

ANTIBIOTICS

EMPIRICAL ANTIBIOTICS

See full guideline for each condition for indications, investigations and other management
Once organism identified, change antibiotic to narrowest spectrum appropriate for site of infection
Oral unless unavailable or IV stipulated; if not tolerating oral fluids use same antibiotic IV

	Mild/moderate	Severe respiratory distress
Pneumonia: community acquired 1st line	Amoxicillin 7 days (vomiting: amoxicillin IV)	Co-amoxiclav IV – then oral (total 10 days) + azithromycin 3 days
2nd line	Amoxicillin 7 days and azithromycin 3 days	Piperacillin/tazobactam + azithromycin 10 days
Flu	Oseltamivir 5 days	Oseltamivir 5 days + co-amoxiclav 10 days
Empyema	Co-amoxiclav IV + clindamycin, when afebrile co-amoxiclav oral total 2–4 weeks	
Hospital acquired	Piperacillin/tazobactam 7 days	
Allergy: azithromycin instead of amoxicillin; for severe respiratory distress discuss with consultant microbiologist		
		Penicillin allergy
Meningitis Meningococcus: 7 days Haemophilus*: 10 days Pneumo/GBS*: 14 days Gram –ve: 21 days	Cefotaxime or ceftriaxone (high dose) + amoxicillin IV (high dose)(aged <3 months) + vancomycin IV (multiple antibiotics in last 3 months or recent travel outside UK) *+/- dexamethasone – see Meningitis guideline	Cefotaxime or ceftriaxone IV If confirmed immediate hypersensitivity chloramphenicol IV or teicoplanin (vancomycin for suspected meningitis) + gentamicin
Sepsis: Community Hospital	Cefotaxime or ceftriaxone (high dose) 5 days + amoxicillin IV (high dose)(aged <3 months)	
Epiglottitis	Ceftriaxone IV (high dose)	
Encephalitis Minimum 21 days treatment	Aciclovir IV (high dose)	
UTI aged <3 months: aged >3 months:Cystitis Pyelonephritis	Cefotaxime/ceftriaxone; when afebrile co-amoxiclav total 7 days Cefalexin or Trimethoprim or Nitrofurantoin 3 days(review previous results if available) Co-amoxiclav IV when afebrile oral total 7 days	Gentamicin Ceftriaxone If confirmed immediate hypersensitivity Co-trimoxazole
Osteomyelitis and septic arthritis	Cefotaxime or ceftriaxone aged <5 yr Flucloxacillin (high dose) IV aged ≥5 yr 4–6 weeks (discuss with Microbiology and orthopaedics)	Cefotaxime or ceftriaxone Clindamycin
GI surgical prophylaxis	Co-amoxiclav IV (single dose 30 min pre-op)	Gentamicin + metronidazole
Peritonitis / Acute appendicitis / perforation of viscus	Cefuroxime IV and Metronidazole IV	
Tonsillitis	Penicillin V 10 days (if not tolerated give amoxicillin)	Azithromycin 5 days

Author	Bedside Clinical Guidelines Partnership	Guideline Reference	Antibiotics 2018-2020
Care Group Approval	December 2018	Date of Approval	December 2018
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Otitis media	Amoxicillin (1 st line) 5 days Co-amoxiclav (2 nd line) 5 days	Azithromycin 5 days
Otitis externa	Flucloxacillin (if can swallow capsules) 5 days OR Co-amoxiclav (suspension) 5 days	Azithromycin 5 days
Impetigo	Fusidic acid 2% ointment 7 days Flucloxacillin if multiple lesions	Azithromycin 7 days
Erysipelas	Co-amoxiclav 7 days	Azithromycin 7 days
Cellulitis	Flucloxacillin IV (high dose if severe) 7 days Co-amoxiclav 7 days	Clindamycin 7 days
Periorbital cellulitis	Co-amoxiclav 5 days	Azithromycin 5 days
Orbital cellulitis	Cefotaxime or ceftriaxone add clindamycin if severe when afebrile co-amoxiclav 2 weeks (6 if bone involvement)	Ciprofloxacin + clindamycin IV
Sinusitis	Amoxicillin 7 days If no response 48 hr co-amoxiclav (IV if severe)	Azithromycin 7 days
Quinsy (peritonsillar abscess)	Co-amoxiclav IV Change to oral when afebrile total 10 days	Clindamycin 10 days
Mastoiditis	Co-amoxiclav IV Ceftriaxone if bone erosions + aged <5 yr (see Osteomyelitis) When afebrile co-amoxiclav total 10 days	Clindamycin 10 days

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