Northern Ireland Management of Infection Guidelines for Primary and Community Care 2018

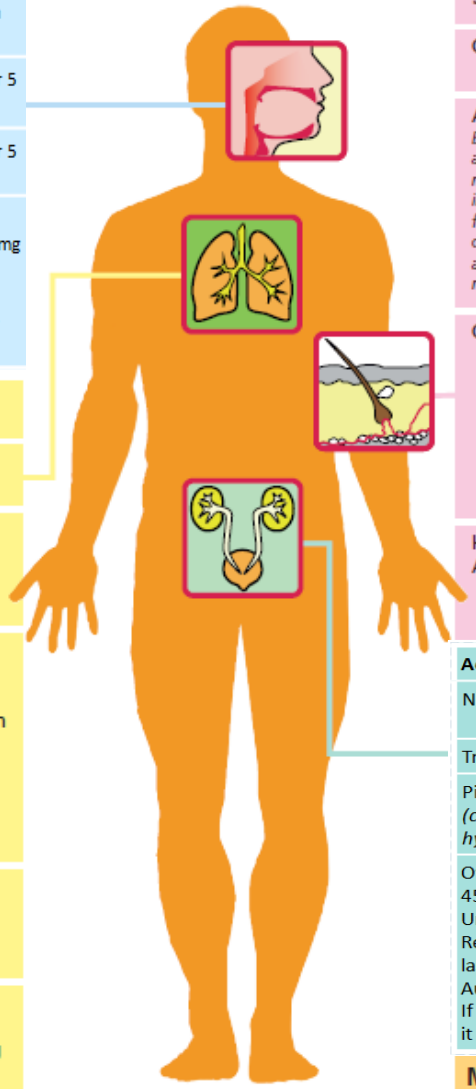
Health and Social Care

Review Date Jan 2019

Upper Respiratory Tract Infections:		
Condition	First Line Treatment	Second Line Treatment or Penicillin Allergic
Throat Infection/ Pharyngitis/ Tonsillitis	Adult: Phenoxymethylpenicillin 500mg QDS for 10 days	Adult: Clarithromycin 500mg BD for 5 days
Otitis Media	Adult: Amoxicillin 500mg TDS for 5 days	Adult: Clarithromycin 500mg BD for 5 days
Sinusitis *Non-severe, <10 days: no antibiotic* ***Advise antibiotic alternatives first***	Adult: Phenoxymethylpenicillin 500mg QDS Severe/worsening/high-risk: Co-amoxiclav 500/125mg TDS	Adult: Doxycycline 200mg Day 1 then 100mg OD for 4 days or Clarithromycin* 500mg BD for 5 days **or erythromycin in pregnancy- see BNF for doses*

Lower Respiratory Tract Infections:

Condition	First Line Treatment	Second Line Treatment or Penicillin Allergic
Non-Pneumonic Lower Respiratory Tract Infection ('Acute Bronchitis')	Adult: Amoxicillin 500mg TDS for 5 days	Adult: Doxycycline 100mg BD for 5 days **or** Clarithromycin 500mg BD for 5 days
Infective Exacerbation of COPD	Adult: Amoxicillin 500mg-1G TDS for 5 days **Higher dose (1G) recommended if risk factors for resistance – co-morbidity, severe COPD, frequent exacerbations, <3 months since last antibiotic**	Adult: Doxycycline 100mg BD for 5 days (preferred in treatment failure) **or** Clarithromycin 500mg BD for 5 days. **Consider amoxicillin exposure in recent past history as requiring second-line**
Community Acquired Pneumonia CRB-65=0	Adult: Amoxicillin 500mg TDS for 5 days	Adult: Clarithromycin 500mg BD for 5 days or Doxycycline 100mg BD for 5 days
Community Acquired Pneumonia CRB-65=1 and at home *7 days initially; extend to 10 days at review if need be*	Adult: Amoxicillin 500mg- 1G TDS for 7-10 days **plus** Clarithromycin 500mg BD for 7-10 days *(alternatively amoxicillin initially and add clarithromycin after 48 hours if no improvement)*	Adult: Doxycycline 100mg BD for 7-10 days **or** Clarithromycin 500mg BD for 7-10 days



Adult

[Full guidelines available here]

Skin and Soft Tissue Infections:

Condition	First Line Treatment	Second Line Treatment or Penicillin Allergic
Abscesses / Boils *Boils don't usually respond to antibiotics - drainage is needed. Antibiotics are an interim measure and following drainage the continuing need for antibiotics should be reassessed.*	Adult: Flucloxacillin 1G QDS for 7 days initially; extend to 14 days at review if slow to respond	Adult: Clarithromycin 500mg BD for 7 days initially; extend to 14 days at review if slow to respond
	MRSA risk: use doxycycline 100mg BD for 7 days then extend to 14 days at review if slow to respond	
Cellulitis / Impetigo	Adult: Flucloxaciillin 500mg-1G QDS for 7 days initially; extend to 14 days at review if slow to respond	Adult: Clarithromycin 500mg BD for 7 days initially; extend to 14 days at review if slow to respond
	MRSA risk: use doxycycline 100mg BD for 7 days then extend to 14 days at review if slow to respond	
Human Bites and Animal Bites	Adult: Co-amoxiclav 625mg TDS for 7 days	Adult: Metronidazole 400mg TDS for 7 days **plus** Doxycycline 100mg BD for 7 days.

Acute Urinary Tract Infection (Adults):		
Nitrofurantoin **or**	100mg M/R BD **or** 50mg QDS	Females: 3 days Males: 7 days
Trimethoprim **or**	200mg BD	
Pivmecillinam *(contraindicated in penicillin hypersensitivity)*	400mg stat then 200mg TDS	

Over 65s: Consider nitrofurantoin first unless there are no risk factors (and GFR over 45ml/min)
Under 65s: Consider trimethoprim first unless there are risk factors
Resistance risk factors include: care home resident, recurrent UTI, hospitalisation >7d in last 6 mths, unresolving urinary symptoms, recent travel outside Northern Europe or Australasia, previous known resistance to trimethoprim, quinolones or cephalosporins.
If GFR is 30-45ml /min use nitrofurantoin only if resistance and no alternative; otherwise it is contraindicated in this group.

Meningitis Adult:
Included in child chart overleaf

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Revised April 2018

HSC Health and Social Care

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Meningitis:

Transfer all patients to hospital immediately
Administer antibiotic STAT if hospital transfer will not be immediate but do not delay transfer to administer antibiotics
Treatment should ideally be administered IV

First Line:
Benzylpenicillin IV/IM

Adult and child >10 years	1.2G
Child <1 year	300mg
Child 1-9 years	600mg

Penicillin Allergic:
Cefotaxime IV/IM

Adults/child >20kg	1G
Child 1 month -12 years	50mg/kg

Use weight of child for cefotaxime dosing when known otherwise use:

1mth (9lbs/4kg):	200mg
3mths (13lbs/6kg):	300mg
6mths (18lbs/8kg):	400mg
12mths (22lbs/10kg):	500mg
3yrs (2st 5lbs/ 15kg):	750mg
6yrs (3st2lbs/20kg+):	1G

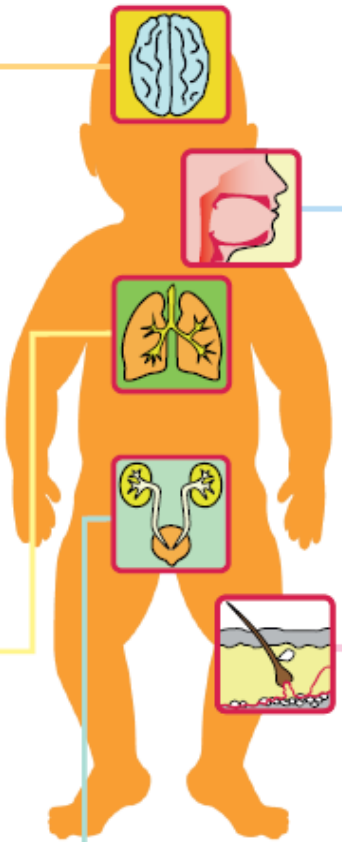
Do not use cefotaxime in patients with history of immediate penicillin hypersensitivity - urgent transfer priority

Lower Respiratory Tract Infections:

Condition	First Line Treatment	Second Line Treatment or Penicillin Allergic
Non-Pneumonic Lower Respiratory Tract Infection ('Acute Bronchitis')	Child: Amoxicillin TDS for 5 days	Child: Clarithromycin BD for 5 days
Community Acquired Pneumonia	Child: Amoxicillin TDS for 7 days	Child: Clarithromycin BD for 7 days

Urinary Tract Infection:

Condition	First Line Treatment	Second Line Treatment
UTI (Lower)	Child: Trimethoprim BD for 3 days	Child: Cefalexin for 3 days
UTI (Upper)	Child: Trimethoprim BD for 7 days	Child: Cefalexin for 7 days



Child

See BNF for Children or

[Full guidelines available here]

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Otitis Media	Child: Amoxicillin TDS for 5 days	Child: Clarithromycin BD for 5 days
Sinusitis children over 5 years *Non-severe, <10 days: no antibiotic* ***Advise antibiotic alternatives first***	Child: Phenoxymethylpenicillin QDS for 5 days Severe/worsening/high-risk: Co-amoxiclav TDS	Child: Clarithromycin BD for 5 days

Skin and Soft Tissue Infections:

Condition	First Line Treatment	Second Line Treatment or Penicillin Allergic
Abscesses / Boils *Boils don't usually respond to antibiotics - drainage is needed. Antibiotics are an interim measure and following drainage the continuing need for antibiotics should be reassessed.*	Child: Flucloxacillin QDS for 7 days initially; extend to 14 days at review if slow to respond	Clarithromycin BD for 7 days initially; extend to 14 days at review if slow to respond
Cellulitis / Impetigo	Child: Flucloxacillin QDS for 7 days initially; extend to 14 days at review if slow to respond	Child: Clarithromycin BD for 7 days initially; extend to 14 days at review if slow to respond
Human Bites	Child: Co-amoxiclav TDS for 7 days.	Child: Clarithromycin BD for 7 days plus Metronidazole TDS for 7 days (BD if child aged 1-2 months).
Animal Bites	Child: Co-amoxiclav TDS for 7 days.	Child: Consult your microbiologist/infectious disease specialist for advice if genuinely penicillin allergic