GP ADULT Empirical Treatment of Infection Guidance

NHS Tayside

- STOP AND THINK BEFORE YOU PRESCRIBE ANTIBIOTICS DOES YOUR PATIENT ACTUALLY HAVE AN INFECTION AND REQUIRE TREATMENT?
- TO REDUCE EMERGENCE OF RESISTANCE AND *CLOSTRIDIUM DIFFICILE* INFECTION USE NARROW SPECTRUM ANTIBIOTICS WHEREVER POSSIBLE AND IN PARTICULAR AVOID CIPROFLOXACIN AND OTHER QUINOLONES, CEPHALOSPORINS AND CO-AMOXICLAV
- LIMIT PRESCRIBING OVER THE TELEPHONE TO EXCEPTIONAL CIRCUMSTANCES
- CONSIDER A 'NO PRESCRIBING' OR 'DELAYED PRESCRIBING' STRATEGY FOR UPPER RESPIRATORY TRACT INFECTIONS
- FULL GUIDANCE IS AVAILABLE IN TAYSIDE AREA PRESCRIBING GUIDE SECTION 16 (www.nhstaysideadtc.scot.nhs.uk or LINK ON STAFFNET HOME PAGE)

CNS:

MENINGITIS	Give dose of Benzylpenicillin (IV/IM) 1.2g or Chloramphenicol (IV) 1g then transfer to hospital immediately. Health Protection Team will deal with prophylaxis for family and contacts.

EYE:

ORBITAL CELLULITIS	Medical emergency – transfer to hospital immediately.
CONJUNCTIVITIS	Usually self-limiting. If necessary use chloramphenicol eye drops 2 hourly reducing to 4 times daily + ointment at night or ointment alone 3-4 times daily. Continue for 48 hours after resolution.
OPTHALMIC SHINGLES	Refer to Opthalmology. Aciclovir 800mg 5 times daily or Valaciclovir 1g tds (7 days) + Aciclovir eye oint

DENTAL:

Refer to GDP

DENTAL ABSCESS	Penicillin V 500mg-1g qds or Amoxicillin 250-500mg tds or Metronidazole 200mg tds (5 days)
PERICORONITIS	1ST LINE Metronidazole 200mg tds (3 days) 2ND LINE Amoxicillin 250-500mg tds (3 days)
ULCERATIVE GINGIVITIS	Metronidazole 200mg tds (3 days)

ENT:

TONSILLITIS/ PHARYNGITIS/ SORE THROAT	Av. length illness 1 week. Most are viral. If 3 or 4 of centor criteria (fever, purulent tonsils, cervical lymphadenopathy, no cough) or history of otitis media then antibiotics may be of more benefit. Penicillin V 1g bd or 500mg qds or Erythromycin 500mg qds or Clarithromycin 500mg bd (10 days)
SINUSITIS	Av. length illness 2.5 weeks. Reserve antibiotics for severe/deteriorating cases. 1ST LINE Penicillin V 500mg qds or 1g bd (5-7 days) 2ND LINE Doxycycline 200mg day 1 then 100mg daily (5-7 days)
EPIGLOTTITIS	Medical emergency – transfer to hospital immediately
OTITIS MEDIA	Av. length illness 4 days. Many are viral. Amoxicillin 500mg tds or Erythromycin 500mg qds or Clarithromycin 500mg bd (5 days)
OTITIS EXTERNA	Topical aural toilet. Swab reserved for unresponsive cases then treat depending on culture results.
ORAL THRUSH	1ST LINE Nystatin liquid 1ml-5ml qds (7 days or 48 hours after resolution) 2ND LINE Fluconazole 50-100mg daily (7-14 days)

LUNG:

COMMUNITY ACQUIRED PNEUMONIA		Start antibiotics immediately. If no improvement or deterioration consider admission.
Assess CRB65 score (Confusion new MSQ ≤ 8/10, Resp rate ≥30/min, BP <90 systolic or ≤60 diastolic, 65 age ≥ 65 years)		
0	Usually treat at home	Amoxicillin 1g tds or Doxycycline 200mg day 1 then 100mg daily (7 days)
1	Usually treat at home	Consider hospital referral if major comorbidity
2	Consider hospital referral	
3-4	Urgent hospital admission	Give Amoxicillin 1g oral or Benzylpenicillin 1.2g IV before transfer (IV chloramphenicol 1g if allergy)
Bilateral signs of pneumonia		Refer to hospital for all CRB65 scores
ACUTE EXACERBATION OF COPD		Give antibiotics if 2 or more of: ↑ breathlessness,↑ sputum volume, ↑sputum purulence Amoxicillin 500mg tds or Doxycycline 200mg on day 1 then 100mg daily (5 days)
ACUTE COUGH/ACUTE BRONCHITIS		Av. length of illness is 3 weeks. Most are viral and use of antibiotics have little benefit in otherwise healthy adults. More benefit if >65 years with cough and other co-morbidities.

GI:

CLOSTRIDIUM DIFFICILE ASSOCIATED DIARRHOEA **(Refer to C difficile treatment protocol in TAPG section 16 for full information)**

Stop other antibiotics if at all possible or use lower risk antibiotic, stop PPIs, stop laxatives, stop anti-motility medicines

1st or 2nd episode		Assess severity score (Alb <25, WCC>15, Cr>1.5 x baseline, signs of colitis)
0-1	Non severe	Metronidazole 400mg tds for 10-14 days If no improvement after 3-5 days change to Vancomycin 125mg qds for further 10-14 days
≥2	Severe	Refer to hospital
3rd or more episodes		Start Vancomycin 125mg qds and refer to Infectious Diseases/Microbiology for advice
ACUTE GASTROENTERITIS		No antibiotic treatment required. Seek advice if severe.

GU:

CATHETERISED PATIENTS	**DO NOT TREAT UNLESS CLINICAL SIGNS/SYMPTOMS OF INFECTION** If new costovertebral tenderness or rigors or new onset delirium or fever >37.9 twice in 12 hours then treat as per pyelonephritis and change catheter during course
UNCOMPLICATED FEMALE LOWER UTI	No fever or loin pain. Trimethoprim 200mg bd or Nitrofurantoin 50mg qds or 100mg MR bd (3 days)
PYELONEPHRITIS	Co-amoxiclav 625mg tds or Co-trimoxazole 960mg bd (7 days)
UNCATHETERISED MALE UTI	Send MSSU. Trimethoprim 200mg bd 14 days Seek advice if recurrence.
UTI IN PREGNANCY	Refer to full guidance in TAPG. Antibiotic choice depends on trimester.
RECURRENT UTI WOMEN (≥2/month or ≥ 3/year)	Trimethoprim 100mg or Nitrofurantoin 50-100mg (post coital or daily dose at night alternating monthly)
PROSTATITIS	Ofloxacin 400mg od or Ciprofloxacin 500mg bd (28 days) If high risk C diff use Trimethoprim 200mg bd (28 days)
EPIDIDYMO-ORCHITIS	Ofloxacin 400mg od or Ciprofloxacin 500mg bd (14 days)
PELVIC INFLAMMATORY DISEASE	Metronidazole 400mg bd + Ofloxacin 400mg bd (14 days)
CHLAMYDIA	Azithromycin 1g stat or Doxycycline 100mg bd (7 days)
TRICHOMONIASIS/BACTERIAL VAGINOSIS	Metronidazole 400mg bd (5 days)
URETHRITIS/GENITAL HERPES/ GENITAL WARTS/GONORRHOEA	Refer to Sexual Health Clinic

SKIN:

CELLULITIS	Flucloxacillin 1g qds or if penicillin allergic Clindamycin 300-450mg tds (7-14 days) If systemically unwell or not responding refer to Infectious Diseases Unit. May be suitable for outpatient IV therapy (OHPAT). If history or risk of MRSA 1ST LINE Doxycycline 100mg bd 2ND LINE Trimethoprim 200mg bd + Rifampicin 300mg bd (7-14 days)
DIABETIC FOOT	ACUTE: Flucloxacillin 1g qds + Metronidazole 400mg tds ACUTE ON CHRONIC: Clindamycin + Ciprofloxacin 500mg bd (7-14 days)
IMPETIGO	Localised lesions use topical fusidic acid or if widespread flucloxacillin or clindamycin (7 days)
CHICKENPOX	Prescribe antiviral only if patient presents within 24 hours of onset of rash. Aciclovir 800mg 5 times daily or Valaciclovir 1g tds
SHINGLES	See full guidance in TAPG criteria to treat if presents within 72 hours of onset or rash. Aciclovir or Valaciclovir (as above)
BITES	Co-amoxiclav 625mg tds (or Metronidazole 400mg tds + Doxycycline 100mg bd) (7 days)