**DEFINITIONS**
- Indications for IV use: Review IV therapy every 12–24 hours – see IVOST guideline
- Criteria for antibiotic: (oral treatment never appropriate)
  - Add Amoxicillin IV 2g 4 hourly if ≤ 60 years or immunocompromised
  - Oral route compromised
- Sent sputum cultures on admission & review previous sputum results
- Start empirical therapy daily.

**SUGGESTED ANTIBIOTIC REGIMES**

**CNS**

**ENT**

**Ceftriaxone IV 2g od**
- Refer to ENT Guidance for oral step down and treatment of other infections

**CULTURED PNEUMONIA**

- **Community acquired pneumonia**
  - Assess CURB65 score
  - 0–2 Mild/Mod Amoxicillin 1g tds IV/PO (5 days) (If penicillin allergic: Doxycycline PO 200mg on day 1 then 100mg od or IV Clarithromycin* if NBM)
  - 3–5 Severe Co-amoxiclav IV 1.2g tds + Doxycycline PO 100mg bd
    - ICU/HDU or NBM: Co-amoxiclav IV 500mg bd + Metronidazole 400mg tds Step down to Doxycycline 100mg bd for ALL patients with severe CAP
  - Severe: IV Amoxicillin + Gentamicin (If penicillin allergic: IV Co-trimoxazole + Gentamicin)
    - Step down: PO Co-trimoxazole Total IV/PY 7 days

**HOSPITAL ACQUIRED PNEUMONIA**

- Non severe: PO Amoxicillin (If penicillin allergic: Amoxicillin 100mg bd) **Total 5 days**
  - Severe: IV Amoxicillin + Gentamicin (If penicillin allergic: IV Co-trimoxazole + Gentamicin)
    - Step down: PO Co-trimoxazole Total IV/PY 7 days

**ASPIRATIONAL PNEUMONIA**

- Non severe PO Amoxicillin + Metronidazole
  - Severe: IV Amoxicillin + Metronidazole + Gentamicin
    - Step down: PO Amoxicillin + Metronidazole Total IV/PY 7 days

**ACUTE EXACERBATION OF COPD**

- Give antibiotics if ↑ sputum purulence. If no ↑ sputum purulence then no antibiotics unless consolidation on CXR or signs of pneumonia. **1st Line: Amoxicillin 500mg tds 2nd Line: Doxycycline 200mg on day 1 then 100mg od (5 days)**

**ACUTE COUGH/Acute Bronchitis**

- Antibiotics give no significant benefit in clinical improvement but may be considered in the frail elderly.
  - 1st Line: Amoxicillin 500mg tds 2nd Line: Doxycycline PO 100mg bd then step down to Co-trimoxazole PO

**BRONCHITIS/ACUTE EXACERBATION**

- Send sputum cultures on admission & review previous sputum results prior to prescribing
- Refer to full guidance for antimicrobial choice and duration
- Total IV/PY 7 days (mild) 14 days (severe)

**ENDOCRINE**

- Take appropriate blood cultures
  - Start empirical therapy and refer to ID/Microbiology
  - Do not use gentamicin chart/calc
  - Native valve indolent (Subacute): Amoxicillin IV 2g 4 hourly + Gentamicin (See synergistic gentamicin guidance)
  - Native valve severe sepsis (Acute): Flucloxacillin IV 2g 4 hourly (4 hours if >85kg)
  - Prosthetic valve or Suspected MRSA: Vancomycin IV + Gentamicin (See synergistic gentamicin guidance)

**C. DIFFICILE INFECTION**

- Refer to full guidance to assess severity
- Severel/Non severe: Vancomycin 125mg qds (10 days)
- Recurrent: positive CDI in previous 12 weeks - see guidance

**PERITONITIS/BILARY TRACT/INTRA-ABDOMINAL**

- (Total IV/PY 7 days)
  - IV Amoxicillin + Metronidazole + Gentamicin
    - Step down: PO Co-trimoxazole + Metronidazole
      - (If penicillin allergic: IV Vancomycin + Metronidazole + Gentamicin
        - Step down: PO Co-trimoxazole + Metronidazole)

**GU**

**CATHERISED PATIENTS:** Do not use urinalysis. Do not treat unless clinical signs/symptoms of infection. If definite infection treat as per Complicated UTI.

**COMPLICATED UTI/PEYRONIEPHRITIS/URSOPHAGUS**

- IV Amoxicillin + Gentamicin (If penicillin allergic: IV Co-trimoxazole + Gentamicin)
- Step down: PO Co-trimoxazole or as per sensitivities
- Total IV/PY 7 days
  - Nitrofurantoin 100mg MR bd or 50mg qds or Trimethoprim 200mg bd (3 days)
  - Nitrofurantoin 100mg MR bd or 50mg qds or Trimethoprim 200mg bd (7 days)

**ACUTE BACTERIAL PROSTATIS OR EPIDIDYMIO-ORCHITIS**

- Refer to separate guidance and update on quinolone warnings

**BONE/ SKIN**

**SEVERE SYSTEMIC INFECTION SOURCE UNKNOWN**

**Cellulitis**

- Refer to full guidance to assess severity
- Total IV/PY 5–7 days
  - Flucloxacillin 1g qds (If penicillin allergic: Doxycycline 100mg bd PO)
  - If history of MRSA or not responding: see **Cellulitis guidance**

**Open Fracture/Prophylaxis**

- (including hand injuries)
  - Cefuroxime 1.5g IV every 8 hours
  - Start within 3 hours for max 72 hours

**Diabetic Foot Infection**

- (7 days)
  - Refer to full guidance to assess severity OR if antibiotics in last month
  - Mild: Flucloxacillin 1g qds or Doxycycline 100mg bd
  - Moderate: Flucloxacillin 1g qds + Metronidazole 400mg tds or Doxycycline 100mg bd + Metronidazole 400mg tds
  - Severe: Piperacillin/Tazobactam IV 2.25g tds

**Diabetic Neuropathic Patients:** Refer to guidance

**Antimicrobial Guidelines:**

**ADVICE:** Infectious Diseases: tay.id@nhs.scot or bleep 5075 Microbiology: bleep 4039 Antimicrobial Pharmacists: tay.antibiopropharm@nhs.scot or bleep 4732