

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.

CHILD (1 month to 1 year)

Antibiotic Prescribing Diagram

CHILD (1 year to 12 years)

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: Fusidic acid 1% gel apply BD Continue for 48 hours after healing

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

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OR Chloramphenicol 1% eye ointment TDS-QDS
Alternative: Fusidic acid 1% gel apply BD Continue for 48 hours after healing

Sore Throat (Acute)

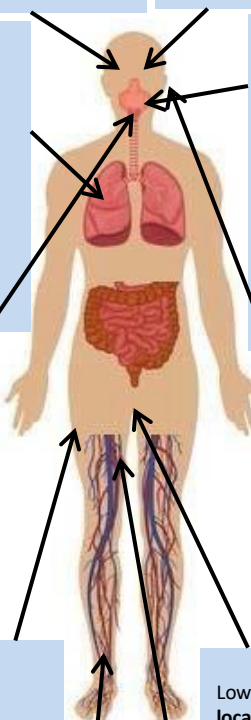
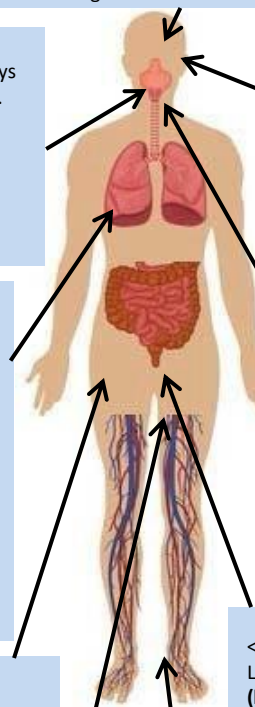
Avoid antibiotics as 82% resolve in 7 days without. Pain only reduced by 16 hours.
 Assess severity using FeverPAIN
First line: Phenoxymethylpenicillin 62.5mg QDS for 5-10 days
Penicillin allergy: Clarithromycin
 Dose based on weight (see BNFC) for 5 days

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

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



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

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

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 7/7
Penicillin Allergy: **Clarithromycin** Dose based on weight (see BNFC) for 7 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 7/7
Penicillin Allergy: Clarithromycin
 Dose based on weight (see BNFC) for 7 days

Acute Otitis Media

60% are better within 24 hours without antibiotics
First line: Amoxicillin 1-4 years: 250mg TDS for 5 -7 days 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 62.5-125mg QDS for 5-7 days
Penicillin Allergy: Clarithromycin (dose based on weight - see BNFC) for 5-7 days

Cellulitis and Wound Infection

First Line: Flucloxacillin 2-9 years: 125–250 mg 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

<3 months - **urgently refer**
 Lower UTI - **First Line: cefalexin** (based on local data) BD for 3 days. Dose based on weight (See BNFC) Upper UTI - **cefalexin** BD for 7-10 days. Dose based on weight (See BNFC)

Urinary Tract infections

Lower UTI – **First Line: cefalexin (based on local data)** BD for 3 days. Dose based on weight (See BNFC)
 Upper UTI - **First Line: cefalexin** BD for 7-10 days. Dose based on weight (See BNFC)

Threadworms

All household contacts should be treated at the same time
 <6 months good hygiene measures
 >6 months of age: **Mebendazole** 100mg single dose (a second dose may be needed after 2 weeks)

Human / animal bites

First Line: Co-amoxiclav 0.25 ml/kg of 125/31 susp TDS for 7 days
Penicillin allergy – see full guideline or BNFC

Human/ animal bites

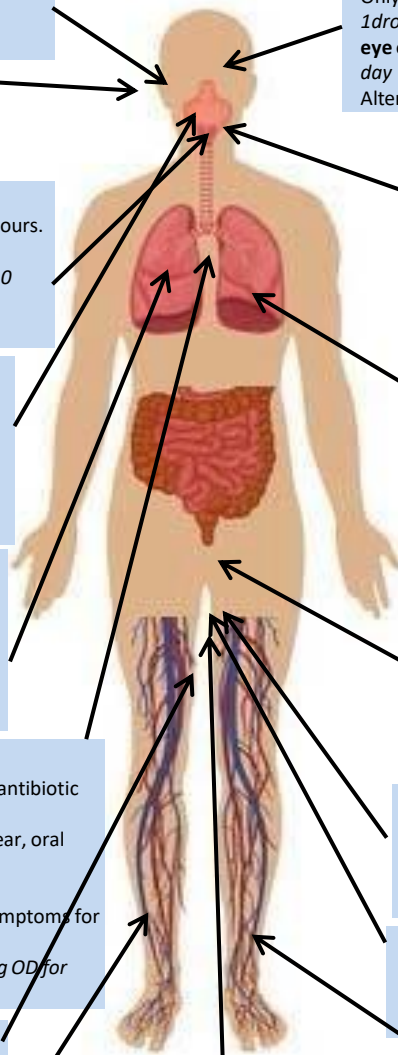
First Line: Co-amoxiclav 1-5 years: (125/31 susp) 0.25ml/kgTDS for 7 days
 6-11 years: (250/62 susp) - 5ml TDS for 7 days
Penicillin allergy – see full guideline or BNFC

Threadworm

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

Antibiotic Prescribing Diagram

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 drop s 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**

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-Amoxiclav 375-625mg TDS for 7 days**
 Human **Penicillin allergy:** **Metronidazole 400mg TDS PLUS Clarithromycin 250-500mg BD for 7 days.** Animal **penicillin allergy:** **Metronidazole 400mg TDS PLUS Doxycycline 100mg BD for 7 days**

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.

Bacterial Conjunctivitis

Only treat if severe, most are viral or self limiting **First line:** **Chloramphenicol 0.5% drops 1drop 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 250-500mg QDS 7/7 OR clarithromycin 250-500mg BD 7/7**)

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 5 days*** 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 7-10 days** Or: **Doxycycline 200mg stat, then 100mg OD for 7-10 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**

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

Based on NICE /PHE Summary of antimicrobial prescribing guidance – managing common infections (October 2019) accessed 04.02.2020
 Review January 2021