

# North East and Cumbria Antibiotic Prescribing Guide for Primary Care

## Summary of changes from the previous 2013 Tees Guidance

**Acute sore throat**-details of Centor criteria added and duration of clarithromycin changed to 5 days.

**Otitis media**-Removal of co-amoxiclav and azithromycin as alternate choices to amoxicillin or erythromycin and addition of clarithromycin as alternate choice for children >12 years.

**Otitis externa**-removal of specific reference to oral drug choices for systemic treatment, but reference regarding starting oral therapy if cellulitis remains.

**Acute rhinosinusitis**-removal of clarithromycin as alternate treatment.

**Acute exacerbation of COPD**-removal of clarithromycin as alternate 2<sup>nd</sup> line and addition of co-amoxiclav as a choice if risk of resistance.

**Community acquired pneumonia**-addition of doxycycline as alternate treatment if CRB-65=0.

**Recurrent UTIs**-removal of antibiotic choice recommendations – refer to local policy and consider referral to urology.

**UTI in pregnancy**-addition of trimethoprim as alternate choice – with advice regarding folic acid supplementation in 1<sup>st</sup> trimester.

**UTI in children**-addition of Nitrofurantoin and amoxicillin (if susceptible).

**Acute pyelonephritis**-duration of **co-amoxiclav** reduce to 7 days.

**Clostridium difficile infection**-addition of advice to contact microbiology if infection not responding or second episode.

**Eradication of H.pylori**-updated in line with NICE guidance CG184.

**Chlamydia trachomatis**-change to azithromycin or doxycycline, rather than first line/second line.

**Pelvic inflammatory disease**-switching of first line and second line treatment options.

**Acute prostatitis**-removal of ofloxacin as an alternate to ciprofloxacin.

**Impetigo**-change in suggested dose of flucloxacillin to 500mg – 1g QDS (1g is an unlicensed dose).

**Cellulitis**-removal of co-amoxiclav as the option for facial cellulitis.

**Bites (animal and human)**-addition of metronidazole plus clarithromycin as alternate therapy if penicillin allergy.

**Additions to the guideline**-Tick bites.

**Removed from the guideline**-Salmonella, Shigella, Campylobacter, Balanitis, Epididymo-Orchitis, Uncomplicated Gonorrhoea, Head lice, Blepharitis, diabetic foot ulcer, PVL *S.aureus*.