

Quick reference guide to common infections in primary care

This quick reference guide shows recommended first line drugs, adult doses and treatments for some of the more common infections in primary care. Please refer to the [North East and Cumbria antibiotic prescribing guideline for primary care](#) for full details.

Upper respiratory tract infections

Antibiotics are rarely necessary as most upper respiratory tract infections are self-limiting. Provide patients with advice about total illness length and advice regarding management of symptoms, particularly analgesics and antipyretics.

Acute sore throat – avoid antibiotics, 90% resolve in 7 days without and pain only reduced by 16 hours. Assess severity using CENTOR criteria

- First line: **Phenoxymethylpenicillin 500mg QDS for 10 days**
- Penicillin allergy: **Clarithromycin 250-500mg BD for 5 days**

Acute rhinosinusitis – avoid antibiotics, 80% resolve in 14 days without, and they only offer marginal benefit after 7 days

- First line: **Amoxicillin 500mg TDS for 7 days** or
- Penicillin allergy: **Doxycycline 200mg stat then 100mg OD for 7 days**

Acute otitis media in children – avoid antibiotics as 60% are better within 24 hours

- First line: **Amoxicillin** (see BNF-C for doses)
- Penicillin allergy: **Erythromycin** (children <12), **Clarithromycin** (children ≥12) for 5 days (see BNF-C for doses)

Lower respiratory tract infections

Acute cough, bronchitis – antibiotics of little benefit if no co-morbidity. Consider delayed antibiotic with advice. Consider immediate antibiotics if >80years **and** one of: hospitalisation in the past year, oral steroids, diabetic, congestive heart failure **OR** >65 years with two of the above.

- First line: **Amoxicillin 500mg TDS for 5 days**
- Penicillin allergy: **Doxycycline 200mg stat then 100mg OD for 5 days**

Acute exacerbation of COPD – treat promptly 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**
- Alternative (if resistance risk factors) **Co-amoxiclav** Ⓢ 625mg TDS for 5 days

Urinary tract infections

UTI in men and non-pregnant women (no fever or flank pain)

- First line: **Trimethoprim 200mg BD for 3 days in women/ 7 days in men**
- Alternative: **Nitrofurantoin 100mg BD (modified release) or 50mg QDS (standard release) for 3 days in women/ 7 days in men**

Skin infections

Cellulitis and wound infection

- First line: **Flucloxacillin 500mg-1g QDS for 7 days***
- Alternative (penicillin allergy): **Clarithromycin 500mg BD for 7 days***
*continue treatment for a further 7 days if slow response

Impetigo (also boils, carbuncles, folliculitis, staphylococcal paronychia and staphylococcal whitlow)

- First line: **Flucloxacillin 500mg – 1g QDS for 7 days (see BNF-C for patients <18 years of age)**
- Penicillin allergy: **Clarithromycin 500mg BD for 7 days**
- If liquid formulation required: **Erythromycin** (see BNF-C for doses)

Bites (human and animal)

- First line: **Co-amoxiclav** Ⓢ 625mg TDS for 7 days
- Penicillin allergy: **Metronidazole 400mg TDS for 7 days AND doxycycline 100mg BD for 7 days**

Antibiotics highlighted in red and with Ⓢ are associated with an increased risk of *Clostridium difficile* infection. Counsel patients at risk to be alert for signs and symptoms of CDI and seek medical help if CDI develops.