Management of UTIs and RTIs, NICE PHE management of infections in primary care guidance in Adults November 2019 *Note: Supercedes previously circulated versions*

NHS Surrey Downs Clinical Commissioning Group

Respiratory tract infection	Additional information	First line antibiotic	Alternative antibiotic if Penicillin Allergy or Second choice antibiotic	Course length
Acute Sore Throat	Use FeverPAIN or CENTOR score to assess symptoms and need for antibiotics	**Penicillin V**	**Penicillin allergy:** Clarithromycin (or Erythromycin preferred if pregnant)	**5-10 days** (5 days clarithromycin or erythromycin)
Acute Otitis Media	Offer regular analgesia for pain Lasts about 3 days can last up to a week	**Amoxicillin**	**Penicillin allergy:** Clarithromycin (or Erythromycin preferred if pregnant) **Second Choice: Co.Amoxiclav**	**5-7 days**
Acute Sinusitis	Most cases resolve within 14 days. Symptoms >10 days consider delayed Rx. Systemically unwell Rx antibiotics	**Penicillin V**	**Penicillin Allergy:** Doxycycline or clarithromycin erythromycin (preferred if pregnant) **Second Choice: Co-Amoxiclav**	**5 days**
Acute cough & bronchitis	Symptoms can last 3-4 weeks, self-care and safety netting advice are first line unless higher risk of complications	**Doxycycline** (consider delayed Rx, unless systemically unwell)	**Alternative1st choices:** Amoxicillin (preferred if pregnant) or clarithromycin or erythromycin	**5 days**
Acute exacerbation of COPD	Consider severity of symptoms (particularly sputum colour changes and increases in volume or thickness), and previous exacerbations	**Amoxicillin**	**Doxycycline or Clarithromycin** (Co-Amoxiclav if at risk of resistance, or as guided by sensitivities)	**5 days**
Community acquired pneumonia (updated since Jun 2019)	Treat promptly, use CRB65 or CURB65 score to assess risk and need for Rx	If CRB65 =0, or CURB65 0 or 1 **Amoxicillin**	**Doxycycline or Clarithromycin** erythromycin (preferred if pregnant) see NICE guidance for further advice on choice and severity	**5 days,** (stop after 5 days unless micro results suggest longer course needed)

Urinary tract infection	Additional information	First line antibiotic	Alternative first choice or Second choice antibiotic	Course length
Lower UTI (non-pregnant women)	**Consider backup prescription** (to use if no improvement at 48 hrs or symptoms worse)	**Nitrofurantoin or** Trimethoprim (if low risk of resistance **-** younger patients, no recent history of use)	First line unsuitable or not responding: **Pivmecillinam or Fosfomycin**	**3 days** Fosfomycin is single dose
Lower UTI (pregnant women)	Send MSU and start empirical treatment	**Nitrofurantoin** (avoid at term)	**Cefalexin or Amoxicillin** (if organism susceptible)	**7 days**
Lower UTI (men)	Send MSU and start empirical treatment	**Trimethoprim or Nitrofurantoin**	**Men - Consider alternative diagnosis**	**7 days**
Acute pyelonephritis (non-pregnant women and men)	Send MSU and start empirical Rx. Review Rx when culture results available	**Cefalexin** Depends on MSU results	Organism susceptible **Co-Amoxiclav or Trimethoprim or ciprofloxacin** (consider safety issues)	**7-10 days** (14 days for trimethoprim)
Recurrent UTI (non-pregnant women)	First line – behavioural and personal hygiene measures Consider vaginal oestrogen in postmenopausal women	Single-dose antibiotic prophylaxis following exposure to trigger**:** **Trimethoprim or Nitrofurantoin**	**Single dose Amoxicillin or Cephalexin** No improvement consider trial of daily antibiotics, review within 6 months	**Single dose**
Recurrent UTI (pregnant women or men)	Behavioural and personal hygiene measures and seek advice	**Seek specialist advice before considering trial of daily antibiotics**	Review within 6 months	**Daily**
Acute prostatitis	Send MSU and start empirical treatment. Review Rx when culture results available	**Ciprofloxacin or Ofloxacin or trimethoprim** (if unable to take quinolone)	After discussion with specialist **Levofloxacin or Co-trimoxazole**	**14 days then review**

Summary information only, consult full guideline on the PAD for full management and prescribing advice -Agreed by Surrey Downs MOG Nov 2019. Review date: Nov 2020.