Note: If meningitis is suspected General Practitioners are advised to give a single IV dose of benzylpenicillin, prior to urgently transporting the patient to hospital.
<1 year 300mg; 1-9 years 600mg; 10 years and over 1.2g (same as adults). Give IM if vein cannot be found.
Penicillin allergy: Cefotaxime or Ceftriaxone (see BNFC for dose)

NHS
South Tyneside and Sunderland Area Prescribing Committee

Antibiotic Prescribing Diagram

CHILD (1 month to 1 year)

Bacterial Conjunctivitis
Most are viral & self-limiting – Treat if severe **First Line: Chloramphenicol** 0.5% eye drops Initially 1 drop every 2 hours for 2 days, then reduce ***OR*** **Chloramphenicol** 1% eye ointment TDS- QDS
Alternative: Fusidicacid 1% gel apply BD Continue for 48 hours after healing

Sore Throat (Acute)
Avoid antibiotics as 82% resolve in 7 days without. Pain only reduced by 16 hours. Assess severity using FeverPAIN
First line: Phenoxymethylpenicillin 62.5mg QDS for 5-10 days
Penicillin allergy: **Clarithromycin** Dose based on weight (see BNFC) for 5 days

Acute Otitis Media
60% are better within 24 hours without antibiotics
First line: Amoxicillin 125mg TDS for 5-7 days
Penicillin allergy: Clarithromycin BD 5-7 days (dose depends on weight. See NICE guidelines.)
Erythromycin 125mg QDS for 5 – 7 days

Pneumonia (Community acquired)
If non-severe symptoms or signs:
First Line: Amoxicillin 125mg TDS for 5 days
Penicillin allergy: **Clarithromycin** Dose dependent on body weight (see BNFC) for 5 days
If severe symptoms or signs:
Co-amoxiclav PLUS **Clarithromycin** (if atypical pathogen suspected) for 5 days; doses based on weight, see BNFC

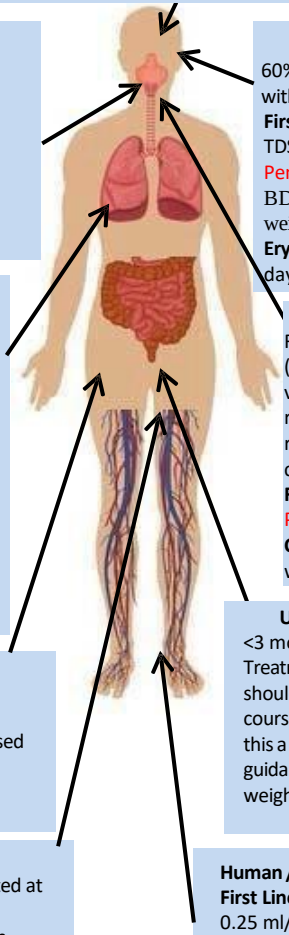
Impetigo
Reserve topical antibiotics (**fusidic acid** thinly TDS 5/7) for very localised lesions to reduce risk of bacteria becoming resistant. Only use **mupirocin** if caused by *MRSA*. **More severe**
First Line: Flucloxacillin 5/7
Penicillin Allergy: **Clarithromycin** Dose based on weight (see BNFC) for 5 days

Urinary Tract infections
<3 months - urgently refer.
Treatment of UTI's in Children should be treated with a 7 day course of Cefalexin BD. Note, this a local variation on NICE guidance. Dose based on weight (See BNFC)

Cellulitis and Woundinfection
First line: Flucloxacillin 62.5-125mg QDS for 5-7 days
Penicillin Allergy: **Clarithromycin** (dosebased on weight - see BNFC) for 5-7 days

Threadworms
All household contacts should betreated at the same time
<6 months goodhygiene measures
>6 months of age: **Mebendazole** 100mgsingle dose (asecond dosemay be needed after 2 weeks. Available OTC)

Human / animal bites
First Line: Co-amoxiclav 0.25 ml/kg of 125/31 susp TDS for 3 days prophylaxis, 5 days treatment
Penicillin allergy – see full guideline or BNFC



CHILD (1 year to 12 years)

Acute sinusitis
Symptoms 10 days or less - do not offer antibiotics.
First line: 1-5yrs Phenoxymethylpenicillin 125mg QDS 5/7
6-11yrs Phenoxymethylpenicillin 250mg QDS 5/7
12 yrs Phenoxymethylpenicillin 500mg QDS 5/7
Penicillin allergy: Clarithromycin - see BNFC for dose, Doxycycline age 12 and over only – see BNFC for dose

Bacterial Conjunctivitis
Most are viral & self-limiting - Treatif severe
First line: Chloramphenicol 0.5% eye drops Initially 1 drop every 2 hours for 2 days, then reduce ***OR*** **Chloramphenicol** 1% eye ointment TDS-QDS **Alternative: Fusidicacid** 1% gel apply BD Continue for 48 hours after healing

Pneumonia (Community acquired)
If non-severe symptoms or signs:
First Line: Amoxicillin
1-4 years 250mg TDS for 5 days
5-12 years 500mg TDS for 5 days
Penicillin allergy: **Clarithromycin**
Dose based on weight (see BNFC) for 5 days
If severe symptoms or signs:
Co-amoxiclav PLUS **Clarithromycin** (if atypical pathogen suspected) for 5 days; doses based on weight, see BNFC

Sore Throat (Acute)
Avoid antibiotics as 82% resolve in 7 days without. Assess severity using FeverPAIN
First line: Phenoxymethylpenicillin
1-5 years 125mg QDS for 5-10 days 6-11 years 250mg QDS for 5-10 days
12 years 500mg QDS for 5-10days
Penicillin allergy: **Clarithromycin**
Dose based on wgt (see BNF-C) 5 days

Impetigo
Reserve topical antibiotics (**fusidic acid** thinly TDS 5/7) for very localised lesions to reduce risk of bacteria becoming resistant. Only use **mupirocin** if caused by MRSA. **More severe -**
First Line: Flucloxacillin 5/7
Penicillin Allergy: **Clarithromycin**
Dose based on weight (see BNFC) for 5 days

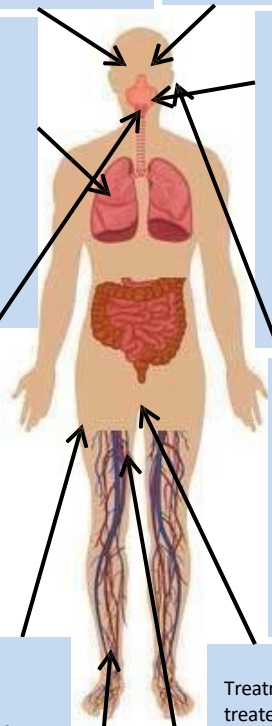
Acute Otitis Media
60% are better within 24 hours without antibiotics
First line: Amoxicillin
1-4 years: 250mg TDS for 5 -7days
5-12 years: 500mg TDS for 5-7 days
Penicillin allergy: clarithromycin BD 5-7 days. **Erythromycin QDS** (Dose depends on age / weight. See BNF-C).

Cellulitis and Wound Infection
First Line: Flucloxacillin
2-9 years: 125–250mg QDS for 5-7 days
10-12 years: 250–500 mg QDS for 5-7 days
Penicillin Allergy: **Clarithromycin**
Dose based on weight (see BNFC) 5-7 days

Urinary Tract infections
Treatment of UTI's in Children should be treated with a 7 day course of Cefalexin BD. Note, this a local variation on NICE guidance.
Dose based on weight (See BNFC)

Human/ animal bites
First Line: Co-amoxiclav
1-5 years: (125/31 susp) 0.25ml/kg TDS for 3 day prophylaxis, 5 days treatment.
6-11 years: (250/62 susp) - 5ml TDS for 3 days prophylaxis, 5 days treatment.
Penicillin allergy – see full guideline or BNFC

Threadworm
All household contacts should be treated at the same time. **Mebendazole** 100mgsingle dose (a second dose may be needed after 2 weeks) *(available OTC)*



Based on NICE /PHE Summary of antimicrobial prescribing guidance – managing common infections (March 2021) accessed 17.05.2021

Review June 2022

Note: If meningitis is suspected, give a single dose of benzylpenicillin 1.2g IV or IM, prior to urgently transporting the patient to hospital. Penicillin Allergy: Cefotaxime or Ceftriaxone

Antibiotic Prescribing Diagram

NHS South Tyneside and Sunderland Area Prescribing Committee

ADULT

Otitis Externa

First line: analgesia for pain relief, and apply localised heat (e.g. a warm flannel)
Second line: topical **acetic acid** 2% 1 spray TDS for 7 days or topical **neomycin sulphate** with **corticosteroid** 3 drops TDS

Acute Otitis Media

Avoid antibiotics as 60% are better within 24 hrs without treatment.
First line: **Amoxicillin** for 5 days. If penicillin allergy: **Erythromycin** (preferred if pregnant) **or Clarithromycin**

Acute sore throat

Avoid antibiotics as 82% of cases resolve in 7 days, and pain is only reduced by 16 hours.
Assess severity using **FeverPAIN** score
First line: **Phenoxymethylpenicillin** *500mg QDS (severe) or 1g BD (less severe) for 5-10 days*
Penicillin allergy: **Clarithromycin** *250-500mg BD for 5 days*

Acute sinusitis

Symptoms for 10 days or less - do not offer antibiotics . Symptoms with no improvement > 10 days no antibiotic or consider back up antibiotic
Rx **First line**: **Phenoxymethylpenicillin** 500mg QDS 5/7
Penicillin allergy: **Doxycycline** 200mg stat then 100mg OD or **Clarithromycin** 500mg BD for 5/7
Very unwell or worsening: Co-Amoxiclav 625mg TDS 5/7

Exacerbation of COPD

Treat with antibiotics if purulent sputum and increased shortness of breath and/or increased sputum volume.
Amoxicillin *500mg TDS for 5 days OR*
Doxycycline *200mg stat then 100mg OD for 5 days or*
Clarithromycin *500mg BD 5/7*
Alternative (if resistance risk factors) **Co-amoxiclav** *625mg TDS for 5 days*

Acute cough & bronchitis

Antibiotics of little benefit if no co-morbidity. Second line, consider 7 day delayed antibiotic with advice.
Consider immediate antibiotics if >80years **and** one of: hospitalisation in the past year, oral steroids, insulin-dependent diabetic, congestive heart failure, serious neurological disorder/stroke **OR** >65 years with two of the above.
Consider CRP if antibiotic is being considered. No antibiotics if CRP<20mg/L and symptoms for >24 hours; delayed antibiotics if 20-100mg/L; immediate antibiotics if >100mg/L.
First line: Amoxicillin *500mg TDS for 5 days* OR **Doxycycline** *200mg stat then 100mg OD for 5 days. Penicillin allergy: Clarithromycin 250mg-500mg bd 5/7*

Acute Prostatitis

Send MSU for culture and start antibiotics. **First line**: **Ciprofloxacin** *500mg BD or* **Ofloxacin** 200mg BD or **Trimethoprim** 200mg BD (if fluoroquinolone not appropriate; seek specialist advice) for 14 days then review.

Human/Animal bites

First line: Co-Amxiclav 375-625mg TDS 3 days prophylaxis, 5 days treatment. Penicillin allergy: Doxycycline 200mg first day, then 100mg or 200mg daily with Metronidazole 400mg tds.

Bacterial Conjunctivitis

Only treat if severe, most are viral or self limiting **First line**: **Chloramphenicol 0.5% drops** *1 drop every 2hr for 2 days then reduce frequency to 3-4 times daily* Or **Chloramphenicol 1% eye ointment** *3-4 times daily or once daily at night if using antibiotic eye drops during the day*
Alternative: **Fusidic acid 1% gel** apply *BD Continue all treatments for 48 hours after healing.*

Impetigo

Reserve topical antibiotics (**fusidic acid** thinly TDS 5/7) for very localised lesions to reduce risk of bacteria becoming resistant. Only use **mupirocin** if caused by MRSA. Extensive, severe, or bullous: oral antibiotics (**Flucloxacillin** 500mg QDS 5/7 OR clarithromycin 250mg BD 5/7)

Community Acquired Pneumonia

Use CRB-65 score as a guide to treatment
If CRB-65=0 First line: **Amoxicillin** *500mg TDS for 5 days**
Penicillin allergy: **Clarithromycin** *500mg BD for 5days** Or: **Doxycycline** *200mg stat, then 100mg OD for 5 days** *Stop antibiotics after 5 days unless microbiological results suggest a longer course is needed or patient is not clinically stable
If CRB-65=1-2 and able to be managed at home
First line: Amoxicillin *500mg TDS for 7-10 days* PLUS **Clarithromycin** *500mg BD for 5 days* Or: **Doxycycline** *200mg stat, then 100mg OD for 5 days*
IF CRB 3-4 urgent hospital admission.

UTI in men and non-pregnant women

First line: **Nitrofurantoin** 100mg BD (modified release) or 50mg QDS (standard release) for 3 days in women & 7 days in men (contra-indicated in patients with eGFR<45ml/min)
Alternative If low risk of resistance: **Trimethoprim** 200mg BD for 3 days in women/ 7 days in men
If first line unsuitable: **Pivmecillinam** 400mg stat then 200mg TDS 3 days in women or **Fosfomycin** 3g stat.
Men – second choice: consider alternative diagnoses basing antibiotic choice on recent culture and susceptibility results

Bacterial Vaginosis

First line: **Metronidazole PO** *400mg BD for 7 days*
Or **Metronidazole PO** *2g stat (2g stat dose should not be used in pregnant women)*
Alternative: **Metronidazole vaginal gel** *0.75% 5g intravaginally at night for 5 nights* Or **Clindamycin cream** *2% 5g intravaginally at night for 7 nights*

Vaginal candidiasis

Clotrimazole pessary *500mg stat Or* **Fenticonazole pessary** *600mg stat* Or **Fluconazole PO** *150mg stat Or* **Clotrimazole pessary** *100mg for 6 nights*
Recurrent: **Fluconazole PO** 150mg every 72 hours 3 doses then 150mg weekly for 6/12

Diarrhoeal Illness

Antibiotic therapy is not usually indicated unless patient is systemically unwell
If systemically unwell and campylobacter suspected (eg undercooked meat and abdominal pain), consider **clarithromycin** 250-500mg BD for 5-7 days, if treated early (within 3 days)
Rule out C Difficile infection.

Cellulitis and Wound Infection

First line: Flucloxacillin *500mg to 1g QDS for 5-7 days**
Facial (non-dental) cellulitis: **Co- amoxiclav** *625mg TDS for 7 days**
Penicillin allergy: **Clarithromycin** *500mg BD for 7 days**
**continue treatment for a further 7 days if slow response*

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