

NHS Milton Keynes CCG Management of Infections in Primary Care – 1st line choices (To be read in conjunction with the full guidance)

Antibiotic	Dose (adult unless otherwise stated)	Duration
Respiratory Tract Infections		
Acute sore throat – Avoid prescriptions / offer delayed scripts / self care advice / safety net		
1 st Choice	Penicillin V	500mg QDS or 1g BD (QDS if severe)
Penicillin allergy	Clarithromycin	250-500mg BD
Pregnancy and penicillin allergy	Erythromycin	500mg QDS or 1g BD
Acute Otitis Externa		
1 st choice Self care	Acetic acid 2% (Ear calm spray) OTC	Use 1 spray TDS
2 nd choice	Neomycin & steroid drops	Eg Betnesol-N 3 drops TDS Otomize spray 1 spray TDS
Acute Rhinosinusitis – Avoid antibiotics as most viral, optimise analgesia		
1 st choice	Penicillin V	500mg QDS
Penicillin allergy	Doxycycline Or clarithromycin	200mg stat then 100mg OD 500mg BD
Acute Otitis Media - Avoid prescriptions / offer delayed scripts /self care advice /safety net		
1 st choice	Amoxicillin	Child doses 1 month – 1 year 125mg TDS 1-5 years 250mg TDS 5-18 years 500mg TDS
Penicillin allergy	Erythromycin or Clarithromycin see BNF for dose	< 2years 125mg QDS 2-8 years 250mg QDS >8 years 250-500mg QDS
Acute cough / Bronchitis		
1 st choice	Doxycycline	200mg stat then 100mg OD
Penicillin allergy	Doxycycline	200mg stat then 100mg OD
Acute exacerbation of COPD		
1 st choice	Amoxicillin	500mg TDS
1 st choice	Doxycycline	200mg stat then 100mg OD
Penicillin allergy	Clarithromycin	500mg BD
Failure or resistance	Co-amoxiclav	625mg TDS

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Community acquired pneumonia – Use CRB65 score to guide treatment; review and extend treatment if necessary		
CRB=0	Amoxicillin 500mg TDS x 5 days or Clarithromycin 500mg BD x 5 days	
CRB=1	Amoxicillin 500mg TDS and Clarithromycin 500mg BD x 7 days	
Urinary Tract Infections		
Uncomplicated UTI		
1 st choice	Nitrofurantoin	100mg modified release BD
If GFR<45ml/min	Trimethoprim	200mg BD
Acute prostatitis		
1 st choice	Ciprofloxacin	500mg BD
2 nd line	Trimethoprim	200mg BD
UTI in Pregnancy		
1 st line	Nitrofurantoin (avoid at term)	100mg m/r BD
2 nd line	Cephalexin or Amoxicillin if sensitive	500mg BD 500mg TDS
UTI in Children – Refer child < 3 months for urgent assessment		
Lower UTI	Trimethoprim or nitrofurantoin	See cBNF for doses
Upper UTI	Co-amoxiclav	
Acute Pyelonephritis		
1 st Choice	Co-amoxiclav	500/125 mg TDS
Alternative	Ciprofloxacin	500mg BD
Pregnancy	Cefalexin	500mg BD or TDS
Recurrent UTI in non-pregnant Women		
1 st line	Nitrofurantoin	100mg MR at night or post-coital stat
2 nd line	Ciprofloxacin	500mg at night or post-coital stat
Eye Infections		
Conjunctivitis – if severe – most viral and self limiting		
1 st line	Chloramphenicol 0.5% drop and 1% ointment	2 hourly for 2 days the 4 hourly whilst awake Ointment at night
2 nd line	Fusidic acid 1% gel	Twice a day
Suspected Meningococcal disease. Transfer all patients to hospital immediately.		
1 st Choice	IV or IM Benzylpenicillin	Adults and child >10 1200mg; 1-9yrs 600mg; <1 yr 300mg
2 nd choice	IV or IM Cefotaxime	Age 12+ 1g; Child < 12 50mg/kg

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Antibiotic	Dose (adult unless otherwise stated)	Duration
Gastro-intestinal tract infections		
Oral Candidiasis		
1 st choice	Miconazole oral gel	20mg/ml QDS 7 days or until 2 days after symptoms resolve
Alternative	Fluconazole oral tabs	50mg OD 7 days
H Pylori Eradication – see full guidance		
Infectious Diarrhoea – antibiotics not usually indicated unless systemically unwell		
Traveller's diarrhoea – Private prescription only for stand by medication		
Clostridium difficile		
	Metronidazole	400mg TDS 10-14 days
2 nd episode	Vancomycin	125mg QDS 10-14 days
Worsening symptoms	Contact Consultant microbiologist	
Threadworm		
>6 months (off label if <2 yrs)	Mebendazole	100mg Stat but repeat after 2 weeks if infestation persists
Acute Diverticulitis		
1 st Choice	Co-amoxiclav	500/125 mg TDS 7 days
Penicillin allergy	Ciprofloxacin and Metronidazole	500mg BD 400mg TDS 7 days
Genital Tract Infections		
Vaginal Candidiasis		
Non pregnant	Clotrimazole Fluconazole	500mg pessary or 5g vaginal cream 150mg orally All Stat
Pregnancy	Clotrimazole or Miconazole 2% cream	100mg ON 5g intravaginally BD 6 nights 7 days
Bacterial Vaginosis		
1 st Choice	Metronidazole	400mg BD for 7 days or 2g stat
Pelvic Inflammatory Disease		
	Metronidazole plus ofloxacin	400mg BD 400mg BD Both for 14 days

Antibiotic	Dose (adult unless otherwise stated)	Duration
Skin / Soft tissue Infections		
Impetigo only if severe, extensive or bullous		
1 st line	Flucloxacillin	500mg QDS 7 days
Eczema – only use antibiotics if infected – see local guidance		
Cellulitis		
1 st line	Flucloxacillin	500mg QDS 7 days
Penicillin allergy	Clarithromycin	500mg BD 7 days
If on statins	Doxycycline	200mg Stat then 100mg OD 7 days
Animal and Human Bites		
1 st line	Co-amoxiclav	375-625mg TDS 7 days
Penicillin allergy	Metronidazole AND doxycycline	200-400mg TDS 100mg BD
Dermatophyte infection of proximal nails		
Confirmed by clippings	Terbinafine	250mg OD Fingers 6-12 weeks Toes 3-6 months
Dermatophyte infection of skin		
Confirmed by clippings	Terbinafine	1% topical BD 1-2 weeks
Varicella Zoster and Herpes Zoster		
Pregnant or immunocompromised or neonate: Seek urgent specialist advice		
Varicella Zoster	Only if: onset of rash <24hrs & >14 years or severe pain or dense/oral rash or 2 ^o household case or steroids or smoker,	Aciclovir 800mg 5x day 7 days
Herpes Zoster	Only treat if >50 years and within 72 hrs of rash (PHN rare if <50 years); or if active ophthalmic or Ramsey Hunt or eczema.	