Chorley and South Ribble Clinical Commissioning Group
Greater Preston Clinical Commissioning Group

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. See **BNF for children** for child doses. Please refer to the 'C&SR and GP CCG Antimicrobial Prescribing Guideline for Primary care: January 2018' for full details. ***Some of the recommendations in this quick reference guide are unsuitable in pregnancy and breastfeeding*** *- refer to the BNF for suitability of antimicrobials in pregnancy and the breast-feeding mother*.

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, 82% resolve in 7 days without and pain only reduced by 16 hours. Assess severity using **FEVER PAIN score**

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

Acute sinusitis – In patients presenting with symptoms ≤ 10 days avoid antibiotics, as most cases are viral and resolve in 2.5 weeks without an antibiotic

- First line: **Phenoxymethylpenicillin** *500mg QDS for 5 days OR*
- Penicillin allergy: **Doxycycline** *200mg STAT then 100mg OD for 5 days OR* ***Clarithromycin*** *500mg BD for 5 days*

Acute otitis media in children – avoid antibiotics as 60% are better within 24 hours. For criteria of who should be offered Immediate Antibiotics - Refer to full guideline

- First line: **Amoxicillin** for 5 days *(see BNF-C for doses)*
- Penicillin Allergy: **Erythromycin** OR **Clarithromycin** 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 >80 years **and** one of: hospitalisation in the past year, oral steroids, diabetic, congestive heart failure, serious neurological disorder/stroke **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 OR Clarithromycin 500mg BD for 5 days*
- Alternative (if resistance risk factors) **Co-amoxiclav** *625mg TDS for 5 days*

Urinary tract infections UTI (lower) in men and non-pregnant women (uncomplicated)

- First line: **Nitrofurantoin** if GFR>45ml/min *100mg BD (modified release) or 50mg QDS (standard release) for 3 days in women or 7 days in men*
- *Second line*: **Trimethoprim** (if low risk of resistance *i.e. younger women with acute UTI and no resistance risks): 200mg BD for 3 days in women or 7 days in men.* If Nitrofurantoin or Trimethoprim unsuitable: **Pivmecillinam** *400mg STAT then 200mg TDS for 3 days in women or 7 days in men*.

Skin infections

Cellulitis

- First line: **Flucloxacillin** *500mg QDS for 7 days**
- Alternative (penicillin allergy): **Clarithromycin** *500mg BD for 7 days**
  Alternative (penicillin allergy and on statins): Doxycycline 200mg STAT then 100mg OD for 7 days *
  *continue treatment for a further 7 days if slow response

Impetigo

- First line: **Flucloxacillin** 250mg - *500mg QDS for 7 days*
- Penicillin allergy: **Clarithromycin** 250mg- *500mg BD for 7 days*

Antibiotics highlighted in **red** 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.

Adapted from a document produced by NECS Medicines Optimisation Team and C &SR and GP Antimicrobial Prescribing Guideline for Primary care CCG'
Version 3.2. January 2018. Review date February 2019