BaNES, Wiltshire, Swindon CCGs Management of Infection Guidance for Primary Care (Quick Ref Guide) - See BCAP website for full guidelines Mar 2019 ADULTS

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** **Clarithromycin**	200mg 1st dose then 100mg once daily 500mg BD (use erythromycin if pregnant)	5 days 5 days
Unwell/worsening	**Co-amoxiclav**	625mg TDS	5 days
Scarlet Fever PHE *NB Notifiable Disease Avon HPA: 0117900620 PHE South West 0300 303 8162*			
1st choice	**Penicillin V**	500mg QDS	10 days
Penicillin allergy	**Clarithromycin**	250-500mg BD	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 NICE Pneumonia CG191 2014			
CRB65 = 0:Amoxicillin 500mg TDS **OR** *(if penicillin allergic)* **Clarithromycin** 500mg BD **OR Doxycycline** 200mg 1st 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 1st dose, then 100mg OD 7-10 days			
Bronchiectasis NICE bronchiectasis (*continued in next column*)			
1st choice option	**Doxycycline**	200mg 1st dose, then 100mg OD	7-14 days
1st choice option	**Amoxicillin**	500mg TDS (preferred option in pregnancy)	7-14 days

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Bronchiectasis continued:			
1st choice option	**Clarithromycin**	500mg BD	7-14 days
If risk of resistance (or seek micro advice)	**Co-amoxiclav**	625mg TDS	7-14 days
Gastro-intestinal Tract Infections: Clostridium difficile PHE See full guidance for antibiotic options			
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 *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). **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) **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			
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			
2nd line	**Amoxicillin** 500mg STAT when exposed to trigger OR 250mg ON		
2nd line	**Cefalexin** 500mg STAT when exposed to trigger OR 125mg ON		
UTI in pregnancy PHE			
1st choice (avoid at term)	**Nitrofurantoin**	100mg m/r BD	7 days
1st choice *if susceptible*	**Amoxicillin**	500mg TDS	
2nd choice	**Cefalexin**	500mg BD	
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		

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UTI (catheter associated) NICE (catheter)			
1st 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
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		
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			
1st choice	**Fluconazole** 150mg oral OR **Clotrimazole (10%** vaginal cream OR 500mg pessary)		Stat
Pregnant	**Clotrimazole** 100mg pessary ON 6 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
Trichomonas (Treat partners) BASHH			
1st choice	**Metronidazole** 400mg BD (OR 2g oral stat- *but has more adverse effects*)		5-7 days
Pregnancy	**Clotrimazole** 100mg pessary ON for symptomatic relief only if MTZ declined.		6 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

Antibiotic		Adult Dose (oral unless otherwise stated)	Length
Skin Infections:			
Mastitis: Lactating Women See CKS. If not urgent *simple analgesia, warm compresses, continue feeding (or express). If infected nipple fissure, or symptoms not improved after 12–24 hours then:*			
1st choice	**Flucloxacillin**	500 mg QDS	10–14 days.
Penicillin allergic	**Erythromycin** 250-500mg QDS OR **Clarithromycin** 500mg BD		10–14 days.
Cellulitis CKS			
1st 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 *Ulcers always colonized. Only for active infection. Send pre-treatment swab*			
1st choice	**Flucloxacillin**	500mg QDS	As for cellulitis
Penicillin allergic	**Clarithromycin**	500mg BD	
Animal / Human bites (treatment OR prophylaxis) (consider tetanus) CKS *Irrigate wound thoroughly*			
Cat / Dog / Human	**Co-amoxiclav**	375mg (250/125) - 625mg (500/125) TDS	7 days
Pen allergy: Animal bite	**Metronidazole** 400mg TDS AND **Doxycline** 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			
1st 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			
1st choice	**Aciclovir**	800mg five times a day	7 days
2nd Choice (compliance)	**Valaciclovir**	1g TDS (use 500mg tablets ONLY)	7 days
Eye Infections: Conjunctivitis CKS ***Mostly viral & self-limiting treat ONLY if severe*** **(avail. OTC)**			
1st choice	**Chloramphenicol**	Eye drops 0.5% 2hrly reducing to TDS-QDS OR 1% Eye Oint. Nocte	