

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	200mg 1st dose then 100mg once daily
	Clarithromycin	500mg BD (Erythromycin 250mg to 500mg QDS if pregnant)
<i>Unwell/worsening</i>	Co-amoxiclav	625mg TDS
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 NG138 2019		
CRB65 = 0: Amoxicillin 500mg TDS OR (if penicillin allergic) Clarithromycin 500mg BD OR Doxycycline 200mg 1 st 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 1 st 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		
1 st 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.		
1 st line:	Co-amoxiclav	500/125mg TDS
If penicillin allergy	Cefalexin 500mg* BD or TDS AND Metronidazole 400mg TDS	5 days
	*Up to 1-1.5g TDS or QDS can be used for severe infection. A longer course may be needed base on clinical assessment	
	Trimethoprim 200mg BD AND Metronidazole 400mg TDS	
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 OR if unavailable Nitrofurantoin 50mg QDS		7 days men 3 days women
<i>If low risk of resistance: Trimethoprim 200mg BD</i>		
If 1st 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		Use STAT regimen 1 st line. Only use DAILY regimen if STAT regimen fails. Review within 6/12.
Trimethoprim 200mg STAT when exposed to trigger OR 100mg ON		
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 OR if unavailable 50mg QDS
1 st choice <i>if susceptible</i>	Amoxicillin	500mg TDS
2 nd choice	Cefalexin	500mg BD
Acute Prostatitis (Where STI not expected) Send MSU for culture NICE acute prostatitis		

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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		
UTI (catheter associated) NICE (catheter)			
1 st 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
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		
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	
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:			
Cellulitis CKS NICE Cellulitis NG141 2019			
1 st choice	Flucloxacillin	500mg 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)	
Facial cellulitis	Co-amoxiclav	625mg TDS OR if penicillin allergic use Clarithromycin 500mg BD AND Metronidazole 400mg TDS	7 days
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.			
Diabetic foot infection NICE NG19 2019 See full guidance for severity classification			
Mild infection:	Flucloxacillin	500mg to 1g(off label) 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) 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 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
For any other infections which do not covered by this treatment summary, please refer to full guidance for further information.			