 100mg OD	
Unresolving	Clindamycin 300mg QDS	
Facial cellulitis	Co-amoxiclav 625mg (500/125) TDS (NOT if pen allergic)	
Leg Ulcers PHE CKS <i>Ulcers always colonized. Only for active infection. Send pre-treatment swab</i>		
1 st choice	Flucloxacillin 500mg QDS	As for cellulitis
Penicillin allergic	Clarithromycin 500mg BD	
Animal / Human bites (treatment OR prophylaxis) (consider tetanus) CKS <i>Irrigate wound thoroughly</i>		
Cat / Dog / Human	Co-amoxiclav 375mg (250/125) - 625mg (500/125) TDS	7 days
Pen allergy: Animal bite	Metronidazole 400mg TDS AND Doxycycline 100mg BD*	7 days
Pen allergy: Human bite	Metronidazole 400mg TDS AND Clarithromycin 250-500mg BD*	7 days
* REVIEW at 24-48hrs as not all pathogens covered with this regimen.		
Impetigo PHE		
1 st choice	Flucloxacillin 250-500mg QDS	7 days
Penicillin allergy	Clarithromycin 250mg - 500mg BD	7 days
Localised lesions	Fusidic Acid 2% cream/ ointment Topically TDS (thinly).	5 days
MRSA	Mupirocin 2% ointment Topically TDS	5 days
Lyme Disease: NICE NG95 2018 See full guidance for treatment options		
Scabies NHS Scabies		
Permethrin 5% cream or Malathion (permethrin allergy) 0.5% liquid topically 2 applications 7 day apart		
Herpes Zoster (shingles): CKS		
1 st choice	Aciclovir 800mg five times a day	7 days
2 nd Choice (compliance)	Valaciclovir 1g TDS (use 500mg tablets ONLY)	7 days
Eye Infections: Conjunctivitis CKS <i>Mostly viral & self-limiting treat ONLY if severe (avail. OTC)</i>		
1 st choice	Chloramphenicol Eye drops 0.5% 2hrly reducing to TDS-QDS OR 1% Eye Oint. Nocte	