

# Adult

## Impetigo

Use oral antibiotics **ONLY** if extensive, severe or bullous.  
Do not prescribe mupirocin (reserved for MRSA).  
If oral needed: treat for 7 days  
Flucloxacillin 500mg QDS  
Clarithromycin (If allergic to penicillin) 500mg BD

## Acute Otitis Media

Optimise analgesia. 80% resolve without antibiotics. Consider delayed prescription. If otorrhoea:

**Amoxicillin**  
500 mg – 1g TDS for 5 days  
**Clarithromycin**  
(If allergic to penicillin)  
500 mg BD for 7 days

## Acne

Topical antibiotics and oral antibiotics should not be used together, as it is unlikely to confer additional benefit and may encourage the development of bacterial resistance.  
For acne, use non-antibacterial topical antimicrobials 1<sup>st</sup> line for up to 2 months.

## Acute Rhinosinusitis

Avoid antibiotics as 80% resolve in 14 days without.

Use adequate analgesia.

If necessary:

Treat for 7 days

**Amoxicillin** 500mg- 1g TDS

If allergic to penicillin:

**Doxycycline** (not in pregnancy)

200mg stat then 100mg OD

Persistent symptoms:

**Co-amoxiclav** 625mg TDS for 7 days

## Acute Sore Throat

Avoid antibiotics as 90% resolve in 7 days without.

If necessary:

**Phenoxymethylpenicillin**

500 mg QDS or 1g BD for 10 days

If allergic to penicillin:

**Clarithromycin** (If allergic to penicillin) 500mg BD for 5 days

## Acute Exacerbation of COPD

Use antibiotics if purulent sputum and increased shortness of breath and/or increased sputum volume.

Treat for 5 days

**Amoxicillin**

500mg – 1g TDS

OR

**Doxycycline** (not in pregnancy)

200mg stat then 100mg OD

If resistance:

consider microbiology advice

## Cellulitis

Treat for 7 days (if slow response continue for further 7 days)

**Flucloxacillin** 500mg QDS

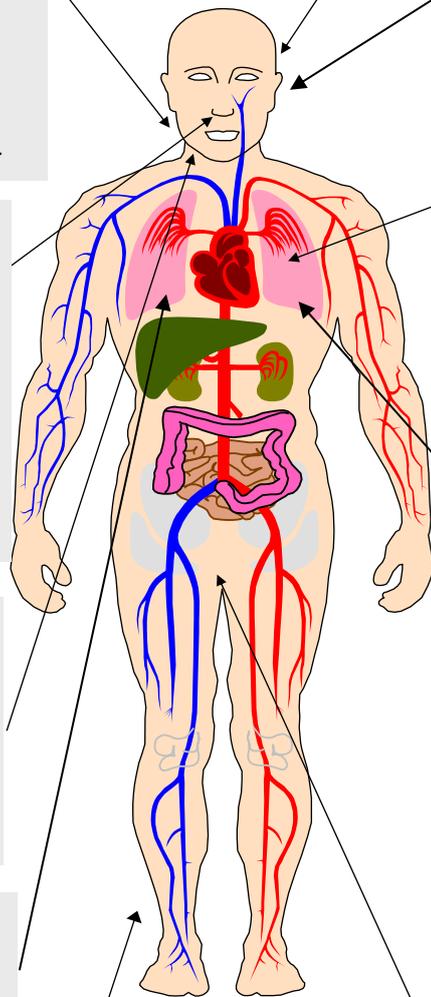
If allergic to penicillin:

**Clarithromycin** 500mg BD

OR

**Doxycycline** 200mg stat then 100mg BD

If concerned that oral treatment may not be sufficient (or first line treatment has failed), discuss alternative oral or IV treatments with microbiologist.



## Acute Bronchitis in otherwise healthy adults

No antibiotics unless co-morbidity.

Treat if: >80yrs + ONE of following:  
hospitalisation in past year; oral steroids;  
diabetic; CHF OR >65yrs with 2 of above.

Treat for 5 days

**Amoxicillin** 500 mg – 1g TDS

If allergic to penicillin

**Doxycycline** (not in pregnancy)

200mg stat then 100mg OD

## Community Acquired Pneumonia

Use CRB65 score to assess severity. Each CRB65 parameter scores 1:

Confusion (AMT<8)

Respiratory rate >30/min

BP systolic <90 or diastolic ≤60

Age >65.

If CRB=0 Consider treating at home. Treat for 5 days

**Amoxicillin** 500 mg – 1g TDS

If allergic to penicillin:

**Clarithromycin** 500mg BD

or **Doxycycline** (not in pregnancy)

200mg stat then 100mg OD

If CRB=1,2 and AT HOME. consider hospital assessment

add **Clarithromycin** 500mg BD.

Treat for 7 days.

Or **Doxycycline** alone 200mg stat then 100mg OD for 7 days

If CRB =3,4 Urgent hospital admission

## Uncomplicated UTI in otherwise healthy non-pregnant women

Treat women with severe/or ≥ 3 symptoms

Give pain relief and consider delayed prescription if mild/or ≤ 2 symptoms

**Nitrofurantoin** 100mg MR BD or 50mg IR QDS for 3 days if GFR>45ml/min

If 1<sup>st</sup> line unsuitable or if eGFR < 45ml/min,

**Pivmecillinam** 400mg STAT then 200mg TDS for 3 days.

OR **Cefalexin** 500mg BD for 3 days

If susceptibility demonstrated:

**Amoxicillin** 500mg tds for 3 days.

If low risk of resistance and preferably if susceptibility demonstrated and no risk factors,

**Trimethoprim** 200mg bd for 3 days

If very high risk of resistance and only following advice from microbiologist,

**Fosfomycin** 3g stat (women), 3g then 3g 3 days later (off-label)

**UTI in men: Treat as above for 7 days**

Consider prostatitis and send pre-treatment MSU or if symptoms mild/non-specific, use negative dipstick to exclude UTI. Consider STIs.

Always obtain a sample for microbiological testing prior to treatment

## Pregnancy

1<sup>st</sup> line: **Nitrofurantoin** MR 100mg bd for 7 days (avoid at term, after 34 weeks).

2<sup>nd</sup> line: **Amoxicillin** 500mg-1g tds for 7 days.

3<sup>rd</sup> line: **Trimethoprim** 200mg bd (avoid in 1<sup>st</sup> trimester) for 7 days.

4<sup>th</sup> line: **Cefalexin** 500mg bd for 7 days

**Quick reference guide for Primary Care Antimicrobial Policy 2017.** Please destroy earlier versions. It is important to be familiar with the full policy see: <http://gmmg.nhs.uk/docs/guidance/GM-Antimicrobial-guidelines-September-2017-v1-0-Final.pdf#search=%22antibiotic%22>