

Sheffield Formulary Chapter 5 – Infections (Reference document)

Primary Care Antimicrobial Guidelines

In July 2019 the Sheffield Area Prescribing Group approved the local use of the new **NICE/PHE managing common infections guidance**.

This supersedes our local primary care infections guideline.

[NICE/PHE](#) – introduction to guidelines

Access the **NICE Summary of antimicrobial prescribing guidance – managing common infections** via this [link](#) and scroll to the link (first bullet point) named ‘condensed summary of antimicrobial prescribing guidance – table’

These guidelines should be used in conjunction with professional judgement and involving patients in management decisions.

Practices and clinicians are encouraged to sign up to become an antibiotic guardian and make a pledge – see [link](#)



BECOME AN ANTIBIOTIC GUARDIAN

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1. Introduction

Antimicrobial stewardship is an organisational or healthcare-system-wide approach to promoting and monitoring judicious use of antimicrobial drugs to preserve their future effectiveness.

Antimicrobial resistance has been recognised as a major public health concern by the World Health Organisation and the UK Government. It has been estimated that 80% of all antibiotics are prescribed in the community, and that up to 50% of these are probably unnecessary.

The approach to prescribing in line with the principles of antimicrobial stewardship recommended for primary care is as suggested below.

2. Key principles of antimicrobial prescribing

All prescribers should be aware of the following key points and take them into consideration when using antimicrobial therapies:

- Antibiotics should be prescribed only when there is clinical evidence of bacterial infection and the reason should be recorded in the patient's medical record.
- Be mindful when prescribing antimicrobial therapies that they can, in themselves, cause antibiotic related illnesses e.g. *Clostridioides difficile*; or promote the emergence of resistant organisms e.g. Methicillin-resistant *Staphylococcus aureus* (MRSA), etc.
- It is important to initiate antibiotics as soon as possible in severe infection or in those who are immunocompromised, particularly if sepsis is suspected. Refer to the NICE guideline [NG51 Sepsis: recognition, diagnosis and early management](#) for further information.
- Any clinician requested to prescribe from secondary care a treatment which is either not on the NICE/PHE guidance or not 1st line, should consider seeking clarification from the requestor on the reason, dose and duration of treatment planned.
- Ensure appropriate and prudent prescribing of antimicrobials e.g. stewardship of broad spectrum antibiotics and preferential use of narrow spectrum antibiotics.
- Fluoroquinolone antibiotics (e.g. ciprofloxacin), cephalosporins and co-amoxiclav should generally be avoided 1st line due to selection and promotion of MRSA, *C.difficile* and ESBL (extended-spectrum beta-lactamases). Seek advice from microbiology if required. See section 7 below for MHRA safety warning on fluoroquinolones.
- Ensure appropriate treatment duration of antimicrobial therapies, in accordance with NICE/PHE national guidelines, e.g., 3 days for uncomplicated UTI management in women, 5 days for sinusitis, etc.
- Before prescribing antibiotics, where practicable, check if there is a previous history of MRSA, *Clostridioides difficile*, ESBL or Carbapenemase-Producing Enterobacteriaceae (CPE)*. If so, contact the microbiologist.

- Microbiology specimens should be taken wherever appropriate prior to initiating antibiotics, and any previous results checked in order that antibiotic therapy can be adjusted according to culture results.
- Where it is necessary to prescribe antimicrobials empirically; early review in the light of microbiological results, clinical progress, etc, is vital so that treatment can be changed or discontinued as soon as possible.
- Antibiotics must NOT be used where there is no bacterial infection e.g. self-limiting, viral sore throats or in colonisation that is not causing systemic symptoms e.g. MRSA.
- Consider limiting prescribing over the telephone to where alternative methods are not easily available.
- Offer sugar-free liquids, where available, when an oral suspension/solution preparation is required.
- Avoid widespread use of topical antibiotics (especially those agents also available as systemic preparations).
- Consider using back-up (delayed) antibiotic prescriptions (see section 3 below) and/or the RCGP antibiotic information leaflet available at <http://www.rcgp.org.uk/TARGETantibiotics>
- In pregnancy, AVOID tetracyclines, aminoglycosides, fluoroquinolones and high dose metronidazole. For more details on prescribing in pregnancy, see section 6 below.

* Enterobacteriaceae are a large family of bacteria (also known as coliforms, including species such as E.coli, Klebsiella spp. and Enterobacter spp.). A small but growing number of Enterobacteriaceae strains have acquired the ability to produce a carbapenemase enzyme and destroy carbapenem antibiotics e.g. meropenem and ertapenem, leading to bacterial resistance and possible treatment failure.

3. Back up (delayed) prescribing and patient information leaflets

Back up (delayed) prescription strategies:

A back up (delayed) prescription strategy aims to reduce the usage of antibiotics while providing a safety net for people who genuinely need antibiotics.

Usually, the person should be advised to use the antibiotic prescription only if their condition has deteriorated within 3 days or not improved after 3 days.

The strategy can be implemented in a number of ways including:

- People may be issued a script and advised not to redeem it unless it is required. If necessary, the prescription can be post-dated.

- People can be asked to re-attend the GP surgery reception after 3 days to collect the prescription (if required). If symptoms significantly deteriorate before this time, a telephone or video consultation can be considered.
- Always give advice and reassure the patient as well as giving the prescription. Consider giving written advice (such as a patient information leaflet).
- When considering a delayed prescription, be aware of any issues relating to pharmacy access e.g. weekends, bank holidays, etc.

Patient information leaflets:

There is evidence that the use of leaflets or booklets outlining the natural history of respiratory tract infections (and information about when to re-consult) can result in reduced antibiotic prescribing. Reductions in antibiotic prescribing have been shown to result in reductions in future demand for consultations.

- Self-care advice booklet for parents

Advice booklets are available from the “When Should I Worry” website, designed by researchers at Cardiff University:

<http://www.whenshouldiworry.com/>

These have been designed to provide information for parents about the management of respiratory tract infections (coughs, colds, sore throats, and earaches) in children, for use in primary care consultations.

- TARGET patient information leaflet

The TARGET Antibiotics Toolkit, produced by the Royal College of General Practitioners, provides patient information leaflets for clinicians to use within consultations.

<https://www.rcgp.org.uk/TARGETantibiotics>

Disease specific leaflets are available in many different languages. The leaflet ([appendix](#)) may be useful to explain to patients why an antibiotic has not been prescribed.

4. Self-care

Promote self-care where appropriate (see [South Yorkshire Self-Care Guidance](#)). Treatments that are available to purchase over the counter to manage self-limiting infections include:

- Analgesics for short-term use
- Topical antifungal treatment for short-term minor ailments
- Cold sore treatment
- Colic treatment

- Cough and cold remedies
- Eye treatments / lubricating products
- Head lice and scabies treatment
- Ringworm
- Threadworm tablets
- Topical acne treatment
- Thrush (oral and vaginal)
- Warts and verruca treatment

5. Prescribing in antibiotic allergy

- Obtain an accurate allergy status from the patient. If they say they are allergic, ask them what happened to them when they took the antibiotic?
- Ensure that all patients' allergies and adverse side effects are documented fully. Always check the allergy status of the patient before prescribing, dispensing or administering a medicine.
- Be alert to the fact that the name of a medicine itself may not indicate 100% of the time that the medicine is e.g. a penicillin or related to a penicillin (e.g. co-amoxiclav).
- Patients with a history of anaphylaxis, urticaria or rash immediately after penicillin administration are at risk of immediate hypersensitivity to penicillins. These individuals should not normally receive a penicillin, a cephalosporin, carbapenem (e.g. imipenem, meropenem, ertapenem), or another β -lactam antibiotic.
- Signs and symptoms of immediate hypersensitivity include dyspnoea, swelling, rash and urticaria.
- Individuals with a history of a minor rash (i.e. non-confluent restricted to a small area of the body), or a rash that occurs more than 72 hours after penicillin administration have a mild allergy and can be prescribed other β -lactam antibiotics like cephalosporins.
- Drug intolerance (e.g. gastrointestinal symptoms, feeling faint) is not an indication to avoid β -lactam antibiotics. Labelling a patient as having an allergy, rather than them having an adverse drug reaction may prevent them from having appropriate treatment in the future.

6. Prescribing in pregnancy

In pregnancy, take specimens to inform treatment or consider seeking expert advice. Penicillins, cephalosporins and erythromycin are not associated with increased risks. If

possible, avoid tetracyclines, quinolones, aminoglycosides, azithromycin, clarithromycin, high dose metronidazole (2g stat) unless the benefits outweigh the risks. Short-term use of nitrofurantoin is not expected to cause foetal problems (at term however, there is a theoretical risk of neonatal haemolysis). Trimethoprim is also unlikely to cause problems unless there is poor dietary folate intake, or taking another folate antagonist, although it is generally best avoided in the first trimester.

- Always consult the [BNF](#) and/or the [Summary of Product Characteristics \(SmPC\)](#) prior to prescribing antimicrobials in pregnancy; however, note that the advice above may not match BNF/SmPC statements.
- For more detailed advice contact the UK Teratology Information Service <http://www.uktis.org> or phone 0344 8920909.

7. Prescribing fluoroquinolone antibiotics

- In March 2019 a Medicines and Healthcare products Regulatory Agency (MHRA) safety alert announced new restrictions on the use of fluoroquinolone antibiotics following a review of disabling and potentially long-lasting side effects.

A summary of the alert can be found [here](#).

8. Prevention of *Clostridioides difficile* infection (CDI)

The main methods of prevention are:

- prudent antibiotic prescribing:
 - antibiotics should not be prescribed unless necessary
 - where possible broad spectrum agents should be substituted by those with a narrower spectrum of activity
 - antibiotic treatment should be guided by microbiological sampling to ensure targeted therapy where possible
- courses should be as short as the clinical condition allows
- use of antibiotics associated with CDI should be avoided where possible
- NICE/PHE Antibiotic Prescribing Guidelines should be followed wherever possible

Patients are more at risk of CDI if they are:

| | |
|--------------------------|--|
| High risk patient | <ul style="list-style-type: none"> • Older patients > 65 years • Long term conditions requiring frequent antibiotics • Recent antibiotic exposure within previous 3 months • Previous history of <i>C.difficile</i> |
|--------------------------|--|

| | |
|------------------------------|---|
| High risk environment | <ul style="list-style-type: none"> • Contact with C.difficile patients • Recent hospital admission • Institutionalised |
| High risk antibiotics | <ul style="list-style-type: none"> • Clindamycin • Ciprofloxacin and other fluoroquinolones • Cephalosporins • Co-amoxiclav |

The use of proton pump inhibitors (PPIs) might increase the risk of CDI. Only prescribe PPIs when indicated and review regularly. For PPI guidance, scroll down the [Prescribing Guidelines page](#) to the heading **Proton Pump Inhibitors (PPIs): Long term safety and gastroprotection**, for information.

It is good prescribing practice to review other medicines with gastrointestinal activity or adverse effects (such as laxatives) being taken.

The CCG Clostridioides difficile Good Practice Points document can be found [here](#).

9. Clinician education support materials

The TARGET Antibiotics Toolkit resources:

www.rcgp.org.uk/TARGETantibiotics/

This includes;

- A self-assessment checklist - this tool is a short questionnaire for use by GP practices to assess antibiotic prescribing.
- TARGET Antibiotics Presentation CPD (1 Hour) - The presentation lasts 40 – 60 minutes and includes slide notes and references slides and is available to download within the **Training Resources** section.

The RCGP resources are:

- The RCGP online clinical course for personal training and reflection aims to provide up to date evidence and surveillance data to primary care clinicians highlighting the importance of optimising antibiotic prescribing and detailing how this can be achieved. It lasts 40–60 minutes and includes slide notes and references - <http://elearning.rcgp.org.uk/course/info.php?popup=0&id=167>
- Managing Acute Respiratory Tract Infections (MARTI) CPD (2 Hours) - The MARTI series of training modules enables you to improve the care you provide to patients presenting with acute ear pain, acute sore throat, sinusitis and acute cough. The module equates to two hours of CPD and can be imported into the RCGP Revalidation portfolio. [Course: Featured Resources \(rcgp.org.uk\)](#)
- MUTS Managing Urinary Tract Infections CPD (1.5 Hours) - This course explains the importance and appropriateness of diagnostics and offers advice on how to assess and

treat patients with a range of urinary symptoms. It encourages reflection on how to minimise antibiotic resistance and offers 'real-life' cases. The module equates to 1.5 hours of CPD and can be imported into the RCGP Revalidation portfolio.

[Course: Featured Resources \(rcgp.org.uk\)](#)

- MOSI Management of Skin Infections CPD (2 Hours) - Skin infections are commonly seen in general practice. With ever increasing rates of antibiotic resistance, it is important for GPs to feel confident about making a diagnosis and to understand when antibiotic treatment is indicated. This course describes common presentations of bacterial, viral and fungal skin infections and outlines their management. The module equates to 2 hours of CPD and can be imported into the RCGP Revalidation portfolio. www.elearning.rcgp.org.uk/skininfections

FutureLearn Antimicrobial and Antibiotic Resistance Courses:

- Range of short online courses addressing antimicrobial resistance [Free Online Antimicrobial & Antibiotic Resistance Courses - FutureLearn](#)

10. Clinical audit support materials

Audit Toolkits:

Templates for accurate and easy auditing, including read codes, current guidance and action plans.

- Sore Throat Audit: Use this audit template to evaluate antibiotic prescribing for sore throat symptoms against NICE/PHE clinical guidelines.
- Otitis Media Audit: Use this audit template to evaluate antibiotic prescribing for otitis media symptoms against NICE/PHE clinical guidelines.
- Sinusitis Audit: Use this audit template to evaluate antibiotic prescribing for sinusitis symptoms against NICE/PHE clinical guidelines.
- Acute Cough Audit: Use this audit template to evaluate antibiotic prescribing for acute cough symptoms against NICE/PHE clinical guidelines.
- Urinary Tract Infection Audit: Use this audit template to evaluate the diagnosis of uncomplicated urinary tract infections using urine dipsticks and/or urine cultures and to assess antibiotic prescribing using Public Health England guidance on the diagnosis and antibiotic treatment of UTIs.

All of the above audits can be found on the TARGET Antibiotic Toolkits under the **Antibiotic stewardship tools, audits and posters** section

www.rcgp.org.uk/TARGETantibiotics/

11. Information leaflets for use during consultation

TARGET Treating your infection patient information leaflet

The treating your infection leaflet has been developed through extensive feedback with patients and clinicians. It is designed to be shared with the patient and completed with them during the consultation. Its aim is to increase the patient's confidence to self-care, and to facilitate the use of a back-up antibiotic prescription, but it also allows the patients to go away with something, so ending the consultation on a positive note.

The leaflet explains to the patient:

- The diagnosis (for example sinusitis, bronchitis or cold)
- The decision about antibiotics
- Allows a discussion about a back-up/delayed antibiotic option and how to take this forward
- The natural timeframe for their illness
- Self-help management
- When to seek help (safety netting)
- The need for safe antibiotic prescribing to minimise antibiotic resistance

To use this leaflet effectively, it should be used as a tool to interact with patients, rather than as a 'parting gift'. Clinicians should complete the CPD training and take time to familiarise themselves with the leaflet before starting to use it.

All of the above leaflets can be found on the TARGET Antibiotic Toolkit under the **resource suites** sections

www.rcgp.org.uk/TARGETantibiotics/

Specific Read codes – when using the leaflet, practitioners ideally would use one of the following Read codes:

- SNOMED codes – **deferred antibiotic therapy** (417576009), **provision of written information about antibiotic therapy** (699840007), **patient advised to delay filling of prescription** (248041000000103), **self-help advice leaflet given** (183096003).
- This will enable you to audit your use of the leaflet and can be used to record 'no' or 'back-up' prescription decisions for appraisal and monitoring purposes.

12. Microbiology Contacts

The following list of contact numbers is provided if further advice is needed on antimicrobial therapies.

Note that microbiological advice may be obtained via an ICE request and this method may be preferred as the initial point of contact.

Sheffield Teaching Hospitals Trust (adults)

Working hours: 9am – 5pm Monday to Friday

Consultant Microbiologists – Tel: 0114 2714777

NGH Microbiology Registrar – Tel: 0114 2714777

Out of working hours:

On-call Microbiologist via switchboard on – Tel: 0114 2434343

Sheffield Childrens Hospital

Working hours: 9am – 5pm Monday to Friday

Consultant Microbiologists – Tel: 0114 2714777 (shared service)

NGH Microbiology Registrar – Tel: 0114 2714777 (shared service)

Out of working hours:

On-call Microbiologist via switchboard on – Tel: 0114 2434343

Other useful numbers:

Virology department – Tel: 0114 2266477 or 0114 2715870

Infection Prevention and Control Practitioners – via 0114 3051156

Tissue Viability Nurse – 0114 2716416 (answering machine accessed twice a day)

13. General references and resources for antimicrobial stewardship/resistance

NICE Antimicrobial Prescribing Guidelines:

<https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/antimicrobial-prescribing-guidelines>

Summary of antimicrobial prescribing guidance – managing common infections:

[BNF hosts antimicrobial summary guidance on behalf of NICE and PHE - BNF Publications](#)

TARGET Antibiotic Toolkit:

<https://www.rcgp.org.uk/TARGETantibiotics>

UK AMR Strategy:

<https://www.gov.uk/government/collections/antimicrobial-resistance-amr-information-and-resources>

English Surveillance Programme for Antimicrobial Utilisation and Resistance:

<https://www.gov.uk/government/publications/english-surveillance-programme-antimicrobial-utilisation-and-resistance-espaur-report>

Public Health England Fingertips AMR Local Indicators:

<https://fingertips.phe.org.uk/profile/amr-local-indicators>

PrescQipp Antimicrobial Stewardship Hub:

<https://www.prescqipp.info/our-resources/webkits/antimicrobial-stewardship/>

Open Prescribing Antimicrobial Stewardship Prescribing Measures (Sheffield):

<https://openprescribing.net/ccg/03N/measures/?tags=antimicrobial>

Appendix

Antibiotic information leaflet



Patient's name

No antibiotic prescription given

Antibiotic prescription given today but it should only be collected after days if needed from: surgery reception GP pharmacy

Why did you not get antibiotics today?

- Colds and most coughs, sinusitis, otitis media (earache) and sore throats often get better without antibiotics.
- The table below shows you how long these illnesses normally last, what you can do to ease your symptoms and when you should go back to your GP or contact NHS Direct, NHS Direct Wales or NHS 24.

| Please tick | Illness | Lasts on average | What you can do to ease the symptoms | When should you (or your child) go back to your GP practice or contact NHS Direct? (Listed in order of urgency, with the most urgent symptoms first.) |
|--------------------------|---------------------|------------------|--|---|
| <input type="checkbox"/> | Ear infection | 4 days | <ul style="list-style-type: none"> • Have plenty of rest. • Drink enough fluids to avoid feeling thirsty. • Ask your local pharmacist to recommend medicines to bring down your temperature or control pain (or both). • Other things you can do suggested by GP or nurse. | <ol style="list-style-type: none"> 1. If you develop a severe headache and are sick. 2. If your skin is very cold or has a strange colour, or you develop an unusual rash. 3. If you feel confused or have slurred speech or are very drowsy. 4. If you have difficulty breathing. Signs that suggest breathing problems can include: <ul style="list-style-type: none"> o breathing quickly; o turning blue around the lips and the skin below the mouth; and o skin between or above the ribs getting sucked or pulled in with every breath. 5. If you develop chest pain. 6. If you have difficulty swallowing or are drooling. 7. If you cough up blood. 8. If hearing problems develop or if there is fluid coming out of your ears. |
| <input type="checkbox"/> | Sore throat | 1 week | | |
| <input type="checkbox"/> | Common cold | 1 ½ weeks | | |
| <input type="checkbox"/> | Sinusitis | 2 ½ weeks | | |
| <input type="checkbox"/> | Cough or bronchitis | 3 weeks | | |
| <input type="checkbox"/> | Other | | | |

Why you should only take antibiotics when they are needed

- Bacteria can adapt and find ways to survive the effects of an antibiotic. They become 'antibiotic resistant' so that the antibiotic no longer works. The more you use an antibiotic, the more bacteria become resistant to it.
- Antibiotic-resistant bacteria don't just infect you, they can spread to other people in close contact with you.
- Antibiotics can upset the natural balance of bacteria in your body. This allows other more harmful bacteria to increase. This may result in diarrhoea and thrush.
- Some antibiotics can cause allergic reactions such as rashes, being sick if you also drink alcohol and reactions to sunlight – and other symptoms.



The TARGET Patient Antibiotic Information Leaflet is also available to download in Polish, Mandarin, Gujarati, Hindi and Bengali.

5: Infections

Sheffield self-care guidance encourages the use of Over the Counter (OTC) products for minor illnesses, such as conjunctivitis, coughs and colds, head lice, mild acne, oral thrush, etc. Please see [South Yorkshire Self-Care Guidance](#) for full details.

Refer to the [NICE/PHE](#) guidance for recommendations on choice of antimicrobial agents for common infections.

5.1.1.1 **Benzylopenicillin and Phenoxyethylpenicillin**
Phenoxyethylpenicillin 250mg tabs
Phenoxyethylpenicillin 125mg/5ml, 250mg/5ml S/F oral solution

5.1.1.2 **Penicillinase Resistant Penicillins**
Flucloxacillin 250mg, 500mg caps
Flucloxacillin 125mg/5ml, 250mg/5ml S/F oral solution

5.1.1.3 **Broad Spectrum Penicillins**
Amoxicillin 250mg, 500mg caps
Amoxicillin 125mg/5ml, 250mg/5ml S/F oral suspension
*Co-amoxiclav 250mg/125mg, 500mg/125mg tabs – reserve for recommended indications
*Co-amoxiclav 125mg/31mg in 5ml, 250mg/62mg in 5ml S/F oral suspension – reserve for recommended indications

5.1.2 **Cephalosporins**
***Cefalexin** 250mg, 500mg caps – reserve for recommended indications
***Cefalexin** 125mg/5ml, 250mg/5ml S/F oral suspension – reserve for recommended indications

* Avoid the unnecessary prescribing of broad-spectrum antibiotics to reduce the risk of C.difficile infection, etc.

5.1.3 **Tetracyclines**
Doxycycline 50mg, 100mg caps – Suitable for use in elderly patients with reduced renal function
Tetracycline 250mg tabs (only for acne vulgaris)

Tetracyclines should not be used in pregnancy or children under 12 years.

- 5.1.5 Macrolides
Clarithromycin 250mg, 500mg tabs
Clarithromycin 125mg/5ml, 250mg/5ml oral suspension
Erythromycin e/c 250mg tabs
Erythromycin 125mg/5ml, 250mg/5ml S/F oral suspension

Clarithromycin and erythromycin share a similar spectrum of activity but clarithromycin may be better tolerated by the GI tract. Macrolides should be avoided in patients with a history of QT prolongation. Azithromycin (oral) may be recommended as prophylaxis in [non-CF bronchiectasis](#) (specialist initiation, off-label indication).

5.1.7 Other Antibacterials

Vancomycin 125mg, 250mg caps **reserve for recommended indication**

For the first episode of mild, moderate or severe *Clostridioides difficile* infection. See [NICE NG199](#) for details of other antibiotic treatment regimes of subsequent episodes.

- 5.1.9 Anti-tuberculosis drugs
Refer to specialists

- 5.1.11 Metronidazole
Metronidazole 200mg, 400mg tabs
Metronidazole 200mg/5ml oral suspension

- 5.1.12 *Quinolones
Ciprofloxacin 250mg, 500mg tabs – **reserve for recommended indications**
Ciprofloxacin 250mg/5ml oral suspension – **reserve for recommended indications**
Ofloxacin 200mg, 400mg tabs – **reserve for recommended indications**

ONLY for limited indications e.g. pelvic inflammatory disease, acute prostatitis, epididymitis, epididymo-orchitis and acute pyelonephritis or acute proven pseudomonas infections or on microbiologist advice. Quinolones encourage the growth of MRSA and should only be used if no suitable alternative exists. Avoid in pregnancy. Consider safety issues ([here](#)).
*Avoid the unnecessary prescribing of broad-spectrum antibiotics to reduce the risk of C.difficile infection, etc.

5.1.13 Urinary-tract infections

- 5.1.8 **Nitrofurantoin** 50mg caps, 100mg MR caps – avoid at term
Trimethoprim 100mg, 200mg tabs – not generally recommended in pregnancy
Trimethoprim 50mg/5ml S/F oral suspension – not generally recommended in pregnancy

Use antibiotics for THREE days only in uncomplicated UTI in women. In men, pregnancy (see above) and recurrent or complicated infections in women treat for SEVEN days. See [here](#) for advice on fosfomycin prescribing.

5.2 Systemic antifungal agents

- Fluconazole 50mg, 150mg caps
Fluconazole 50mg/5ml and 200mg/5ml oral suspension
Itraconazole 100mg caps
Itraconazole 50mg/5ml S/F oral solution
Terbinafine 250mg tabs

Systemic therapy should be used if topical therapy fails, if many areas are affected or the site of infection is difficult to treat. For local treatment of fungal infections see [BNF](#)

7.2.2 Preparations for vaginal & vulval candidiasis – Self-care

- Clotrimazole cream 1%
Clotrimazole pessary 500mg

12.3.2 Oropharyngeal anti-infective drugs – Self-care

- Miconazole** S/F oromucosal gel 2%

Caution: Miconazole oral gel may enhance the anticoagulant effect of warfarin so avoid concurrent use where possible. If co-prescribing unavoidable, increase frequency of INR

13.10.1 Topical antibacterial preparations

Topical treatment not recommended for the majority of skin infections. See BNF chapter 13 (2.1)

13.10.2 Topical antifungal preparations – Self-care

Clotrimazole cream 1%

Terbinafine cream 1%

Mild localised fungal infections of the skin respond to topical therapy.
Topical treatment is not suitable for scalp infections. For tinea infection of the nails, a systemic antifungal is more effective than topical therapy. See BNF for details regarding use in pregnancy.

5.3 Antiviral agents

Aciclovir 200mg, 400mg, 800mg tabs

Valaciclovir 500mg tabs

Shingles: Always treat if active ophthalmic, and Ramsey Hunt or eczema.
Non-ophthalmic shingles: Treat >50 yrs if <72h of onset of rash, as post-herpetic neuralgia rare in <50 yrs but occurs in 20% >60 yrs. If pregnant seek advice.

5.4.1 Antimalarials

Prophylaxis should not be prescribed on FP10. See the BNF for advice on choice of therapy.

5.5.1 Drugs for Threadworm – Self-care

Mebendazole 100mg tabs

Mebendazole 100mg/5ml oral suspension

Treat the whole family.

