

Upper Respiratory Tract Infections:

- **Influenza:** [CAS alert](#) 12/06/17- Influenza season
- **Acute Sore Throat:** [CKS](#)
Avoid antibiotics where possible; advise paracetamol, self-care, and safety net; provide RTI leaflet.
FeverPAIN 0-1: self-care, use NO antibiotic strategy
FeverPAIN 2-3: 3-day 'back-up/delayed' prescription
FeverPAIN 4-5: if severe, immediate antibiotic, or 48-hour 'back-up/delayed' prescription
 - Penicillin V
 - Clarithromycin (if penicillin allergy)
 - Erythromycin (if pregnant & penicillin allergy)
- **Acute Otitis Media:** [CKS](#), [BNFc](#)
Consider Otovent® kit for OME
Avoid antibiotics where possible; advise self-care and safety net; provide RTI leaflet.
 - Amoxicillin
 - Erythromycin (if penicillin allergy)
- **Acute Otitis Externa:** [CKS](#)
First line: analgesia for pain relief, and apply localised heat (e.g. a warm flannel); provide RTI leaflet.
Second line:
 - Acetic acid 2% (EarCalm® available OTC)
 - Betneson-N® drops or Otomize® spray
 - If cellulitis: Flucloxacillin
- **Acute Rhinosinusitis:** [NICE](#), [CKS](#)
Avoid antibiotics where possible; advise self-care and safety net; provide RTI leaflet.
 - Penicillin V or Amoxicillin
 - If penicillin allergy: Doxycycline or Clarithromycin
 - If persistent or worsening symptoms: Co-amoxiclav

Lower Respiratory Tract Infections:

- **Acute Cough, Bronchitis:** [CKS](#), [NICE 69](#)
1st line: *self-care and safety netting advice; provide RTI leaflet.*
2nd line: 7-day delayed antibiotic, safety net and advise that symptoms can last 3 weeks; provide RTI leaflet.
 - Amoxicillin or Doxycycline
- **Acute Exacerbation of COPD:** [NICE 101](#), [Gold](#)
 - Doxycycline or Amoxicillin
 - Clarithromycin (if penicillin allergy)
 - **2nd line/if resistance:** Co-trimoxazole
- **Community Acquired Pneumonia:** [BTS 2009 Guideline](#), [CKS](#), [NICE](#)
 - [CRB65](#) Score 0: **1st line:** Doxycycline **2nd line:** Amoxicillin or Clarithromycin
 - [CRB65](#) Score 1,2 & at home: **1st line:** Doxycycline alone **2nd line:** Amoxicillin plus Clarithromycin
 - [CRB65](#) Score 3-4: IM Benzylpenicillin

Meningitis:

- **Suspected Meningococcal Disease:** [PHE Meningococcal disease](#)
 - IV or IM Benzylpenicillin
 - IV or IM Cefotaxime or Ceftriaxone

Sepsis:

- **Suspected 'Red Flag Sepsis':** [NICE](#); [UK Sepsis Trust](#)
Transfer all suspected 'red flag sepsis' patients to hospital immediately.
If time to treatment in hospital is likely to be more than 1 hour it is recommended that the first dose of antibiotic is administered by a primary care clinician (if possible after obtaining blood cultures).
 - IV or IM Cefotaxime (alternatively, Ceftriaxone)

Urinary Tract Infections:

- **Uncomplicated UTI:** [PHE UTI](#), [SIGN](#), [CKS Women](#), [CKS Men](#), [RCGP UTI Clinical module](#), [SAPG UTI](#).
Provide UTI leaflet
 - Uncomplicated UTI & <70 years-old: 1st line (if GFR>45): Nitrofurantoin, if low risk of resistance: Trimethoprim; 2nd line Pivmecillinam
 - Risk of resistance, frail and/or associated co-morbidity: 1st line (if GFR>45): Nitrofurantoin; 2nd line: Pivmecillinam. Avoid Trimethoprim.
 - If increased risk of resistance (refer to resistance factors in main guidance): Fosfomycin (Monurolo®)
Perform culture in all treatment failures.
- **Recurrent UTI in Women (>3/year):**
Provide UTI leaflet
1st line: advise simple measures, self-care and safety netting.
2nd line: stand-by or post-coital antibiotics
3rd line if recent culture sensitive:
 - Nitrofurantoin or TrimethoprimOr consider:
 - Methenamine hippurate
- **In Pregnancy:** [PHE UTI](#), [CKS](#)
 - **1st line:** Nitrofurantoin (avoid at term)
 - **2nd line** Trimethoprim or Amoxicillin (if susceptible)
 - **3rd line** Cefalexin
- **Lower UTI in Children:** [PHE UTI](#), [CKS](#), [NICE](#)
 - **1st line:** Trimethoprim or Nitrofurantoin, or Amoxicillin (if susceptible)
 - **2nd line:** Pivmecillinam (if ≥40kg) or Cefalexin
- **Upper UTI in Children:** [PHE UTI](#), [CKS](#), [NICE](#)
Refer to paediatricians to: obtain a urine sample for culture, assess for signs of systemic infection.
 - **1st line:** Co-amoxiclav
 - **2nd line:** Cefixime

- **Acute Pyelonephritis:** [CKS](#)
 - Ciprofloxacin or Co-amoxiclav or
 - Trimethoprim (if susceptible)
 - If ESBL risk: contact microbiologist

Gastro-intestinal Tract Infections:

- **Clostridium difficile:** [DoH](#), [PHE](#)
Stop unnecessary antibiotics, PPIs and antiperistaltic agents.
 - Metronidazole - 1st episode & not severe CDI
 - Vancomycin - Severe CDI or 2nd episode
 - Fidaxomicin (AMBER) - Severe CDI + co-morbidities or 2nd episode
- **Travellers' Diarrhoea:** [CKS](#)
 - Only for remote areas or high-risk patients
 - Ciprofloxacin
 - Bismuth subsalicylate (Pepto-Bismol®) (in areas of quinolone resistance)
- **Infectious Diarrhoea:** [CKS](#)
Avoid antibiotics unless systemically unwell or pregnant
 - Clarithromycin if Campylobacter suspected,
 - Otherwise, contact microbiologist for advice
Via Musgrove Park Hospital switchboard:
☎ 01823 333444
- **Giardiasis:** [BNF](#), [BNFc](#)
 - 1st line: Metronidazole
 - 2nd line: Tinidazole
- **Acute Diverticulitis:** [NICE](#)
May be appropriate to treat mild to moderate episodes if 2 or more SIRS criteria: Temp > 38.3°C or < 36.0°C, Pulse > 90/min, RR > 20/min, New confusion/drowsy, Glucose > 7.7mmol/L (non-diabetic patient), WBC > 12 or < 4x10⁹/L
 - Doxycycline plus Metronidazole

- **Eradication of H. pylori:** [NICE Dyspepsia](#), [NICE PPI doses](#), [NICE H.Pylori](#), [PHE H.Pylori](#), [CKS](#)
Do not use Clarithromycin or Metronidazole or Quinolone if used in the past year for any infection
 - 1st & 2nd line: PPI with Amoxicillin + either Clarithromycin or Metronidazole
 - Penicillin allergy & previous MZ + clari: PPI WITH Bismuth subsalicylate (Pepto-Bismol tab®) 'off-label' + Metronidazole + Tetracycline
 - Relapse & previous MZ + clari: PPI with Amoxicillin + Tetracycline or Levofloxacin
- **Threadworms:** [CKS](#)
Treat all household contacts at same time and advise 2 weeks hygiene
 - >6 months Mebendazole ('off label' under the age of 2 years)
 - <6 months six weeks hygiene
- **Oral Candidiasis:** [CKS](#)
 - Miconazole oral gel
 - Nystatin oral gel (if miconazole not tolerated)
 - Fluconazole tablets if extensive/severe

Genital Tract Infections:

- **STI Screening:** [BASHH](#)
- **Chlamydia trachomatis:** [SIGN](#), [BASHH](#), [PHE](#), [CKS](#)
 - Doxycycline or Azithromycin
 - Azithromycin (off-label), or Erythromycin, or Amoxicillin (if pregnant or breastfeeding)
- **Epididymitis:**
 - Low STI risk & >35yrs : 1st line: Ofloxacin or 2nd line: Doxycycline
 - Epididymo-orchitis sexually transmitted: Ceftriaxone IM plus Azithromycin + refer to GUM
- **Vaginal Candidiasis:** [BASHH](#), [PHE](#), [CKS](#)
 - Stat Clotrimazole pessary or vaginal cream, or oral Fluconazole
 - In pregnancy: clotrimazole pessary or Miconazole vaginal cream

- Recurrent: fluconazole capsule induction followed by maintenance
- **Bacterial Vaginosis:** [BASHH](#), [PHE](#), [CKS](#)
 - 1st line: oral Metronidazole, or topical Metronidazole or topical Clindamycin
 - 2nd line: Lactic Acid Gel (Balance Activ BV®) or Dequalinium chloride (Fluomizin®) vaginal tablet
- **Genital herpes:** [BASHH Anogenital herpes](#)
Advise: saline bathing, analgesia, or topical lidocaine for pain, and discuss transmission.
 - 1st episode: treat within five days if new lesions or systemic symptoms, and refer to GUM
 - Recurrent: self-care if mild, or immediate short course antiviral treatment, or suppressive therapy if more than six episodes per year
 - If antivirals indicated: 1st line: Aciclovir, 2nd line: Valaciclovir, 3rd line Famciclovir
- **Gonorrhoea:**
 - Ceftriaxone IM plus Azithromycin stat
- **Trichomoniasis:** [BASHH](#), [PHE](#), [CKS](#)
 - Oral Metronidazole
 - Topical Clotrimazole
- **Pelvic Inflammatory Disease:** [BASHH](#), [CKS](#)
 - Low risk only: Metronidazole plus 1st line: Ofloxacin OR 2nd line: or Doxycycline
 - If high risk or likely gonorrhoea: Ceftriaxone IM plus Azithromycin stat + refer to GUM
- **Acute Prostatitis:** [CKS](#)
 - 1st line Ciprofloxacin or Ofloxacin
 - 2nd line Trimethoprim

Skin Infections:

- **Scarlet Fever:** [PHE](#), [CKS](#)
 - First line: Penicillin V
 - Second line (if penicillin allergy): Azithromycin
- **Impetigo:** [PHE](#), [CKS](#)
 - Oral Flucloxacillin

- Oral Clarithromycin (if penicillin allergy)
- Topical Sulfadiazine cream (Flamazine®)
- Topical Mupirocin (MRSA only)
- **Eczema:** [CKS](#)
 - Only if visible signs of infection – as for impetigo
- **Acne:** [CKS Acne Vulgaris](#), [Somerset Prescribing Formulary – topical preparations for Acne](#)
 - 1st line: self-care
 - 2nd line: topical retinoid: 1st option: adapalene 0.1% (Differin®); 2nd option: benzoyl peroxide 4% or 5% (Panoxyl®, Quinoderm®, Brevoxyl® or Acnecide®)
 - 3rd line: 1st option: topical retinoid (adapalene 0.1%) with benzoyl peroxide 2.5% gel (Epiduo®); 2nd option: topical clindamycin 1% with retinoid (tretinoin 0.025%) (Tretin®) or topical clindamycin 1% with benzoyl peroxide 3% (Duac Once Daily®)
 - If treatment failure/severe: oral oxytetracycline or oral doxycycline
- **Lyme disease:** [CKS](#), [PHE](#)
 - Doxycycline
 - 2nd line Amoxicillin (especially for children, pregnancy and breastfeeding)
 - If <12years old & allergic to penicillin: Cefuroxime
- **Cellulitis:** [CKS](#), [Somerset Cellulitis Guidance](#)
 - Flucloxacillin
 - If penicillin allergy: Clarithromycin or Doxycycline
 - Co-amoxiclav (if facial)
- **Leg Ulcers:** [PHE](#), [CKS](#)
Only for active infection
 - Flucloxacillin
 - Clarithromycin (if penicillin allergy)
- **Epidermoid and pilar cysts:** [IFR Benign skin lesions](#)
 - Flucloxacillin
 - Clarithromycin (if penicillin allergy)
- **Epidermoid and pilar cysts:** [IFR Benign skin lesions](#)
- **Boils and carbuncles:** [CKS PHE PVL-SA](#)
 - Flucloxacillin
 - Clarithromycin (if penicillin allergy)
- **Diabetic Foot Infections**
[PEDIS grading & Treatment Options](#)
 - Flucloxacillin
 - Doxycycline (if penicillin allergy)
- **Animal / Human Bites:** [CKS](#)
 - Co-amoxiclav
 - Metronidazole plus Doxycycline (if penicillin allergy)

Review at 24 and 48 hours
- **Mastitis:** [CKS](#)
 - Flucloxacillin
 - If penicillin allergy: Erythromycin, Clarithromycin or Doxycycline (if not breastfeeding)
- **Scabies:** [CKS](#)
 - Permethrin
 - Malathion (if allergic to permethrin)
- **Fungal Skin Infection:** [CKS body & groin](#), [CKS foot](#), [CKS scalp](#)
 - Topical Terbinafine, or
 - Topical Imidazole

If infection confirmed with skin scrapings

 - Oral Terbinafine or Itraconazole
- **Fungal Nail Infection:** [CKS](#)
 - Amorolfine nail lacquer (superficial only)
 - 1st line Oral Terbinafine
 - 2nd line Oral Itraconazole
- **Varicella Zoster (Chicken Pox):** [CKS](#), [PHE](#)
& Herpes Zoster (Shingles): [CKS](#)
 - 1st line: Aciclovir
 - 2nd line if poor compliance: Valaciclovir
 - 3rd line if poor compliance: Famciclovir

Eye Infections:

- **Conjunctivitis:** [CKS](#)
Only treat if severe
 - Chloramphenicol eye drop plus eye ointment or
 - Chloramphenicol eye ointment
- **Blepharitis:** [Moorfields Eye Hospital NHS Foundation Trust BNF PHE PVL-SA](#)
 - Dry eye: Hypromellose
 - Severe blepharitis: Chloramphenicol eye ointment
- **Chalazion (meibomian cyst):** [Moorfields Eye Hospital NHS Foundation Trust IFR Benign skin lesions](#)
 - Acute infection: Chloramphenicol ointment
- **Stye:** [Moorfields Eye Hospital NHS Foundation Trust](#)
 - Severe stye: Chloramphenicol eye ointment

Dental Infections:

- **Mucosal ulceration and inflammation:** 1st line: simple saline mouth wash 2nd line: chlorhexidine gluconate mouth wash 3rd line hydrogen peroxide mouthwash BP 6%
- **Acute necrotising ulcerative gingivitis:** 1st line: Metronidazole 2nd line: Amoxicillin *If treatment failure with Amoxicillin:* Co-amoxiclav; PLUS (if pain limits oral hygiene) 1st line: chlorhexidine gluconate mouth wash 2nd line hydrogen peroxide mouthwash BP 6%
- **Pericoronitis:** Amoxicillin or Metronidazole PLUS (if pain limits oral hygiene) 1st line: chlorhexidine gluconate mouth wash 2nd line hydrogen peroxide mouthwash BP 6%
- **Dental abscess:** Phenoxymethylpenicillin or Amoxicillin; PLUS (if spreading infection) Metronidazole; Metronidazole (if penicillin allergy)