

Public Health England Local adaption for Gloucestershire March 2020 vs1 https://www.nice.org.uk/about/what-we-do/ourprogrammes/nice-guidance/antimicrobial-prescribingguidelines

Summary of antimicrobial prescribing guidance – managing common infections

- · For all PHE guidance, follow PHE's principles of treatment.
- · See BNF for appropriate use and dosing in specific populations, for example, hepatic impairment, renal impairment, pregnancy and breastfeeding.
- Key: Key: Click to access doses for children

Click to access NICE's printable visual summary

Infection	Kov pointo	Medicine Doses	Doses		Length	Visual
Intection	Key points		Adult	Child		summary
Urinary tra	ct infections					
Lower urinary tract infection	Advise paracetamol or ibuprofen for pain. Non-pregnant women : back up antibiotic (to use if no improvement in 48 hours or symptoms worsen at any time) or immediate antibiotic.	Non-pregnant women first choice: nitrofurantoin (if eGFR ≥45 ml/minute) OR	100mg m/r BD (or if unavailable 50mg QDS)	-	3 days	
NICE	Pregnant women, men, children or young people: immediate antibiotic.	trimethoprim (if low risk of resistance)	200mg BD	-		
Public Health England	When considering antibiotics, take account of severity of symptoms, risk of complications, previous urine culture and susceptibility results, previous antibiotic use which may have led to	Non-pregnant women second choice: nitrofurantoin (if eGFR ≥45 ml/minute) OR	100mg m/r BD (or if unavailable 50mg QDS)	-	3 days	
	resistant bacteria and local antimicrobial resistance data.	pivmecillinam (a penicillin) OR	400mg initial dose, then 200mg TDS	-	3 days	
Last updated: Oct 2018	If people have symptoms of pyelonephritis (such as fever) or a complicated UTI, see <u>acute</u>	fosfomycin	3g single dose sachet	-	single dose	
	<u>pyelonephritis</u> (upper urinary tract infection) for antibiotic choices. For detailed information click on the visual summary. See also the NICE guideline on <u>urinary tract infection</u> in under 16s: diagnosis and management and the	Pregnant women first choice: nitrofurantoin (avoid at term) – if eGFR ≥45 ml/minute	100mg m/r BD (or if unavailable 50mg QDS)	-	7 days	
	Public Health England <u>urinary tract infection:</u> <u>diagnostic tools for primary care</u> .	Pregnant women second choice: amoxicillin (only if culture results available and susceptible) OR	500mg TDS	-	7 days	

Key points Medicine	Doses		Length	Visual	
	weatchie	Adult	Child	Length	summary
	cefalexin	500mg BD	-		
	from nitrofurantoin (avoid at t	erm), amoxicillin or cel			
	Men first choice: trimethoprim OR	200mg BD	-		
	nitrofurantoin (if eGFR ≥45 ml/minute)	100mg m/r BD (or if unavailable 50mg QDS)	-	7 days	
			s basing a	antibiotic	
	Children and young people (3 months and over) first choice: trimethoprim (if low risk of resistance) OR	-			
	nitrofurantoin (if eGFR ≥45 ml/minute)	-			
	Children and young people (3 months and over) second choice: nitrofurantoin (if eGFR ≥45 ml/minute and not used as first choice) OR	-		-	
	amoxicillin (only if culture results available and susceptible) OR	-			
	cefalexin	-			
		cefalexin Treatment of asymptomatic from nitrofurantoin (avoid at t culture and susceptibility rest Men first choice: trimethoprim OR nitrofurantoin (if eGFR ≥45 ml/minute) Men second choice: conside choice on recent culture and Children and young people (3 months and over) first choice: trimethoprim (if low risk of resistance) OR nitrofurantoin (if eGFR ≥45 ml/minute) Children and young people (3 months and over) second choice: nitrofurantoin (if eGFR ≥45 ml/minute) Children and young people (3 months and over) second choice: nitrofurantoin (if eGFR ≥45 ml/minute) Children and young people (3 months and over) second choice: nitrofurantoin (if eGFR ≥45 ml/minute and not used as first choice) OR amoxicillin (only if culture results available and susceptible) OR	cefalexin 500mg BD Treatment of asymptomatic bacteriuria in pregn from nitrofurantoin (avoid at term), amoxicillin or cef culture and susceptibility results Men first choice: trimethoprim OR 200mg BD nitrofurantoin (if eGFR ≥45 ml/minute) 200mg m/r BD (or if unavailable 50mg QDS) Men second choice: consider alternative diagnose choice on recent culture and susceptibility results Children and young people (3 months and over) first choice: trimethoprim (if low risk of resistance) OR nitrofurantoin (if eGFR ≥45 ml/minute) Children and young people (3 months and over) second choice: nitrofurantoin (if eGFR ≥45 ml/minute) Children and young people (3 months and over) second choice: nitrofurantoin (if eGFR ≥45 ml/minute) Children and young people (3 months and over) second choice: nitrofurantoin (if eGFR ≥45 ml/minute) Children and young people (3 months and over) second choice: nitrofurantoin (if eGFR ≥45 ml/minute and not used as first choice) OR amoxicillin (only if culture results available and susceptible) OR	cefalexin 500mg BD - Treatment of asymptomatic bacteriuria in pregnant wome from nitrofurantoin (avoid at term), amoxicillin or cefalexin bas culture and susceptibility results - Men first choice: trimethoprim OR 200mg BD - nitrofurantoin (if eGFR ≥45 ml/minute) 100mg m/r BD (or if unavailable 50mg QDS) - Men second choice: consider alternative diagnoses basing a choice on recent culture and susceptibility results - Children and young people (3 months and over) first choice: trimethoprim (if low risk of resistance) OR - nitrofurantoin (if eGFR ≥45 ml/minute) - Children and young people (3 months and over) second choice: nitrofurantoin (if eGFR ≥45 ml/minute) - Children and young people (3 months and over) second choice: nitrofurantoin (if eGFR ≥45 ml/minute and not used as first choice) OR - amoxicillin (only if culture results available and susceptible) OR -	cefalexin 500mg BD Treatment of asymptomatic bacteriuria in pregnant women: choose from nitrofurantoin (avoid at term), amoxicillin or cefalexin based on recent culture and susceptibility results Image: Comparison of Compari

Infection	Koy points	Medicine Doses Adult Child	Length	Visual		
	Key points		Adult	Child	Lengin	summary
Acute prostatitis	for pain, or ibuprofen if preferred and suitable. 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). For detailed information click on the visual	First choice (guided by susceptibilities when available): ciprofloxacin (consider safety issues) OR	500mg BD	-	14 days then review	
NICE		ofloxacin (consider safety issues) OR	200mg BD	-		
Public Health England		trimethoprim (if fluoroquinolone not appropriate; seek specialist advice)	200mg BD	-		
Last updated: Oct 2018		Second choice (after discussion with specialist): levofloxacin (consider safety issues) OR	500mg OD	-	14 days, then review	
		co-trimoxazole	960mg BD	-		
		IV antibiotics (click on visua	l summary)	1	1	

Infection	Key points	Medicine	Doses		Longth	Visual
infection		Medicille	Adult	Child	Length	summary
Acute pyelonephritis (upper urinary tract)	Advise paracetamol (+/- low-dose weak opioid) for pain for people over 12. Offer an antibiotic. When prescribing antibiotics, take account of severity of symptoms, risk of complications, previous urine culture and susceptibility results, previous antibiotic use which may have led to	Non-pregnant women and men first choice: cefalexin OR	500mg BD or TDS (up to 1g to 1.5g TDS or QDS for severe infections)	-	7 to 10 days	
		co-amoxiclav (only if culture results available and susceptible) OR	500/125mg TDS	-	7 to 10 days	
NICE Public Health	resistant bacteria and local antimicrobial resistance data. Avoid antibiotics that don't achieve adequate	trimethoprim (only if culture results available and susceptible) OR	200mg BD	-	14 days	
levels in renal tissue, su	levels in renal tissue, such as nitrofurantoin. For detailed information click on the visual summary.	ciprofloxacin (consider safety issues)	500mg BD	-	7 days	
Lead on data d	See also the NICE guideline on <u>urinary tract infection</u> in under 16s: diagnosis and management and the	Non-pregnant women and	men IV antibiotics (d	click on vis	sual summary)	Pyelonephritis (acate), antimicrobial prescribing Net account
Last updated: Oct 2018	Public Health England <u>urinary tract infection:</u> <u>diagnostic tools for primary care</u> .	Pregnant women first choice: cefalexin500mg BD or TDS (up to 1g to 1.5g TDS or QDS for severe infections)7 to 10 da	7 to 10 days			
		Pregnant women second c summary)	hoice or IV antibiotio	cs (click o	n visual	
		Children and young people (3 months and over) first choice: cefalexin OR	-	Non- Non- Non- Non- Non- Non- Non- Non- Non- Non- Non- Non- Non- Non- Non-	-	
		co-amoxiclav (only if culture results available and susceptible)	-	The second		
		Children and young people on visual summary)	e (3 months and over	r) IV antib	biotics (click	

Infection	Key points	Medicine Doses Adult C		Length	Visual	
mection	Key points		Adult	Child	Lengin	summary
Recurrent urinary tract infection	First advise about behavioural and personal hygiene measures, and self-care (with D-mannose or cranberry products) to reduce the risk of UTI.	First choice antibiotic prophylaxis: trimethoprim (avoid in pregnancy) OR	200mg single dose when exposed to a trigger or 100mg at night	Data Construction Terminal Terminal Terminal Terminali	-	
NICE	For postmenopausal women, if no improvement, consider vaginal oestrogen (review within 12 months). For non-pregnant women, if no improvement,	nitrofurantoin (avoid at term) - if eGFR ≥45 ml/minute	100mg single dose when exposed to a trigger or 50 to 100mg at	Material Material Material Material Materia Material	-	-
Public Health England	consider single-dose antibiotic prophylaxis for exposure to a trigger (review within 6 months).	Second choice antibiotic	night 500mg single dose			UTI Jecurrent) antimicrobiol presching WGC untrus
Last updated Oct 2018	For non-pregnant women (if no improvement or no identifiable trigger) or with specialist advice for pregnant women, men, children or young people,	prophylaxis: amoxicillin OR	when exposed to a trigger or 250mg at night	Dist Distribution Table 2014 Distribution Table 2014 <td< td=""><td>-</td><td></td></td<>	-	
	consider a trial of daily antibiotic prophylaxis (review within 6 months). For detailed information click on the visual summary. See also the NICE guideline on <u>urinary</u> <u>tract infection in under 16s: diagnosis and</u> <u>management</u> and the Public Health England <u>urinary tract infection: diagnostic tools for primary</u> <u>care</u> .	cefalexin	500mg single dose when exposed to a trigger or 125mg at night		-	

Infection	Key points	Medicine	Doses		Longth	Visual
intection			Adult	Child	Length	summary
Catheter- associated urinary tract infection	Antibiotic treatment is not routinely needed for asymptomatic bacteriuria in people with a urinary catheter. Consider removing or, if not possible, changing the catheter if it has been in place for more than	Non-pregnant women and men first choice if no upper UTI symptoms: nitrofurantoin (if eGFR ≥45 ml/minute) OR	100mg m/r BD (or if unavailable 50mg QDS)	-		
	7 days. But do not delay antibiotic treatment. Advise paracetamol for pain.	trimethoprim (if low risk of resistance) OR	200mg BD	-	7 days	
NICE	Advise drinking enough fluids to avoid dehydration. Offer an antibiotic for a symptomatic infection.	amoxicillin (only if culture results available and susceptible)	500mg TDS	-		
Public Health England	When prescribing antibiotics, take account of severity of symptoms, risk of complications, previous urine culture and susceptibility results, previous antibiotic use which may have led to resistant bacteria and local antimicrobial	Non-pregnant women and men second choice if no upper UTI symptoms: pivmecillinam (a penicillin)	400mg initial dose, then 200mg TDS	-	7 days	
Last updated: Nov 2018 Do not r people v <i>For detai</i> <i>See also</i>	resistance data. Do not routinely offer antibiotic prophylaxis to people with a short-term or long-term catheter. For detailed information click on the visual summary.	Non-pregnant women and men first choice if upper UTI symptoms: cefalexin OR	500mg BD or TDS (up to 1g to 1.5g TDS or QDS for severe infections)	-	7 to 10 days	
	See also the Public Health England <u>urinary tract</u> infection: diagnostic tools for primary care.	co-amoxiclav (only if culture results available and susceptible) OR	500/125mg TDS	-		
		trimethoprim (only if culture results available and susceptible) OR	200mg BD	-	14 days	
		ciprofloxacin (consider safety issues)	500mg BD	-	7 days	
		Non-pregnant women and	men IV antibiotics (c	lick on vis	sual summary)	
		Pregnant women first choice: cefalexin	500mg BD or TDS (up to 1g to 1.5g TDS or QDS for severe infections)	-	7 to 10 days	

Infection	Kovpointo	Key points Medicine	Dose	S	Longth	Visual
	Key points	Medicine	Adult	Child	Length	summary
Catheter- associated		Pregnant women second summary)	choice or IV antibio	otics (click or	n visual	
urinary tract infection (continued)		Children and young people (3 months and over) first choice: trimethoprim (if low risk of resistance) OR	-			
		amoxicillin (only if culture results available and susceptible) OR	-		-	
		cefalexin OR	-			
		co-amoxiclav (only if culture results available and susceptible)	-			
		Children and young peop on visual summary)	le (3 months and o	ver) IV antibi	otics (click	