

## Quick reference—Antimicrobials

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	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	Co-amoxiclav 625mg TDS 5 days
Otitis Media (acute)	<b>Otorrhoea</b> or under 2 years with infection in both ears: no, back-up or immediate antibiotic.  <b>Otherwise:</b> 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% - <b>Available OTC</b> 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	Amoxicillin 500mg TDS 5 days	Doxycycline 200mg on day one then 100mg OD for 5 days total  OR  Clarithromycin 250mg- 500mg BD 5 days	
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  Levofloxacin 500mg OD 5 days

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**Promote self-care. Advise patients to purchase OTC**

Infection	1st Line/Self care	2nd Line/Alternative option	3rd Line/Comments
UTI (non-pregnant women)	Nitrofurantoin 100mg m/r BD 3 days  OR  Trimethoprim 200mg BD 3 days	Pivmecillinam 400mg stat then 200mg TDS 3 days total  OR  Fosfomycin 3g stat (single dose)	Only use Nitrofurantoin in eGFR > 45ml/min /1.73m <sup>2</sup>  Avoid trimethoprim if taking methotrexate
UTI (Pregnant)	Nitrofurantoin 100mg m/r BD 7 days  <u>Avoid 3rd trimester</u>	Amoxicillin 500mg TDS 7 days (only if culture results available and susceptible)  OR  Cefalexin 500mg BD 7 days	<b>Immediate antibiotic required</b>  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)	<b>Contact microbiology for advice</b>	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 A 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
Vaginal Candidiasis (not pregnant)	Clotrimazole 500mg vaginal pessary Stat <b>Available OTC</b>	Fluconazole 150mg Stat <b>Available OTC</b>	If recurrent infection Fluconazole 150mg 72hourly for 3 doses then 150mg weekly for 6 months
Vaginal Candidiasis (Pregnancy)	Clotrimazole 100mg vaginal pessary ON 6 days	Miconazole 2% 5g applicator BD 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
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
Conjunctivitis	Treat only if severe, as most cases are viral or self-limiting.  Note chloramphenicol <b>Available OTC</b> for patients 2yrs+  Advise on bathing/cleaning eyes	Chloramphenicol 0.5% eye drops- One drop 2 hourly for 2 days, then TDS/QDS <b>AND/OR</b> Chloramphenicol 1% eye ointment TDS/QDS or apply OD at night if used with eye drops. Duration 48hours after resolution <b>Available OTC</b>	Fusidic acid 1% gel BD continue until 48hours after resolution
Meningococcal disease suspected  <b>Transfer to hospital immediately</b>	Benzylpenicillin IV or IM stat dose: <1yr : 300mg 1-9yrs : 600mg 10yrs+: 1200mg Use IM if IV not possible		If history of anaphylaxis to penicillin refer direct to hospital—rash is not a contraindication