

Recommended Antibiotic TTOs

* Not applicable if patient known to have resistant organisms (eg. MRSA or ESBL)

Approximately 6% of patients allergic to Penicillin are also allergic to Cephalosporins

The following “traffic light” system is used to facilitate drug choice in those allergic to Penicillin:

Red: Penicillin based drugs

Amber: Drugs structurally related to Penicillin

Green: Considered safe in Penicillin allergy

Consultant Microbiologist: Ext 3540

Antibiotic Pharmacist: Blp 294

Infection	Recommended TTO on Discharge from ED	Duration
Community Acquired Pneumonia (CAP)	Amoxicillin 500mg TDS +/- Clarithromycin 500mg BD - OR - Doxycycline 200mg stat then 100mg OD	5 days
Infective Exacerbation of COPD (no acute changes on CXR)	Doxycycline 200mg stat then 100mg OD	5 days
Uncomplicated UTI: Do not treat asymptomatic bacteruria in patients over 65yrs or those with catheters in-situ	1 st line: Trimethoprim 200mg BD 2 nd line: Nitrofurantoin 50mg QDS (if GFR > 60ml/min)	Women: 3 days Men: 7 days
UTI in Pregnancy	1 st line: Amoxicillin 500mg TDS - OR - Cefalexin 500mg TDS 2 nd line: Nitrofurantoin 50mg QDS (avoid near term)	7 days
Acute Pyelonephritis: Be guided by recent urine MC&S	Ciprofloxacin 500mg BD - OR - Co-amoxiclav 625mg TDS (consider alternatives in the over 65 age group at risk of Clostridium difficile infection)	7 days 14 days
Facial Cellulitis	Co-amoxiclav 625mg TDS	7 days
Other Cellulitis	Flucloxacillin 1g QDS - OR - Clarithromycin 500mg BD (if penicillin allergic)	
Human Bites	Co-amoxiclav 625mg TDS - OR - Metronidazole 400mg TDS plus Clarithromycin 500mg BD (if penicillin allergic)	7 days
Animal Bites	Co-amoxiclav 625mg TDS - OR - Metronidazole 400mg TDS plus Doxycycline 100mg BD (if penicillin allergic)	Review at 24h + 48h
Acute Otitis Media: 60% improve within 24h without antibiotics hence avoid if possible	Amoxicillin 500mg TDS - OR - Clarithromycin 500mg BD (if penicillin allergic)	5 days
Group A Tonsillitis	Penicillin V 500mg QDS	10 days
	- OR - Clarithromycin 500mg BD (if penicillin allergic)	5 days
Dental Abscess: Only in spreading infection or systemic symptoms	Amoxicillin 500mg TDS +/- Metronidazole 400mg TDS	5 days
Epididymo-orchitis: Consider referral to GUM if sexually active	Ciprofloxacin 500mg BD - OR - Be guided by recent urine MC&S	10 days
	- OR - Ceftriaxone 500mg IM stat plus Doxycycline 100mg BD (if sexually active)	10 days

Adapted from PHE Primary Care Infection guidance.

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