Title	**Antimicrobial Guidelines for Community Hospitals**
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Prepared by	**Anne Duguid**
Developed by	**NHS Borders Antimicrobial Management Team**
Equality & Diversity Impact Assessed	
Approved By	**NHS Borders Antimicrobial Management Team**

EMPIRICAL ANTIBIOTIC THERAPY FOR ADULTS
Community Hospitals Version
For further information see: NHS Borders Antimicrobial Microsite

INDICATION FOR IV USE
1. Serious or severe sepsis*
2. Febrile with neutropenia or immunosuppression
3. Specific infections
   - endocarditis, abscess, meningitis
   - septic arthritis or osteomyelitis
4. Oral route is compromised
   - nil by mouth or <50mls fluid orally
   - Reduced absorption
   - Mechanical swallowing disorder
   - Unconscious
   - No oral formulation available
   -vomiting

→ If patient is on intravenous antibiotics can you change them to oral therapy?

DEFINITION OF SEPSIS
Clinical symptoms of infection (fever, sweats, chills, rigors and malaise etc) and the presence of two or more of the following:
- Temperature >38^{0}C or <36^{0}C
- Tachycardia > 90 bbm
- Tachypnoea RR > 20/min
- WBC <4 or >12

* Severe sepsis: Sepsis associated with organ dysfunction/ hypoperfusion (oliguria, acute alteration of mental state, hypotension or elevated lactate)

Culture appropriate area e.g. Blood Cultures (8-10ml of blood into each of the culture bottles) urine, sputum, CSF, wound or venous access site

Lower respiratory tract

EXAC OF COPD
Antimicrobials if 2 or more of the following:
- Increased SOB
- Increased sputum volume
- Purulent sputum

Oral therapy usually.

First Line
Amoxicillin 500mg oral 8 hourly or Doxycycline 200mg oral stat then 100mg daily
Duration 5-7 days

If Severe
Coamoxiclav 1.2g IV 8 hourly (plus Clarithromycin 500mg IV 12 hourly in rare cases)

PNEUMONIA -
CURB-65 score, any of Confusion (new), Urea >7, RR≥30, SBP<90 or DBP≤60, age≥65y.

COMMUNITY ACQUIRED PNEUMONIA-
CURB 0 or 1
Amoxicillin 500mg to 1g oral 8 hourly
If true penicillin allergy
Clarithromycin 500mg oral 12 hourly
Duration 7 days
CURB 2
Amoxicillin 500mg to 1g oral 8 hourly + Clarithromycin 500mg
oral 12 hourly *Duration 7 days*
Use IV if required.
If true Penicillin allergy /intolerance to Clarithromycin
Doxycycline 200mg daily and discuss with Microbiologist
CURB 3-5
Co-amoxiclav 1.2g IV 8 hourly
+Clarithromycin 500mg IV 12 hourly
if true Pencillin allergy
Clarithromycin 500mg IV 12 hourly
+ Vancomycin) (see dosing guideline)

PNEUMONIA POST INFLUENZA
Non-severe
Co-amoxiclav 625mg oral 8 hourly
if true Penicillin allergy
Clarithromycin 500mg oral 12 hourly or IV if needed.
Severe
Co-amoxiclav 1.2g IV tds
+ Clarithromycin 500mg IV 12 hourly
if true Penicillin allergy consult Microbiologist.

HOSPITAL ACQUIRED PNEUMONIA
Co-amoxiclav 625mg oral 8 hourly
Severe- Co-amoxiclav 1.2g IV 8 hourly + Gentamicin
(Extended interval: see dosing guideline)
if true Penicillin allergy
Vancomycin (see dosing guideline)
+ Ciprofloxacin 500mg oral 12 hourly

ASPIRATION PNEUMONIA
Co-amoxiclav 1.2g IV 8 hourly
If true Penicillin allergy, discuss with Microbiologist

Skin/soft tissue

Cellulitis
Non-severe:
Flucloxacillin 500mg oral 6 hourly +/- Penicillin V 500mg oral 6 hourly
If true Penicillin allergy, Clarithromycin 500mg oral 12 hourly
Duration 7 days
Severe:
Benzylpenicillin 1.2g IV 4-6 hourly
+Flucloxacillin 1g-2g IV 6 hourly & consider Gentamicin (Extended interval: see dosing guideline)
If true Penicillin allergy, substitute Benzylpenicillin +Flucloxacillin with Vancomycin.

Surgical Wound
Flucloxacillin 500mg oral 6 hourly for 5-7days

If true penicillin allergy
Clarithromycin 500mg oral 12 hourly for 5-7 days

HUMAN, DOG OR CAT BITES

Co-amoxiclav 625mg oral 8 hourly
If true Penicillin allergy (excluding pregnancy & children) Doxycycline100mg 12 hourly
+Metronidazole 400mg oral 8 hourly.

Duration: 7 days

Urinary tract

Simple UTI

Females (Non-Pregnant, any Age) and Males
1st line: Trimethoprim 200mg oral 12 hourly or 2nd line Nitrofurantoin 50mg oral 6 hourly (avoid in renal impairment)
Duration: Women 3 days/ Men 7 days

Pregnant
Cefalexin 250mg oral 6 hourly
Duration 7 days

Complicated UTI/pyelonephritis
1st Line: Ciprofloxacin 500mg oral 12 hourly. (If nil by mouth, use Co-amoxiclav IV First Line).
2nd Line: Co-amoxiclav 625mg oral 8 hourly. If IV required: Co-amoxiclav 1.2g IV 8 hourly.

Duration 7-14 days
If severe: add gentamicin (extended interval: see dosing guidelines) to either ciprofloxacin or co-amoxiclav, above.

UTI prophylaxis
1st Line: Nitrofurantoin 50 – 100mg nocte (Avoid in Renal Impairment))
2nd Line: Trimethoprim 100mg nocte

Gastro-intestinal

C.difficile associated disease
Stop/simplify concomitant antibiotic therapy.
Consider stopping gastric acid suppressive therapy.
Non-severe
Metronidazole 400mg oral 8 hourly
Duration 10-14 days
Severe (or no improvement after 5 days Metronidazole)
(severe if temp>38.5, immunosupression or other risk factors, SBP<90, PMC, toxic megacolon, ileus, colonic dilatation>6cm, WBC>15, Creatinine>1.5x baseline, alb<25).
Vancomycin 125mg oral 6 hourly
(add Metronidazole 500mg IV 8 hourly if ileus or hypotension)
Duration: 10-14 days

HELICOBACTER ERADICATION

Omeprazole 20mg 12 hourly
+
Clarithromycin Oral 500mg 12 hourly
+
Amoxicillin 1g Oral 12 hourly

Treat for 7 days

Refer to BNF for alternative regimes

Bone/joint infection

Septic arthritis/osteomyelitis
Initial treatment:
Flucloxacillin 1g to 2g IV 6 hourly
If true Penicillin allergy:Vancomycin IV (aim troughs 10-15mg/l; see dosing guideline)
Duration: septic arthritis 4-6 weeks, osteomyelitis up to 6 months
(discuss with microbiologist)

DIABETIC FOOT: see diabetic unit **protocol on intranet**

Ear, Nose and Throat

Dental Abcess
Phenoxymethylpenicillin 500mg 6 hourly

If true penicillin allergy
Metronidazole Oral 400mg - 8 hourly

Pharyngitis/Sore Throat/Tonsillitis
The majority of sore throats are viral

If antibacterials are required:
Phenoxymethylpenicillin 500mg – 6 hourly
Duration 10 days

If true penicillin allergy:
Clarithromycin Oral 250-500mg – 12 hourly
Duration 5 days

Otitis Media
First Choice – Avoid antibiotic treatment

See Borders Joint Formulary for second choice antibiotics.

Otitis Externa
Betamethasone Drops 0.1%. See Borders Joint Formulary for details of dose and second choice.

Sinusitis
If antibiotics required
Amoxicillin Oral 500mg – 8 hourly

If true penicillin allergy:
Clarithromycin Oral 500mg – 12 hourly

Duration 7 days

Candida Infections

Oral Candida
Fluconazole Oral 50mg Daily for 7 days

See Borders Joint Formulary for Second Choice

Vaginal Candidiasis
Clotrimazole Pessary 500mg single dose at night

Clotrimazole Cream 1% apply 2-3 times daily

*Hospital Antimicrobial Guidelines available on NHS Borders Intranet
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If renal failure/dysfunction hepatic failure/dysfunction, seek advice
If severe sepsis/complicated or unusual aetiology, seek advice
See Protocols for Gentamicin and Vancomycin dosing
Use in conjunction with specialist unit policies.
Modify treatment according to laboratory sensitivity results.

To contact Consultant Microbiologist: Phone BGH Switchboard