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| **Clinical Area** | **Details of change to guidance** | **Details of previous guidance** |
| **Upper Respiratory Tract Infections** | | |
| **Acute Sore Throat** | Inclusion of or [Centor](https://www.nice.org.uk/guidance/ng84/chapter/Terms-used-in-the-guideline) for assessment of symptoms | Previously referenced FeverPAIN only |
| Advise paracetamol, or if preferred and suitable, ibuprofen for pain.  Medicated lozenges may help pain in adults. | Previously just listed paracetamol |
| Additional twice daily dose option;  Erythromycin 500mg-1000mg BD 5 days | Previously had QDS regimen only |
| **Scarlet Fever** | Change to wording but recommendation essentially the same |  |
| **Acute otitis media** | *Penicillin allergy:*  First choice: Clarithromycin OR erythromycin (preferred if pregnant) for 5-7 days | Addition of preference in pregnancy and duration was 5 days |
| Second choice: Co-amoxiclav | Previously no second choice. |
| **Sinusitis (acute)** | *Penicillin allergy:*  doxycycline (not in under 12s) OR clarithromycin OR  erythromycin (preferred if pregnant) | Addition of warning for under 12s with doxycycline and preference in pregnancy for erythromycin |
| Second choice or first choice if systemically very unwell or high risk of complications: co-amoxiclav | Previously co-amoxiclav was for those very unwell or worsening |
| Little evidence that nasal saline or nasal decongestants help, but people may want to try them | Previously said these may help some people |

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| **Urinary Tract Infections** | | |
| Whole section reformatted please see NICE website for full details  <https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/antimicrobial-prescribing-guidelines> | | |
| **UTI (adults)** | Removal of amoxicillin from recommendation | Previously was an option if organism was susceptible |
| **UTI in pregnancy** | Removal of trimethoprim as second line option |  |
| Pregnant women second choice:  amoxicillin (only if culture results available and susceptible) OR cefalexin |  |
| **Acute Prostatitis** | Advise paracetamol (+/- low-dose weak opioid) for pain, or ibuprofen if preferred and suitable. | No mention of analgesia |
| Offer antibiotic.  Review antibiotic treatment after 14 days and either stop antibiotics or continue for a further 14 days if needed (based on assessment of history, symptoms, clinical examination, urine and blood tests | Previous guidance stated treat for 28 days |
| Second choice (after discussion with specialist):  levofloxacin 500mg OD 14 days, then review  OR  co-trimoxazole 960mg BD 14 days, then review | Previous guidance did not list a second choice option |
| **Gastrointestinal tract infections** | | |
| **H pylori** | Always test for H.pylori before giving antibiotics | Additional recommendation |
| Additional information regarding treatment length Relapse 10 days; | Previously no recommendation for relapse |
| **Infectious diarrhoea** | If giardia is confirmed or suspected – tinidazole 2g single dose is the treatment of choice | Additional information |

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| **Genital tract infections** | | | |
| **Chlamydia trachomatis/ urethritis** | Opportunistically screen all patients aged 15–24 years | | Previously was 16-24 years |
| **Vaginal candidiasis** | All topical and oral azoles give over 80% cure | | Previously reference to 70% |
| Option of miconazole pessaries 100mg for 14 nights removed. Instead fenticonazole 600mg stat is given as treatment option | |  |
| **Genital herpes** | Recommended dose is Famciclovir 1000mg BD (if recurrent) for one day | | Removal of Famciclovir 250mg TDS x5 days option |
| **Pelvic inflammatory disease** | Additional information added:  **Raised** **CRP** supports diagnosis, absent pus cells in HVS smear good negative predictive value. **Exclude**: ectopic, appendicits, endometriosis, UTI, irritable bowel, complicated ovarian cyst, functional pain. Moxifloxacin has greater activity against likely pathogens, but always culture for gonorrhoea and chlamydia, and test for *Mycoplasma genitalium* | |  |
| Additional treatment option added:  Moxifloxacin400mg OD for 14 days | |  |
| **Skin and soft tissue infections** | | | |
| **Bites** | Additional treatment option added to animal bite:  If pregnant, and rash after penicillin:[ceftriaxone](http://www.medicinesinpregnancy.org/bumps/monographs/USE-OF-CEPHALOSPORINS-IN-PREGNANCY/) 1–2g OD IV or IM |  | |
| **Scabies** | Additional information added:  **First choice permethrin:** Treat **whole** body from ear/chin downwards, and under nails.  **If using permethrin** and patient is under 2 years, elderly or immunosuppressed, or **if treating with malathion:** also treat face and scalp.  **Home/sexual contacts:** treat within 24 hours. |  | |
| **Varicella zoster/ chickenpox**  **& Herpes zoster/ shingles** | New layout is clearer but recommendations are the same  Additional information:Give paracetamol for pain relief |  | |
| **NEW SECTION** | **Tick bites (Lyme disease)** <https://www.nice.org.uk/guidance/ng95> or see a copy of summary table below | | |

