LUNG

DENTAL

Respiratory

HOURS

DEVELOPS

PATIENTS

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Infection
Treating
autions for
respiratory
patients
'leaflets to

ORTAL

CELSITIS/ PHARYNGITIS/ SORE THROAT

Av. length illness 1 week. Most are viral. If >4 on FeverPAIN score, consider immediate antibiotic if severe, or
48hr back up prescription. In most cases antibiotics reduce duration of symptoms by <1 day.

1st Line Penicillin V 1g bd or 500mg qds (5 days) 2nd Line Clarithromycin 500mg bd (5 days, penicillin allergy only)

SINUSITIS

Av. length illness 2.5 weeks. If ≥10 days symptoms there is no benefit from antibiotics unless clear evidence of
systemic illness. If >10 days multiple or worsening symptoms consider back up antibiotic:

1st Line Amoxicillin 500mg tds 2nd Line Doxycycline 200mg day 1 then 100mg daily (5 days total)

EPIGLOTTITIS/ SUPRAGLOTTITIS

Medical emergency – transfer to hospital immediately

OTTIS MEDIA

Most cases provide without antibiotics if used, they generally reduce symptom duration by <1 day. Consider antibiotics if otitis present. 1st Line Amoxicillin 500mg tds 2nd Line Clarithromycin 500mg bd (5 days)

OTTIS EXTERNA

Provide information on aural care. Mild – do not swab. Acetic acid 2% tds (EarCare) continuing for 2 days after resolution (max 7 days) – moderate – do not swab. Sofradev® or Olomitz® tds. Consult ENT guidance for further options and management of severe cases.

ORAL CANDIDIASIS

1st Line Miconazole gel qds or Nystatin 1ml qds 2nd Line Fluconazole 50mg daily (Immunocompromised 100mg) (7 days)

CNS

ENT

RCGP Prescribing leaflets for ENT practitioners

EYE

DENTAL

try antibioticpharm.mhs.ac.uk

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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, CO-AMOXICLAV AND CLINDAMYCIN

CONSIDER A 'NO PRESCRIBING' OR 'BACK UP PRESCRIBING' STRATEGY FOR UPPER RESPIRATORY TRACT INFECTIONS ON DENTAL OR ENT REVIEW PATIENTS AND MAKE STATED ASSESSMENT NORMAL RESPIRATORY AND HEPATIC FUNCTION

FULL GUIDANCE IS AVAILABLE ON NHS TAYSIDE ANTIMICROBIAL WEBSITE, TAYSIDE AREA FORMULARY OR LINK ON STAFFNET HOME PAGE

MENINGITIS

Urgent hospital transfer. Give antibiotics if non-blanching rash, in combination with signs of meningism or sepsis, and time permits. Antibiotics should also be given if transfer time is >1 hour. Benzylpenicillin (IV/IIM) 1.2g or if known anaphylaxis Cefotaxime 2g (IV/IIM). Health Protection Team will deal with prophylaxis for contacts.

ORBITAL CELLULITIS

Medical emergency – transfer to hospital immediately.

PERIORBITAL/ PRE-SEPTAL CELLULITIS

See ENT guidance for treatment. If any concerns seek specialist opinion.

CONJUNCTIVITIS

Treat only if severe, most cases are viral or self limiting. For further advice and treatment see Ophthalmology guidance

OPHTHALMIC SHINGLES

Start treatment up to 7 days after rash. Refer to total if any concerns. If there are clinical signs of eye involvement. Aciclovir 800mg 5 times daily or valaciclovir 1g tds (7 days) + lubricating eye drops if lesions near eyelid.

ALL DENTAL

Referred to GDP. Dental abscess 1st Line Penicillin V 500mg qds or Metronidazole 400mg tds (5 days) SDCEP guidance

TONSILLITIS/ PHARYNGITIS/ SORE THROAT

Aciclovir 800mg 5 times daily or Valaciclovir 1g tds (7 days)

ENZYME INTESTINALIS

Refer to update on quinolone warnings

Acetic acid 2% tds for tick bites: 3 days

ESCHERICHIA COLI – OBSTETRIC USE

For women for complicated recurrent UTIs

RECURRENT UTI WOMEN

Consider other options before prophylaxis. See FULL GUIDANCE

PATIENTS WITH MALER OR FEMALE

Lower UTI in CKD

Consider other options before prophylaxis. See FULL GUIDANCE

UNCATEGORISED MALE UTI

Send MSU, Co-trimoxazole 960mg bd or Co-amoxiclav 625mg tds (7 days)

UNCATEGORISED MALE UTI IN OLDER ADULTS

DO NOT USE URINARY. DO NOT TREAT UNLESS CLINICAL SIGNS/SYMPOMS OF INFECTION. See DECISION AID.

CATEGORISED PATIENTS

Send MSU, 1st Line Nitrofurantoin MR 100mg bd or 50mg qds 2nd Line Trimethoprim (7 days) Refer to FULL GUIDANCE for recurrent male UTI

Prostatitis

Ofl oxacin 200mg bd or Ciprofloxacin 500mg bd. If high risk CDI: Trimethoprim 200mg bd (all 28 days)

EPIDIDYMO-ORCHITIS

Send MSU, gonorhoea & chlamydia tests. If STI likely (<35 or new partner in last 3 months) Doxycycline 100mg bd (14 days). If UTI likely (>35 and no new partner) Ofl oxacin 200mg bd or Ciprofloxacin 500mg bd (14 days).

UNCOMPROMISED CHLAMYDIA

Doxycycline 100mg bd (7 days). If intolerant: Azithromycin 1g bd day 1 then 500mg qds for 2 days

BACTERIAL VAGINOSIS

Doxycycline 400mg bd + Ofloxacin 400mg bd (14 days) See FULL GUIDANCE

UNCOMPROMISED VULVAR CANDIDIASIS

Doxycycline 400mg bd + Ofloxacin 400mg bd (14 days) See FULL GUIDANCE

CELLULITIS

Flucloxacillin 1g qds or Doxycycline 100mg bd (5 days) if systemically unwell or not responding refer to ID: may be suitable for outpatient IV therapy (OPHAT). Consider swabbing for Panton-Valentine Leuococidin if recurrent boils or abscesses. If history or risk of MRSA Doxycycline 100mg bd See FULL GUIDANCE

FACIAL CELLULITIS

sinus/dental/mandibular source: Co-amoxiclav 625mg tds (7 days) See FULL GUIDANCE for pen allergy cutaneous: treat as per cellulitis

FUNGAL SKIN INFECTION

See FULL GUIDANCE

FUNGAL NAIL INFECTION

Confirm with nail clippings pre-treatment. See FULL GUIDANCE

DIABETIC FOOT

Mild: Flucloxacillin 1g qds or Doxycycline 100mg bd. Moderate: Flucloxacillin1g qds + Metronidazole 400mg tds or Doxycycline 100mg bd + Metronidazole 400mg tds. Refer to guidance for definitions, antibiotics for diabetic foot in previous month, or MRSA suspected

CHRONIC WOUNDS/ULCERS

See SUGGESTIONS FOR ASSESSMENT and advice on when appropriate to swap

IMPETIGON Localised: topical hydrogen peroxide 1% cream or fusidic acid 2% cream tds (5 days) If more widespread lesions: 1st Line Flucloxacillin 500mg qds 2nd Line Clarithromycin 500mg bd (5 days)

CHICKENPOX

Consider antiviral if patient presents within 24 hours of onset of rash or immunocompromised: Aciclovir 800mg 5 times daily (7 days)

SHINGLES

See guidance. Must present within 72 hours of onset of rash: Aciclovir 800mg 5 times daily or Valaciclovir 1g tds (7 days)

BITE

DOGS/CAT/HUMAN: See assessment table 1st Line Co-amoxiclav 625mg tds 2nd Line Metronidazole 400mg tds + Doxycycline 100mg bd PROPHYLAXIS FOR UNINFECTED BITES: 3 days TREATMENT FOR INFECTED BITES: 5 days

INSECT: Treat as cellullitis if necessary See Lyme Disease guidance for tick bites OTHER BITES: Seek ID/Micro advice

References

For patients with upper respiratory tract infections

For contacts.

For patients with urinary tract infections

For women with complicated recurrent UTIs

For patients with ENT infections

For for ENT practitioners

NHS TAYSIDE ANTIMICROBIAL WEBSITE, TAYSIDE AREA FORMULARY OR LINK ON STAFFNET HOME PAGE

Antimicrobial Pharmacist: try antibioticpharm.mhs.ac.uk

Infectious Diseases: try.dji@nhs.scot

Microbiology: 01382 605111 bleep 4039

Antimicrobial Nurse: Bleep 1289