

Infective Exacerbation of Cystic Fibrosis in Adults

- All doses assume normal renal and hepatic function in non pregnant adults
- Courses are generally given for 14 days but on advice of CF team a shorter course of 7-10 days be appropriate for specific patients. A 3rd week may be considered if partial response

Organism	First line or ORAL treatment	Second line or IV treatment	Length of treatment/ Notes
<i>Haemophilus influenzae</i> and <i>Staphylococcus aureus</i> (MSSA)	Co-amoxiclav 625mg tds orally + Amoxicillin 500mg tds orally +/- Ciprofloxacin ^{\$} 750mg bd orally	Penicillin allergy: Doxycycline 100mg bd orally or Clarithromycin ^{\$} 500mg bd orally +/- Ciprofloxacin ^{\$} 750mg bd orally Intravenous treatment: Co-amoxiclav 1.2g every 8 hours IV + Ciprofloxacin ^{\$} 750mg bd orally	7 – 14 days
<i>Pseudomonas aeruginosa</i>	Co-amoxiclav 625mg tds orally + Amoxicillin 500mg tds orally <i>plus</i> Ciprofloxacin ^{\$} 750mg bd orally	Ceftazidime 2-3g tds IV (use higher dose for >60kg) or Piperacillin/tazobactam* 4.5g qds IV or Aztreonam 2g qds IV or Meropenem 2g tds IV Plus Tobramycin [see guideline] IV or Colistimethate sodium 2MU tds IV (<60kg reduce dose to 1.5MU tds)	14 days for treatment of chronic infection For eradication after first isolation see full guidance
<i>Burkholderia cepacia</i>	Co-trimoxazole 960mg bd orally + Minocycline ^{\$} 100mg bd orally or Chloramphenicol 500mg qds orally (see national guidance)	Ceftazidime 2-3g tds or IV (use higher dose for >60kg) or Piperacillin/tazobactam* 4.5g qds IV or Meropenem 2g tds IV or Temocillin [†] 2g tds IV plus another antibiotic from sensitivities	14 days
<i>Stenotrophomonas maltophilia</i>	Co-trimoxazole ^{\$} 1440mg bd orally	Minocycline ^{\$} 100mg bd orally or Co-trimoxazole 1440mg bd IV infusion	14 days
<i>Achromobacter xylosoxidans</i>	Co-trimoxazole ^{\$} 960mg bd orally or Minocycline ^{\$} 100mg bd orally or Chloramphenicol 500mg qds orally (see national guidance)	Piperacillin/tazobactam* 4.5g qds IV or Meropenem 2g tds IV or Temocillin [†] 2g tds IV	14 days
ABPA (<i>Aspergillus sp.</i>)	Prednisolone 0.5mg/kg od >60kg: 30mg 50-59kg: 25mg <50kg: 20mg Taper according to response over 2-3 months.	Poor response: add Itraconazole ^{\$} liquid >60kg: 200mg bd 40-59kg: 150mg bd <40kg: 100mg bd	3-6 months Serum level monitoring required see guidance

Alert antibiotic – ID /Microbiology approval required before prescribing

^{\$} Risk of significant drug interactions, check medication history before prescribing

* Given by IV infusion ideally

Developed by: CF Team/AMT
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