Antibacterial Guidelines for PCT Wards and Hospices

Condition	CURB-65 score	1st line	2nd line or for penicillin allergy	Comments
Community acquired pneumonia CURB-65 C= confusion U= urea >7 R= resp rate ≥ 30 B= SBP< 90, DBP < 60 Age > 65	1 or 2	Amoxicillin 500mg – 1g tds po	Doxycyline 200mg stat then 100mg od	
	2 or 3	Benzylpenicillin 1.2g tds IV -plus doxycycline 200mg stat then 100mg od	Teicoplanin 400mg 12hrly for 3 doses then od IV (use 6mg/kg for patients > 85kg plus Clarithromycin 500mg bd po or IV	Review benz pen after 48 hours and switch to amoxycillin 1G TDS po if appropriate
	4 or 5	Co-amoxiclav 1.2g tds IV plus clarithromycin 500mg bd IV	Teicoplanin 400mg 12hrly for 3 doses then od IV (use 6mg/kg for patients > 85kg plus Clarithromycin 500mg bd po or IV PLUS Gentamicin 5mg/kg STAT **Seek advice from microbiology consultant**	
Hospital acquired pneumonia		Tazocin 4000/500 tds IV or co-amoxiclav 1.2g TDS IV +/- Metronidazole 500mg tds IV or 400mg tds po (if evidence of aspiration)	Teicoplanin 400mg 12hrly for 3 doses then od IV (use 6mg/kg > 85kg +/- Metronidazole 500mg TDS IV or 400mg TDS po (if evidence of aspiration)	Avoid oral cephalosporins for follow on therapy

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Infective exacerbations COPD	Doxycycline 200mg stat then 100mg od po		5-7 days
UTI	Trimethoprim 200mg bd +/- gentamicin 5mg/kg stat IV if severe	Nitrofurantoin 50- 100 mg QDS (if Cr <150) +/- gentamicin 5mg/kg stat IV if severe	Uncomplicated cystitis 3 days, other conditions 5 days then review
Cellulitis	Benzylpenicillin 1.2g QDS IV plus flucloxacillin 1-2g QDS IV	Teicoplanin 400mg 12hrly for 3 doses then od IV (use 6mg/kg > 85kg +/- Metronidazole 500mg TDS IV or 400mg TDS po **Seek advice from microbiology consultant**	Switch benzpen and fluclox to oral amoxicillin 500mg-1g 8 hrly + fluclox 1g qds po after 48 hours if poss.
Dosages may need adjusting to suit patients size and renal function. Avoid frequent use of antibiotics in particular for patients recently treated with antibiotic therapy or who have experienced an Acute Hospital stay in the past 6 weeks			

Whilst patients over 65 may be more at risk of *C. difficile* than those under 65, all patients should be considered at risk whilst inpatients and should be treated accordingly.

For patients who were previously MRSA positive, and suspected staphylococcal infection please seek advice from microbiologist regarding choice of antibiotic.

References: KGH Empirical antibiotic guidelines for use in adult patients during times of high *C difficile* incidents
NGH Antibiotic guidelines for adults July 2007

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