Ipswich and East Suffolk CCG
West Suffolk CCG
North East Essex CCG

Quick reference -Antibiotics

All doses listed are for adults unless otherwise stated. See full formulary for further details
Promote self-care. Advise patients to purchase OTC where possible

Infection	1st Line/Self care	2nd Line/Alternative option	3rd Line/Comments
Acute sore throat	FeverPAIN 0-1/ Centor 0-2 No antibiotics advise self-care ♦ Paracetamol/ibuprofen for pain ♦ Medicated lozenges FeverPAIN 2-3 No or back up antibiotic	FeverPAIN 4-5 / Centor 3-4 Penicillin V 500mg QDS 5-10 days Penicillin Allergy Clarithromycin 250mg-500mg BD 5-10 days	If systemically very unwell or high risk of complications give immediate antibiotics
Sinusitis (acute)	Symptoms 10 days or less –no antibiotics advise self care: ♦ Paracetamol/ibuprofen for pain ♦ Nasal saline or nasal decongestions may help (little evidence) Symptoms>10 days no antibiotic or backup antibiotic	Penicillin V 500mg QDS 5 days Penicillin allergy Doxycycline 200mg on day one then 100mg OD 5 days total OR Clarithromycin 500mg BD 5 days	Co-amoxiclav 625mg TDS 5 days
Otitis Media (acute)	**Otorrhoea** or under 2 years with infection in both ears: no, back-up or immediate antibiotic. **Otherwise**: no or back-up antibiotic. Advise self-care ♦ Paracetamol/ibuprofen for pain	Amoxicillin 500mg-1000mg TDS 5-7 days Penicillin allergy Doxycycline 200mg on day one then 100mg OD 5 –7 days total OR Clarithromycin 250mg to 500mg BD 5 –7 days	Systemically very unwell or high risk of complications Co-amoxiclav 625mg TDS 5-7 days
Otitis Externa (acute)	No antibiotics advise self-care ♦ Paracetamol/ibuprofen for pain ♦ Apply localised heat (warm flannel) Acetic Acid 2% - **Available OTC** as EarCalm® 1 spray TDS 7 days	Betamethasone 1mg with neomycin 5mg/mL ear drop 2-3 drops TDS 7-14 days	If cellulitis, systemic signs of Infection or extends outside of ear canal Flucloxicillin 250mg-500mg QDS 7 days Refer to exclude malignant otitis externa
Acute cough - systemically very unwell or high risk of complications	Amoxicillin 500mg TDS 5 days	Doxycycline 200mg on day one then 100mg OD for 5 days total OR Clarithromycin 250mg- 500mg BD 5 days	
Community Acquired pneumonia	CRB65 0 (low severity) Amoxicillin 500mg TDS 5 days OR Clarithromycin 500mg BD 5 days OR Doxycycline 200mg on day one then 100mg OD 5 days total	CRB65 1-2 (moderate severity) Amoxicillin 500mg TDS 5 days and Clarithromycin 500mg BD 5 days OR Doxycycline alone 200mg on day one then 100mg OD 5 days	CRB65 3-4 (high severity) Urgently admit to hospital Stop antibiotics after 5 days unless patient shows sign of clinical deterioration. Consider alternative therapy or hospital admission
Acute exacerbation COPD	Amoxicillin 500mg TDS 5 days OR Doxycycline 200mg on day one then 100mg OD 5 days total OR Clarithromycin 500mg BD 5 days	Use alternative first choice 5 day course	If at higher risk of treatment failure: Co-amoxiclav 625mg TDS 5 days or Levofloxacin 500mg OD 5 days

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Promote self-care. Advise patients to purchase OTC

Infection	1st Line/Self care	2nd Line/Alternative option	3rd Line/Comments
UTI (non-pregnant women)	Nitrofurantoin 100mg m/r BD 3 days OR Trimethoprim 200mg BD 3 days	Pivmecillinam 400mg stat then 200mg TDS 3 days total OR Fosfomycin 3g stat (single dose)	Only use Nitrofurantoin in eGFR > 45ml/min /1.73m^2 Avoid trimethoprim if taking methotrexate
UTI (Pregnant)	Nitrofurantoin 100mg m/r BD 7 days **Avoid 3rd trimester**	Amoxicillin 500mg TDS 7 days (only if culture results available and susceptible) OR Cefalexin 500mg BD 7 days	**Immediate antibiotic required** Treatment of asymptomatic bacteriuria in pregnant women.: Nitrofurantoin (avoid in third tri-mester), Amoxicillin or Cefalexin based on recent culture and susceptibility results.
Pyelonephritis (men >16 and non-pregnant women)	Cefalexin 500mg BD/TDS 7-10 days (up to 1g-1.5g TDS/QDS if severe)	Ciprofloxacin 500mg BD 7 days	Consider admission advice if vomiting, unable to take oral antibiotics or severely unwell.
Pyelonephritis (pregnant)	Cefalexin 500mg BD/TDS 7-10 days (up to 1g-1.5g TDS/QDS if severe)	**Contact microbiology for advice**	Consider admission advice if vomit-ing, unable to take oral antibiotics or severely unwell.
Acute prostatitis	Ciprofloxacin 500mg BD 28 days OR Trimethoprim 200mg BD 28 days	Only prescribe after discussion with specialist	Advise paracetamol (+/- low-dose weak opioid) for pain, or ibuprofen if preferred and suitable. Be guided by susceptibilities where appropriate
Epididymitis	Doxycycline 100mg BD 10-14 days	Ofloxacin 200mg BD 14 days	Ciprofloxacin 500mg BD 10 days A High risk of STI or <35yrs-refer to GUM
Pelvic inflammatory disease	Ceftriaxone 1000mg IM stat plus Metronidazole 400mg BD & Doxycycline 100mg BD 14 days	Metronidazole 400mg BD & Ofloxacin 400mg BD 14 days	Refer women and sexual contacts to GUM for treatment.
Bacterial vaginosis	Metronidazole 400mg BD 7 days or 2g STAT	Metronidazole vaginal gel 0.75% 5g applicator ON 5 days (oral treatment preferred)	Clindamycin 2% cream 5g applicator ON 7 days
Vaginal Candidiasis (not pregnant)	Clotrimazole 500mg vaginal pessary Stat **Available OTC**	Fluconazole 150mg Stat **Available OTC**	If recurrent infection Fluconazole 150mg 72hourly for 3 doses then 150mg weekly for 6 months
Vaginal Candidiasis (Pregnancy)	Clotrimazole 100mg vaginal pessary ON 6 days	Miconazole 2% 5g applicator BD 7 days	
Chlamydia	Doxycycline 100mg BD 7 days	Azithromycin 1g stat then 500mg OD 2 days (total 3 days)	Advise patient to abstain from sexual intercourse for 7 days after treatment
Cellulitis and erysipelas	Flucloxacillin 500mg to 1000mg QDS 5-7 days	Clarithromycin 500mg BD 5-7 days	Continue treatment for further 7 days if required
Facial Cellulitis (non dental)	Co-amoxiclav 625mg TDS 7 days		Continue for a further 7 days if required
Conjunctivitis	Treat only if severe, as most cases are viral or self-limiting. Note chloramphenicol **Available OTC** for patients 2yrs+ Advise on bathing/cleaning eyes	Chloramphenicol 0.5% eye drops- One drop 2 hourly for 2 days, then TDS/QDS **AND/OR** Chloramphenicol 1% eye ointment TDS/QDS or apply OD at night if used with eye drops. Duration 48hours after resolution **Available OTC**	Fusidic acid 1% gel BD continue until 48hours after resolution
Meningococcal disease suspected **Transfer to hospital immediately**	Benzylpenicillin IV or IM stat dose: <1yr : 300mg 1-9yrs : 600mg 10yrs+: 1200mg Use IM if IV not possible		If history of anaphylaxis to penicillin refer direct to hospital—rash is not a contraindication

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