

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
Penicillin allergy	Clarithromycin	250-500mg BD
Pregnancy and penicillin allergy	Erythromycin	500mg QDS or 1g BD
Acute Otitis Externa		
1 st choice	Acetic acid 2% (Ear calm spray) OTC	Use 1 spray TDS
Self care		7 days
2 nd choice	Neomycin & steroid drops	Eg Betnesol-N 3 drops TDS Otomize spray 1 spray TDS
		7-14 days
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
		5 days
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
		5 days
Penicillin allergy	Erythromycin or Clarithromycin see BNF for dose	< 2years 125mg QDS 2-8 years 250mg QDS >8 years 250-500mg QDS
		5 days
Acute cough / Bronchitis		
1 st choice	Doxycycline	200mg stat then 100mg OD
		5 days
Penicillin allergy	Doxycycline	200mg stat then 100mg OD
		5 days
Acute exacerbation of COPD		
1 st choice	Amoxicillin	500mg TDS
		5 days
1 st choice	Doxycycline	200mg stat then 100mg OD
		5 days
Penicillin allergy	Clarithromycin	500mg BD
		5 days
Failure or resistance	Co-amoxiclav	625mg TDS
		5 days

Antibiotic	Dose (adult unless otherwise stated)	Duration
Community acquired pneumonia – Use CRB65 score to guide treatment; review and extend treatment if necessary		
CRB65=0	Amoxicillin 500mg TDS x 5 days or Clarithromycin 500mg BD x 5 days	
CRB65=1	Amoxicillin 500mg TDS and Clarithromycin 500mg BD x 7 days (if atypical pathogen suspected)	
Urinary Tract Infections		
Uncomplicated UTI		
1 st choice	Nitrofurantoin	100mg modified release BD
		3 days in women
If GFR<45ml/min	Trimethoprim	200mg BD
		7 days in men
Acute prostatitis		
1 st choice	Ciprofloxacin	500mg BD
2 nd choice	Trimethoprim	200mg BD
		14 days then review
UTI in Pregnancy		
1 st line	Nitrofurantoin (avoid at term)	100mg m/r BD
		7 days
2 nd line	Cephalexin or Amoxicillin if sensitive	500mg BD 500mg TDS
		7 days
UTI in Children – Refer child < 3 months for urgent assessment		
Lower UTI	Trimethoprim or nitrofurantoin	See cBNF for doses
		3 days
Upper UTI	Co-amoxiclav	
		7 days
Acute Pyelonephritis		
1 st Choice	Co-amoxiclav	500/125 mg TDS
		For 7-10days
Alternative	Ciprofloxacin	500mg BD
		7 days
Pregnancy	Cefalexin	500mg BD or TDS
		7-10 days
Recurrent UTI in non-pregnant Women		
1 st line	Nitrofurantoin	100mg MR at night or post-coital stat
		3-6 months then review
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
		All for 48 hours after resolution
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

Version: January 2021; Review due January 2023

Antibiotic		Dose (adult unless otherwise stated)	Duration
Gastro-intestinal tract infections			
Oral Candidiasis			
1 st choice	Miconazole oral gel	2.5ml QDS	7 days continue for 7 days after symptoms resolve
Alternative	Fluconazole oral tabs	50mg OD	7-14 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			
1 st episode	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	5-7 days
Penicillin allergy	Trimethoprim and Metronidazole	200mg BD 400mg TDS	5-7 days
Genital Tract Infections			
Vaginal Candidiasis			
Non pregnant	Clotrimazole	500mg pessary or 5g vaginal cream	All Stat
	Fluconazole	150mg orally	
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 – see full guidance			

Antibiotic		Dose (adult unless otherwise stated)	Duration
Skin / Soft tissue Infections			
Impetigo only if severe, extensive or bullous			
1 st line	Flucloxacillin	500mg QDS	5 days
Eczema – only use antibiotics if infected – see local guidance			
Cellulitis			
1 st line	Flucloxacillin	500mg QDS	5 - 7 days
Penicillin allergy	Clarithromycin	500mg BD	5 - 7 days
If on statins	Doxycycline	200mg Stat then 100mg OD	5 - 7 days
Animal and Human Bites			
1 st line	Co-amoxiclav	375-625mg TDS	3 days for prophylaxis and 5 days for treatment
Penicillin allergy	Metronidazole AND doxycycline	400mg TDS 200mg on day 1 then 100mg – 200mg daily	
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.		