

Top Tips for Antimicrobial Prescribing

1. Do not prescribe for a common cold.

2. Treat with the appropriate antibiotic (for further information see the *Full Primary Care Antibiotic Guidelines* available here <http://www.swyapc.org/primary-care-antibiotics/>)

3. If empirical treatment fails send MSU samples for UTI or sputum for COPD exacerbations/chest infections.

4. Do not use antibiotics for first line treatment of the following:

- Acute sinusitis
- Acute bronchitis
- Uncomplicated Pharyngitis
- Uncomplicated Tonsillitis
- Uncomplicated Acute Otitis Media
- Uncomplicated Sore throat

“For sore throats antibiotics shorten the duration of symptoms by about 16 hours overall”¹

“Otitis Media resolves in 60% of cases in 24hrs without antibiotics, which only reduce pain at 2 days (NNT15) and do not prevent deafness”²

For further information on the management of acute sore throat see the **NICE Sore throat—acute CKS** <http://cks.nice.org.uk/sore-throat-acute#!scenario>

5. Consider the use of delayed prescriptions

6. Limit prescribing over the telephone to exceptional cases based on individual clinical judgement

7. **Catheter in situ.** Antibiotics will not eradicate asymptomatic bacteriuria, only treat if systemically unwell or pyelonephritis likely. Laboratory microscopy and dipstick testing should not be used to diagnose UTI in catheterised patients as they often have white cells or bacteraemia because of the catheter.

8. **Wound care.** Do not treat positive wound swab results with antibiotics unless there are clinical signs of infection.

Course length and dose

Don't treat for longer than necessary, check the formulary if unsure. Do not extend a standard course of an unsuccessful treatment without good reason. Nb. If it's not working don't keep using it.

Uncomplicated UTI in non- pregnant female	3 days
UTI in Male	7 days
Community Acquired Pneumonia (CRB = 0)	7 days
Acute Exacerbation of COPD (with purulent sputum)	5-7 days

Optimal dosing of antibiotic (i.e. adult dose of amoxicillin **500mg** tds, flucloxacillin **500mg** qds or penicillin **500mg** qds) is encouraged to hasten bacteriological (and clinical) cure, reduce relapses and shorten length of treatment. Inappropriate treatment, e.g. long term or low dose is associated with selection of resistance leading to treatment failure.

Useful Resources

Target antibiotic toolkit - this provides guidance to help clinicians;

- decide when and which antibiotics to prescribe
- education for groups of primary care staff or individual clinicians
- tools such as patient leaflets to share in the consultation and posters and videos to display in the waiting areas

Toolkit available here <http://www.rcgp.org.uk/clinical-and-research-target-antibiotics-toolkit.aspx>

Microbiologist advice available from;

Calderdale and Huddersfield NHS Foundation Trust
Ask switchboard for the duty microbiologist or on-call consultant
Calderdale Royal Hospital: 01422 357171 or
Huddersfield Royal Infirmary: 01484 342000