The full Antibiotic Guidelines can be found on PIMS

Kingston Hospital NHS
NHS Foundation Trust

Empirical Antibiotic Management of Common Infections in Adult Patients

Further advice/contacts: Consultant Microbiologist via switchboard, Antibiotic Pharmacist bleep 294

- ✓ These are **empirical** guidelines: modify if pathogen identified or if **previous resistant organisms (e.g. MRSA, ESBL producer)** identified. Check previous and current culture results **before** starting treatment. Check for high *Clostridium difficile* risk factors.
- ✓ Review Antibiotic therapy **DAILY**- Can you STOP? SWITCH to oral? DE-ESCALATE/simplify?
- ✓ Doses are for adult patients with normal renal and hepatic function- may need adjustment in patients with impaired clearance.
- ✓ **Always** document indication and duration in notes and drug chart.

Prescribing in penicillin allergy

Penicillin-containing Antibiotics must not be given to patients with a history of a true penicillin allergy.

Other Beta-Lactam Antibiotics can be used with a history of non-severe penicillin allergy (e.g delayed/minor rash). Avoid if serious penicillin allergy (e.g anaphylaxis/ angioedema).

Non Beta-Lactam Antibiotics are safe in patients with penicillin allergy. Remember to consider allergies to other antimicrobials.

INFECTION	1st LINE ANTIBIOTICS	ALTERNATIVE IF ALLERGIC TO 1st LINE	ORAL SWITCH	Total (IV+PO) DURATION
Sepsis of unknown site Request CXR, send blood** and urine cultures.	**Amoxicillin** 1g IV TDS + **Gentamicin*** IV OD	**Teicoplanin** 400mg IV 12 hourly for 3 doses then 400mg IV OD + **Gentamicin*** IV OD	Guided by culture results and eventual focus.	5 – 14 Days *depending on focus and clinical response*
Community Acquired Pneumonia (CAP) – see CAP pathway Record CURB-65 CXR. Score 1 point for each: • Confusion (new onset) • Urea>7mmol/L • Respiratory rate ≥30/min • Blood pressure <90mmHg (systolic) or ≤60mmHg (diastolic) • Age ≥ 65 years	Mild CAP (CURB65 = 0-1) **Amoxicillin** 500mg PO TDS	**Clarithromycin** 500mg PO BD	See left column	5 Days
	Moderate CAP (CURB65 =2) **Amoxicillin** 500mg PO TDS + **Clarithromycin** 500mg PO BD	**Doxycycline** 200mg PO STAT then 100mg OD	See left column	5 Days
	Severe CAP (CURB65 =3-5) **Benzylpenicillin** 1.2g IV QDS+ **Clarithromycin** 500mg IV/PO BD (IV only if unable to take PO)	**Teicoplanin** 400mg IV 12 hourly for 3 doses then 400mg OD+ **Clarithromycin** 500mg IV/PO BD	**Amoxicillin** 500mg PO TDS +/- **Clarithromycin** 500mg PO BD	5 Days *Review IV treatment within 48 hrs.*
	Clarithromycin – Mycoplasma infection is uncommon in patients aged >65 years. Stop clarithromycin as soon as clinically indicated.			
Hospital Acquired Pneumonia (HAP): ≥ 5 days after admission Send sputum. Blood cultures** if severe	Mild: **Doxycycline** 200mg PO STAT then 100mg OD	Seek advice	See left column	5 Days
	Severe: **Benzylpenicillin** 1.2g IV QDS+ **Gentamicin*** IV OD	**Teicoplanin** 400mg IV 12 hourly for 3 doses then 400mg IV OD + **Gentamicin*** IV OD	**Doxycycline** 200mg PO STAT then 100mg OD	5 Days *Review IV treatment within 48 hrs.*
Aspiration Pneumonia < 5 days after admission Send sputum Document CXR result at 48-72 hours post aspiration	**Benzylpenicillin** 1.2g IV QDS+ **Gentamicin*** IV OD + **Metronidazole** 400mg PO/500mg IV TDS	**Teicoplanin** 400mg IV 12 hourly for 3 doses then 400mg OD + **Gentamicin*** IV OD+ **Metronidazole** 400mg PO / 500mg IV TDS	**Clarithromycin** 500mg PO BD+ **Metronidazole** 400mg PO TDS	5 Days *Review IV treatment within 48 hrs.*
Infective Exacerbation of COPD Send sputum for culture	**Doxycycline** 200mg PO STAT then 100mg OD	**Amoxicillin** 500mg PO TDS or **Clarithromycin** 500mg PO BD	See left column	5 Days
Cellulitis Swab if broken/weeping skin. If necrotising fasciitis suspected, seek advice.	Non- severe: **Flucloxacillin** 1g PO QDS	**Clarithromycin** 500mg PO BD	See left column	5 – 14 Days *depending on clinical response*
	Severe: **Flucloxacillin** 2g IV QDS	**Teicoplanin** 400mg IV 12 hourly for 3 doses then 400mg IV OD	**Flucloxacillin** 1g PO QDS	
Clostridium difficile Stop any additional antibiotics, PPI therapy, laxatives.	Mild/moderate: **Metronidazole** 400mg PO TDS Severe: See section 6.2 of Antibiotic Guidelines on PIMS	**Vancomycin** 125mg PO QDS		10 Days. Observe infection control precautions
Uncomplicated UTI Send MSU before antibiotics >65 years – treat only if symptoms present	**Trimethoprim** 200mg PO BD	**Nitrofurantoin** 50mg PO QDS (do not use if GFR≤60mls/min)	Guided by MSU	**Female:** 3 Days **Male:** 7 days
	For patients who are catheterised exclude other causes of infection. Note: all CSU samples will be dipstick and culture positive – treat only if symptoms and signs of infection are present. Antibiotic choice is as above or as guided by recent CSU sample.			7 Days *Change catheter*
Acute Pyelonephritis Send MSU. Blood cultures** if indicated.	Mild **Trimethoprim** 200mg PO BD	Consider Gentamicin with rapid oral switch	Guided by MSU result	10 Days
	Severe **Amoxicillin** 1g IV TDS + **Gentamicin*** IV OD	**Gentamicin*** IV OD	Guided by MSU result	10 Days
Cholecystitis/ Biliary sepsis	**Amoxicillin** 1g IV TDS + **Metronidazole** 500mg IV TDS + **Gentamicin*** IV OD If jaundice with suspected ascending cholangitis: **Piperacillin-Tazobactam (Tazocin)** 4.5g IV TDS	**Metronidazole** 500mg IV TDS + **Gentamicin*** IV OD	**<65 years:** **Co-amoxiclav** 625mg PO TDS **> 65 years** **Amoxicillin** 500mg PO TDS + **Metronidazole** 400mg PO TDS	5 Days *Review IV treatment within 48 hrs.*

***For Gentamicin dosing and monitoring:**
Refer to ONCE DAILY Gentamicin on PIMS & use online dose calculator on intranet applications
**** refer to blood culture policy**

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