

Coughs, Colds and Sneezes
Antibiotics are not indicated

General Information

Acute Otitis Media
Many are viral. Resolves in 80% without antibiotics.
Poor outcome unlikely if no vomiting or temp <38.5°C. Use paracetamol or ibuprofen.

Acne
Only prescribe antibiotics when other non-antimicrobial preparations have been unsuccessful. Topical antimicrobial preparations should be avoided

Acute Bronchitis in otherwise healthy adults
Most infections are mild and self-limiting. Indications for antibiotics are: Systemically unwell, symptoms and signs suggestive of serious illness, pre-existing co-morbidity, age >65 yrs plus additional factors.

Community Acquired Pneumonia
Use CRB65 score to help guide and review: Each scores 1:
Confusion (AMT<8);
Respiratory rate >30/min; **A**ge >65;
BP systolic <90 or diastolic ≤ 60;
Score 0: suitable for home treatment;
Score 1-2: hospital assessment or admission
Score 3-4: urgent hospital admission
Give immediate IM benzylpenicillin or amoxicillin 1g po if delayed admission/life threatening

Acute Urinary Tract Infection
Limit the prescription of antibiotics for uncomplicated cystitis in otherwise healthy women to 3 days

Impetigo
Antibiotics are indicated to eradicate infection, relieve symptoms and reduce the risk of transmission to others.
Oral antibiotics are recommended especially if there is extensive infection or associated systemic illness.

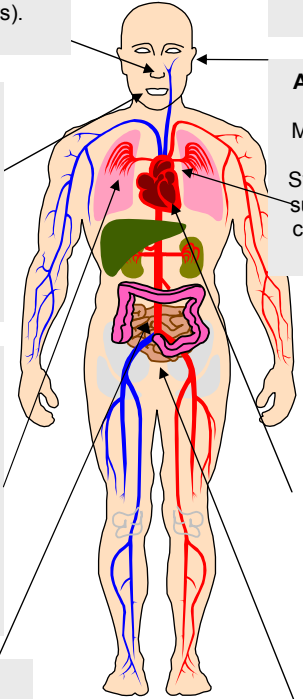
Rhinosinusitis
Avoid antibiotics as 80% resolve in 14 days without, and they only offer marginal benefit after 7 days NNT15
Many are viral. Symptomatic benefit of antibiotics is small.
Reserve antibiotics for severe or persistent symptoms (>10 days).

Acute Sore Throat (Pharyngitis)
The majority of sore throats are viral and should not routinely be treated with antibiotics, unless there is good evidence that they are caused by *Streptococcus pyogenes* (throat swab)

Acute Exacerbation of COPD
Treat exacerbations promptly with antibiotics if purulent sputum **and** increased shortness of breath **and/or** increased sputum volume ^{B+}.
Risk factors for antibiotic resistant organisms include co-morbid disease, severe COPD, frequent exacerbations, antibiotics in last 3 month

Diarrhoeal Illness
Acute gastroenteritis is usually mild and self-limiting, antibiotics are rarely indicated.

Eczema
Using antibiotics or adding them to steroids, in eczema does not improve healing unless there are visible signs of infection



Adult

Acute Sore Throat (Pharyngitis)
Penicillin V 500 mg qds or 1g bd for 10 days **OR**
Erythromycin 250 - 500 mg qds for 5 days **OR**
Clarithromycin 250-500 mg bd for 5 days

Rhinosinusitis
Amoxicillin 500mg tds for 7 days
OR Doxycycline 200mg stat then 100mg od for the next 6 days
OR Penicillin V 500mg QDS for 7 days
For persistent symptoms Co-amoxiclav 625mg tds for 7 days

Acute Bronchitis
Amoxicillin 500mg tds for 5 days **OR**
Doxycycline 200mg stat and then 100mg daily for the next 4 days

Acute Exacerbations of COPD
Amoxicillin 500 mg tds for 5 days **OR**
Doxycycline 200mg stat and then 100mg od for the next 4 days **OR**
Erythromycin 500mg qds for 5 days **OR**
Clarithromycin 500mg bd for 5 days
If resistance risk factors Co-amoxiclav 625mg tds for 5 days

Cellulitis
Flucloxacillin 500mg qds for 7-14 days
OR Erythromycin 500mg qds for 7-14 days
OR Clarithromycin 500mg bd for 7-14 days

Facial Cellulitis
Co-amoxiclav 625mg tds 7 – 14 days

Acute Otitis Media
Amoxicillin 1g tds for 5 days **OR**
Erythromycin 250 - 500mg qds for 5 days **OR**
Clarithromycin 250mg bd for 5 days

Community Acquired Pneumonia
Amoxicillin 500mg to tds for 7 days
OR Erythromycin 500mg qds for 7 days
OR Clarithromycin 500mg bd for 7 days
OR doxycycline 200mg stat and then 100mg daily for the next 6 days

Acute pyelonephritis
Ciprofloxacin 500mg bd for 7 days
Co-amoxiclav 625mg tds for 14 days

Uncomplicated Urinary Tract Infection In Women
Trimethoprim 200 mg bd for 3 days **OR**
Nitrofurantoin 100mg MR bd for 3 days

UTI in Pregnancy
First line Nitrofurantoin 100mg MR bd for 7 days
If susceptible Amoxicillin 500mg tds for 7 days
Second line Trimethoprim 200mg bd (off-label) Give folic acid if first trimester for 7 days
Third line cefalexin 500mg bd for 7 days

For males
Trimethoprim 200 mg bd for 7 days **OR**
Nitrofurantoin 100mg MR bd for 7 days

Impetigo
Flucloxacillin 500mg qds for 7 days
OR Erythromycin 500mg qds for 7 days
OR Clarithromycin 500mg bd for 7 days

Note: If meningococcal disease is suspected General Practitioners are advised to give a single dose of benzyl penicillin by im or iv route, prior to urgently transporting the patient to hospital. Dose: 10 years plus – 1.2 g Alternative cefotaxime 1g by im or iv route

Children 1 month to 1 Year

Children between 1 & 12 Years

Rhinosinusitis
Amoxicillin
Age 1 mnth – 1year: 62.5mg tds for 7 days
OR Erythromycin
Age 1 mnth – 1year: 125 mg qds for 7 days
OR Clarithromycin
Body weight under 8kg 7.5mg/kg BD, 8-11kg 62.5mg bd for 7 days

Acute Otitis Media
Amoxicillin
Age 1 mnth – 1year: 40mg/kg/day in 3 divided doses for 5 days
OR Erythromycin
Age 1 mnth – 1year: 125 mg qds for 5 days **OR Clarithromycin**
Body weight under 8kg 7.5mg/kg bd, 8-11kg 62.5mg bd for 5 days

Acute Sore Throat (Pharyngitis)
Phenoxymethylpenicillin
Age 1 mnth – 1year: 62.5 mg qds for 10 days **OR Erythromycin**
Age 1 mnth – 1year: 125 mg qds for 5 days **OR Clarithromycin**
Body weight under 8kg 7.5mg/kg bd, 8-11kg 62.5mg bd for 5 days

Upper UTI
Co-amoxiclav
Age 1mnth to 1 year 0.25ml/kg of 125/31 suspension tds for 7-10 days
Second line Cefixime
Age 6mnths to 1 year 75mg daily for 7-10 days

Cellulitis
Flucloxacillin
Age 1 mnth – 1year: 62.5-125mg qds for 7-14 days
OR Erythromycin
Age 1 mnth – 1year: 125mg qds for 7-14 days
OR Clarithromycin
Body weight under 8kg 7.5mg/kg bd, 8-11kg 62.5mg bd for 7 days

Acute Lower Urinary Tract Infection
Send MSU for culture and susceptibility, <3 months refer urgently to specialist.
Trimethoprim
3 – 6 months – 25 mg bd for 3 days
6 months-1 year – 50 mg bd for 3 days
OR Nitrofurantoin
Over 3 months 750micrograms/kg qds for 3days
OR Cefalexin
Age 1 mnth – 1year 125 mg 12 hourly for 3 days
If susceptible Amoxicillin Age 1 mnth – 1year: 62.5mg tds for 3 days

Impetigo
Flucloxacillin Age 1 mnth – 1year: 62.5-125mg qds for 7 days
OR Erythromycin Age 1 mnth – 1year: 125mg qds for 7 days
OR Clarithromycin
Body weight under 8kg 7.5mg/kg bd, 8-11kg 62.5mg bd for 7 days

Rhinosinusitis
Amoxicillin
Age 1-5years: 125mg tds for 7 days
Age 5years plus: 250mg tds for 7 days
OR Erythromycin
Up to 2 years: 125 mg qds for 7 days
Age 2-8: 250 mg qds for 7 days
Age 8-12 years : 250-500mg qds for 7 days
OR Clarithromycin
Body weight 8-11kg 62.5mg bd, 12-19kg 125mg bd, 20-29kg 187.5mg bd, 30-40kg 250mg bd for 7 days

Acute Otitis Media
Amoxicillin
40mg/kg/day in 3 divided doses for 5 days
OR Erythromycin
Up to 2 years: 125 mg qds for 5 days
Age 2-8years: 250 mg qds for 5 days
Age 8-12years: 250-500mg qds for 5 days
OR Clarithromycin
Body weight 8-11kg 62.5mg bd, 12-19kg 125mg bd, 20-29kg 187.5mg bd, 30-40kg 250mg bd for 5 days

Acute Sore Throat (Pharyngitis)
Phenoxymethylpenicillin
Age 1 -6years: 125 mg qds for 10 days
Age 6-12years: 250 mg qds for 10 days **OR Erythromycin**
Up to 2 years: 125 mg qds for 5 days
Age 2-8years: 250 mg qds for 5 days
Age 8 -12years: 250-500mg qds for 5 days
OR Clarithromycin
Body weight 8-11kg 62.5mg bd, 12-19kg 125mg bd, 20-29kg 187.5mg bd, 30-40kg 250mg bd for 5 days

Upper UTI
Co-amoxiclav
Age 1-6years 5ml of 125/31 suspension tds for 7 -10 days
Age 6-12years 5ml of 250/62 suspension tds for 7-10 days
Second line Cefixime
Age 1-5 years 100mg daily for 7-10 days
Age 5-10 years 200mg daily for 7-10 days
Age 10-12 years 200-400mg daily or 100-200mg bd for 7-10 days

Cellulitis
Flucloxacillin-
Up to 2 years 62.5-125mg qds for 7 -14 days
Age 2-10 years 125-250mg qds for 7-14 days
Age 10-12 years 250-500mg qds for 7-14 days
OR Erythromycin-
up to 2 years 125mg qds for 7-14 days
2-8 years 250mg qds for 7-14 days
8-12 years 250-500mg qds for 7-14 days
OR Clarithromycin
Body weight 8-11kg 62.5mg bd, 12-19kg 125mg bd, 20-29kg 187.5mg bd, 30-40ka 250ma bd for 7 days

Impetigo
Flucloxacillin
Up to 2 years 62.5-125mg qds for 7 days
Age 2-10years 125-250 mg qds for 7 days
Age 10-12 years 250-500mg qds for 7 days
OR Erythromycin
Up to 2 years: 125 mg qds for 7 days
Age 2-8years: 250 mg qds for 7 days
Age 8 -12years: 250-500mg qds for 7 days
OR Clarithromycin
Body weight 8-11ka 62.5ma bd. 12-

Acute Urinary Tract Infection
Send MSU for culture and susceptibility
Trimethoprim
Age 1-6 years: 50 mg bd for 3 days
Age 6-12: 100 mg bd for 3 days
OR Nitrofurantoin
Age 1- 12 years 750micrograms/kg qds for 3days
OR Cefalexin
Age 1-5: 125 mg tds for 3 days
Age 5-12: 250 mg tds for 3 days
If susceptible Amoxicillin
Age 1- 5 years: 125mg tds for 3 days
Age 5-12 years 250mg tds for 3 days

**Note: If meningococcal disease is suspected General Practitioners are advised to give a single dose of benzyl penicillin by im or iv route, prior to urgently transporting the patient to hospital.
Dose: < 1year – 300 mg, 1-9 years – 600 mg, 10 years plus – 1.2 g**

Doses of Amoxicillin, Erythromycin, Phenoxymethylpenicillin and Cefalexin may be increased in severe infections. Refer to cBNF for full

**These diagrams show recommended drugs, doses and treatment duration for common infections. Refer to the Primary Care Antibiotic Guidelines for full details
Based on the Primary Care Guidelines For The Management Of Infection - North Of Tyne APC.
Updated January 2013**