

Nurse Prescribing of Antimicrobials – Short Guideline April 2018

(NOTE: This document includes only common conditions seen by nurse prescribers – for full prescribing information and changes compared to the previous version, consult the complete document at [C&PCCG Antimicrobial Treatment Guidelines April 2018](#))

For all doses refer to [BNF/BNFC](#)

Infection	1 st Line Formulary Choice	2 nd Line Formulary Choice
Acute Otitis Media. (IF antibiotic indicated) CKS	Amoxicillin for 5 days In penicillin allergy: Clarithromycin for 5 days	Azithromycin for 3 days
Otitis externa: Mild If severe or cellulitis or boil	Topical Acetic Acid 2% (Earcalm) for 7 days (OTC) Flucloxacillin for 7 days	Topical Betamethasone+neomycin drops for 7 days In penicillin allergy: Clarithromycin for 7 days
Sore throat Consider Self Care	Question necessity for treatment as frequently viral in origin. Treatment with paracetamol or ibuprofen may be appropriate.	Phenoxymethyl-penicillin (Penicillin V) for 10 days In penicillin allergy: Clarithromycin for 5 days
Acute Sinusitis (IF antibiotic indicated CKS)	Where symptoms have persisted for 7 days or more: or are severe or deteriorating rapidly: Amoxicillin for 7 days or Doxycycline for 7 days	Use Erythromycin for 7 days for pregnant women
Acute Exacerbation of COPD (If sputum purulent or micropurulent)	Doxycycline for 5 days	Co-amoxiclav for 5 days Only where tetracyclines contraindicated. If penicillin intolerant, consult microbiologist for advice.
	A longer antibiotic course for up to 10 days may be necessary in unwell patients with delayed clinical response	
Acute Bronchitis (IF antibiotic indicated CKS)	Amoxicillin for 5 days In Penicillin allergy: Doxycycline or Clarithromycin for 5 days	Doxycycline for 5 days Clarithromycin for 5 days

Acute Community acquired pneumonia CRB65=0 (For CRB65=1 at home, see full guidance)	Amoxicillin for 5 days	In Penicillin allergy Doxycycline or Clarithromycin for 5 days
	Consider extending the course of the antibiotic for longer than 5 days as a possible management strategy for patients with low severity CAP whose symptoms do not improve after 3 days. Patients should seek further medical advice if their symptoms do not improve within 3days or earlier if their symptoms are worsening.	
Candidal Balanitis	Clotrimazole 1% cream Apply for 2 to 3 days after symptoms resolve	Fluconazole (oral) as single dose of 150mg if candidal balanitis has not cleared after 7 days or is severe (adults and children over 16 yrs)

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Infection	1 st Line Formulary Choice	2 nd Line Formulary Choice
Acute streptococcal balanitis	Oral amoxicillin for 7 days In penicillin allergy: Clarithromycin for 7 days	
Gardnerella associated balanitis	Oral metronidazole for 7 days	
Vaginal candidiasis Consider Self Care	Clotrimazole 10% vaginal cream (OTC) as single dose OR Clotrimazole 500mg pessary (OTC) as single dose In pregnancy: Use clotrimazole 100mg pessary at night for 6 nights	Fluconazole (oral) (OTC) as a single dose of 150mg (adults and children over 16 yrs) Avoid oral azoles in pregnancy Miconazole 2% cream 5g intravaginally BD for 7 days
Bacterial vaginosis	Metronidazole (oral) (Stat dose not to be used in pregnancy) OR Metronidazole 0.75% vaginal gel for 5 nights	Clindamycin 2% cream for 7 nights
Chlamydia trachomatis	Azithromycin as a single dose	Doxycycline for 7 days Erythromycin for 7 days (less efficacious than doxycycline but can be used in pregnancy).
Lower uncomplicated UTI/Cystitis (in adults not pregnant)	Nitrofurantoin for 3 days women/7 days men or Only if there is a low risk of resistance Trimethoprim 3 days women	If treatment failure always perform culture. * Nitrofurantoin is contraindicated in patients with an estimated glomerular filtration rate (eGFR) of less than 45 ml/min. However, a short course (3 to

	(Low risk of resistance: younger women with acute UTI and no other risk factors) If first line options are unsuitable: Pivmecillinam 3days women/ 7days men <u>Do not give if Penicillin allergy</u>	7 days) may be used with caution in certain patients with an eGFR of 30 to 44 ml/min. MRHA Pivmecillinam is a Penicillin, do not give if Penicillin allergy
Lower UTI in pregnancy	Trimethoprim for 7 days (Use only in 2 nd and 3 rd trimesters) Nitrofurantoin for 7 days (Use only in 1 st and 2 nd trimesters) Cefalexin ◀ for 7 days	Try an alternative 1 st line agent *see above
Lower complicated UTI <i>This section under review</i>	Nitrofurantoin for 5 - 10 days *see above Only if susceptible or there is a low risk of resistance Trimethoprim for 5 - 10 days	Send MSU for culture Low risk of resistance: younger women with acute UTI and no other risk factors
Lower UTI in Children	Trimethoprim for 3 days or Nitrofurantoin for 3 days *see above	
Acute pyelonephritis	Co-amoxiclav ◀ for 14 days OR Ciprofloxacin* ◀ for 7 days (Avoid in pregnancy)	Cefalexin for 10 – 14 days can be used in pregnancy

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Infection	1 st Line Formulary Choice	2 nd Line Formulary Choice
Acne Moderate to severe	Doxycycline 100mg od for at least 3 months	Lymecycline 408mg OD for at least 3 months Erythromycin for at least 3 months if tetracyclines not tolerated
Cold sores Consider Self Care	Aciclovir topical cream for 5 days (OTC) Must be started, as soon as symptoms begin, to be of any benefit	
Bites (Cat, Dog, Human,)	Human or animal bites Co-amoxiclav ◀ for 7 days	In penicillin allergy: Animal bites: Metronidazole PLUS doxycycline for 7 days Human bites: Metronidazole PLUS Clarithromycin for 7 days
Infected insect bites	Oral Flucloxacillin for 7 days In penicillin allergy: Clarithromycin for 7 days	Try alternative 1 st line agent
Lacerations	Treat if high risk of infection or if contaminated with high-risk material (soil, faeces, bodily fluids, or purulent exudates) See full Guidance for options C&PCCG Antimicrobial Treatment Guidelines April 2018	

Cellulitis – minimal or minor trauma	Flucloxacillin usual adult dose 500mg-1g qds for 7 days. Co-amoxiclav in facial cellulitis for 7 days In penicillin allergy: Clarithromycin for 7 days	See full guidance for 2 nd line options C&PCCG Antimicrobial Treatment Guidelines April 2018
Dermatophyte infection of the proximal fingernail or toenail	Terbinafine (oral) 6 to 12 weeks (fingers) or 3-6 months (toes)	Pulsed itraconazole (oral): for 7 days, with repeat course after 21 day interval (2 courses for fingernails, 3 courses for toenails)
Dermatophyte infection of the skin	Terbinafine 1% cream for 7 days (tinea pedis), 1-2 weeks (tinea corporis), 2 weeks (cutaneous candidiasis)	Clotrimazole 1% cream for 4-6 weeks
Impetigo	Minor – topical fusidic acid cream/ointment for 7 days Severe or extensive disease –flucloxacillin for 7 days In penicillin allergy: Clarithromycin for 7 days	Topical mupirocin for 7 days in adults and children over 1yr. (Should be reserved for MRSA or if fusidic acid has been ineffective or not tolerated).

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Infection	1st Line Formulary Choice	2nd Line Formulary Choice
Paronychia	Flucloxacillin for 7 days In penicillin allergy: Clarithromycin for 7 days	Co-amoxiclav ◀ for 7 days In penicillin allergy: Clarithromycin PLUS metronidazole for 7 days
Candidal Paronychia	Clotrimazole 1% cream until healed (possibly 3 to 6 months)	
Scabies	Permethrin 5% cream Two applications one week apart (treat whole body including face, neck, ears)	Malathion 0.5% aqueous liquid Two applications one week apart (treat whole body including face, neck, ears)
Head Lice Consider Self Care	Hedrin (OTC) Repeat application after 7 days	Phenothrin or Malathion (OTC) Repeat application after 7 days – choose product with the longest contact time (i.e. not mousses or shampoos)
Pubic Lice	Malathion aqueous lotion or permethrin 5% cream Repeat application after 7 days Permethrin only suitable for over-18s, and not for those who are pregnant or breast-feeding.	
Threadworm Consider Self Care	Mebendazole (OTC) as a single dose (100mg) for adults and children over 6months. Only retreat after 14 days if infestation persists Note: use in children under 2yrs unlicensed (but recommended by BNFC).	.

Conjunctivitis	Chloramphenicol 0.5% drops 1 drop every 2hrs then reduce frequency as infection controlled OR Chloramphenicol 1% ointment applied at night (if used with eye drops) or 3 to 4 times a day if used alone. Continue until 48 hrs after symptoms resolved	Fusidic acid eye drops applied twice daily until 48hrs after symptoms resolved
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