

Kent and Medway Supplementary Information for antimicrobial prescribing guidance – managing common infections

Please note: Kent and Medway CCG have reviewed and agreed the March 2022 NICE *Summary of antimicrobial prescribing guidance-managing common infections* which can be found [here](#).

Where there are local considerations and adaptations to a subsection of the NICE summary table these will be listed in the table below.
If there have been no local adaptations then these sections will **not** appear in the table below.

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▼ Upper respiratory tract infections

Acute sore throat

Last updated by NICE/PHE: Jan 2018
Approved by K&M JPC: March 2022

Phenoxymethylpenicillin: QDS dosing is preferred unless there are issues with patient compliance. A 10 day course may increase the chance of microbiological cure.

Erythromycin 500mg QDS is preferred to 250mg QDS where appropriate.

Please see [LINK](#) to visual summary

▼ Lower respiratory tract infections

Hospital-acquired pneumonia (HAP)

Last updated by NICE/PHE: Sept 2019
Approved by K&M JPC: March 2022

KMCCG **do not** recommend Co-amoxiclav as a first line option for non-severe HAP within primary care. (In this indication use is reserved for severe HAP which requires treatment as an inpatient)

Doxycycline is recommended as the first choice option in adults (non-severe and not higher risk of resistance) with co-trimoxazole as an alternative first choice.

Please see [LINK](#) to visual summary

| ▼ Urinary tract infections | |
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| Lower urinary tract infection (UTI) Last updated by NICE/PHE: Oct 2018 Approved by K&M JPC: March 2022 | <p>Trimethoprim is recommended for use only if the infection is known to be sensitive.</p> <p>Nitrofurantoin liquid is expensive. Use only if absolutely necessary; NICE advises that if two or more antibiotics are appropriate, choose the one with the lowest acquisition cost.</p> <p>Send midstream urine (MSU) for culture and susceptibility or dipstick in line with the NICE guideline on urinary tract infection and PHE guidance on diagnosis of UTIs</p> <p>Refer children under 3 months to paediatric specialist</p> <p>Please see LINK to visual summary</p> |
| Acute prostatitis Last updated by NICE/PHE: Oct 2018 Approved by K&M JPC: March 2022 | <p>Discuss with urologist if treatment failure/no response to the first course of antibiotics.</p> <p>Please see LINK to visual summary</p> |
| Acute pyelonephritis (upper urinary tract) Last updated by NICE/PHE: Oct 2018 Approved by K&M JPC: March 2022 | <p>Send midstream urine for culture and susceptibility before starting empirical treatment in all patient groups.</p> <p>Review antibiotic choice once culture results available.</p> <p>Due to high levels of resistance co-amoxiclav and trimethoprim should only be prescribed if culture results are available and indicate susceptibility.</p> <p>Please see LINK to visual summary</p> |
| Recurrent urinary tract infection Last updated by NICE/PHE: Oct 2018 Approved by K&M JPC: March 2022 | <p>Review antibiotic treatment within 6 months:</p> <ul style="list-style-type: none"> - If no breakthrough UTIs during 6 months of antibiotic prophylaxis and symptom free at the 6 month review, stop the antibiotics and observe. If further UTIs then occur, seek guidance from microbiologist. <p>Please see LINK to visual summary</p> |

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| Catheter-associated urinary tract infection (CAUTI) Last updated by NICE/PHE: Nov 2018 Approved by K&M JPC: March 2022 | <p>Use trimethoprim and cefalexin only if infection is known to be sensitive.</p> <p>Dipstick not appropriate for CAUTI. Send urine sample if infection is suspected as per PHE guidance on diagnosis of UTIs (page 9).</p> <p>If the urine sample shows no bacterial growth and no white cells infection is unlikely – review diagnosis.</p> <p>Additional local guidance for management of CAUTI and UTI in patients over 65 years pending, please continue to refer to NICE guidance in the meantime.</p> <p>Please see LINK to visual summary</p> |
| ▼ Meningitis | |
| Prevention of secondary case of meningitis Last updated by NICE/PHE: Feb 2019 Approved by K&M JPC: March 2022 | <p>Only prescribe following advice from your local health protection specialist/consultant: ☎ 0344 225 3861 (Kent Health Protection Team)</p> <p>Out of hours: contact on-call doctor: ☎ 0844 967 0085</p> |
| ▼ Gastrointestinal tract infections | |
| Oral candidiasis Last updated by NICE/PHE: Oct 2018 Approved by K&M JPC: March 2022 | <p>Miconazole greatly increases the anticoagulant effect of warfarin. MHRA advises avoid unless INR can be monitored closely; monitor for signs of bleeding.</p> <p>Oral thrush is a minor condition that can be treated without the need for a GP consultation or prescription in the first instance. Prescriptions for treatment for oral thrush should not routinely be offered in primary care as the condition is appropriate for self-care as per NHSE Guidance. Miconazole can be purchased OTC. Due to licensing restrictions on the OTC product, prescriptions may still be required for children under 4 months, in pregnancy and breastfeeding, in patients taking warfarin (caution as above) and in liver dysfunction.</p> |
| Traveller's diarrhoea Last updated by NICE/PHE: Oct 2018 Approved by K&M JPC: March 2022 | <p>Prophylaxis and 'standby' prescriptions should be obtained privately.</p> |
| Threadworm Last updated by NICE/PHE: Nov 2018 Approved by K&M JPC: March 2022 | <p>Refer to community pharmacies for over the counter management as per NHSE Guidance. Prescriptions for treatment of threadworm should not routinely be offered in primary care as the condition is appropriate for self-care. Due to licensing restrictions on the OTC product, prescriptions may still be required for children under 2 years and during pregnancy and breastfeeding.</p> <p>Emphasize the importance of hygiene measures. Recurrence is common if hygiene measures are not adequately followed.</p> <p>Patient Information (1)</p> <p>Patient Information (2)</p> |
| <i>Clostridioides difficile</i> infection Last updated by NICE/PHE: June 2021 Approved by K&M JPC: March 2022 | <p>Discuss all suspected or confirmed cases of <i>C. difficile</i> with a microbiologist for advice on management and treatment options.</p> <p>Discuss with Microbiologist prior to initiating treatment with Fidaxomicin for <i>C. difficile</i> infection.</p> <p>Please see LINK to visual summary</p> <p>Additional guidance regarding how to access Fidaxomicin in primary care is pending. This page will be updated once this has been approved.</p> |

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| <i>Helicobacter pylori</i> Last updated by NICE/PHE: Feb 2019 Approved by K&M JPC: March 2022 | Furazolidone is not recommended for use in Kent and Medway due to a lack of local familiarity with the drug. |
| ▼ Genital tract infections | |
| Epididymitis Last updated by NICE/PHE: Nov 2017 Approved by K&M JPC: March 2022 | Additional information to guide antibiotic choice is available in the BASSH guidelines for the management of epididymo-orchitis (September 2020). For patients with a risk factor of STI doxycycline is the drug of choice + GUM referral. |
| Genital herpes Last updated by NICE/PHE: Nov 2017 Approved by K&M JPC: March 2022 | First line: Aciclovir Seek microbiologist advice if immunocompromised. Refer to GUM clinic |
| Gonorrhoea Last updated by NICE/PHE: Feb 2019 Approved by K&M JPC: March 2022 | Refer to GUM clinic. |
| ▼ Skin and soft tissue infections | |
| <i>Note: Refer to RCGP Skin Infections online training.^{1D} For MRSA, discuss therapy with microbiologist.^{1D}</i> | |
| Eczema (bacterial infection) Last updated by NICE/PHE: Mar 2021 Approved by K&M JPC: March 2022 | Please note Fusidic acid 2%- Antimicrobial resistance can develop rapidly with extended or repeated use Please see LINK to visual summary |
| Impetigo Last updated by NICE/PHE: Feb 2020 Approved by K&M JPC: March 2022 | This bulletin provides information on hydrogen peroxide 1% cream and its use in impetigo Please see LINK to visual summary |
| Leg ulcer infection Last updated by NICE/PHE: Feb 2020 Approved by K&M JPC: March 2022 | NICE guidance has been adapted locally to clarify that co-amoxiclav and co-trimoxazole should be considered as third choice options: First choice Flucloxacillin Second choice, penicillin allergy or if flucloxacillin unsuitable/treatment failure Doxycycline OR Clarithromycin OR Erythromycin (in pregnancy) Third Choice Co-amoxiclav OR Co-trimoxazole |

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| Cellulitis and erysipelas Last updated by NICE/PHE: Sep 2019 Approved by K&M JPC: March 2022 | Caution when reading the NICE summary table for this section as the options for children are embedded in adult guidance. KMCCG recommends using the visual summary to more easily view this guidance |
| Varicella zoster/ chickenpox Herpes zoster/ shingles Last updated by NICE/PHE: Oct 2018 Approved by K&M JPC: March 2022 | If considering either famciclovir or valaciclovir as second line options please seek advice from microbiologist. |
| ▼ Eye infections | |
| Conjunctivitis Last updated by NICE/PHE: July 2019 Approved by K&M JPC: March 2022 | Chloramphenicol 0.5% eye drops OR 1% ointment are available over the counter from Community Pharmacies. Conjunctivitis has been identified as a condition for which over the counter (OTC) medicines should not routinely be prescribed in primary care and self-care may be more appropriate according to NHSE Guidance . Due to licensing restrictions on the OTC product, prescriptions may still be required for children under 2 years and in pregnancy and breastfeeding. |
| ▼ Suspected dental infections in primary care (outside dental settings) | |
| Patients can find details of their local dentists and whether they are accepting new patients via NHS choices: http://www.nhs.uk/Service-Search/Dentist/LocationSearch/3 Dentaline currently provide an out-of-hours dental service across Kent and Medway. For information regarding this service please see the following website: https://www.medwaycommunityhealthcare.nhs.uk/our-services/a-z-services/dental-emergency | |
| Mucosal ulceration and inflammation (simple gingivitis) Last updated by NICE/PHE Nov 2017 Approved by K&M JPC: March 2022 | Prescriptions for treatment of mouth ulcers should not routinely be offered in primary care as the condition is appropriate for self-care. (NHSE Guidance) Chlorhexidine 0.12 to 0.2% (do not use within 30 minutes of toothpaste) This is available to purchase OTC however please note there appears to be an increasing level of sensitivity to chlorhexidine and if used for prolonged periods may stain teeth. Hydrogen peroxide 6%- Please note that this is available to purchase OTC. |

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| <p>Dental abscess</p> <p>Last updated by NICE/PHE: Oct 2018 Approved by K&M JPC: March 2022</p> | <p>Local adaptations are in bold text:</p> <p>Please note it should not be routine practice for primary care to prescribe antibiotics for dental abscess and patients should seek urgent review with a dentist to receive appropriate assessment. However acute sepsis is an exception to this.</p> <p>Regular analgesia should be the first option^{1A+} until a dentist can be seen for urgent drainage,^{1A+,2B-,3A+} as repeated courses of antibiotics for abscesses are not appropriate.^{1A+,4A+} Repeated antibiotics alone, without drainage, are ineffective in preventing the spread of infection.^{1A+,5C} Antibiotics are only recommended if there are signs of severe infection,^{3A+} systemic symptoms,^{1A+,2B-,4A+} or a high risk of complications.^{1A+} Patients with severe odontogenic infections (cellulitis,^{1A+,3A+} plus signs of sepsis;^{3A+,4A+} difficulty in swallowing;^{6D} impending airway obstruction) ^{6D} should be referred urgently for hospital admission to protect airway, ^{6D} for surgical drainage^{3A+} and for IV antibiotics.^{3A+} Likewise any patient with severe trismus should be referred immediately to hospital. The empirical use of cephalosporins,^{6D} co-amoxiclav,^{6D} clarithromycin,^{6D} and clindamycin^{6D} do not offer any advantage for most dental patients,^{6D} and should only be used if there is no response to first-line drugs.^{6D}</p> <p>Adaptations: Amoxicillin is recommended in preference to phenoxymethylpenicillin (which requires QDS dosing and has a narrower spectrum of action than amoxicillin) with clarithromycin as an alternative in penicillin allergy. Ensure metronidazole is prescribed in addition if there are systemic signs or spreading infection.</p> |
| <p>▼ Abbreviations</p> | |
| <p>BD, twice a day; eGFR, estimated glomerular filtration rate; IM, intramuscular; IV, intravenous; MALToma, mucosa-associated lymphoid tissue lymphoma; m/r, modified release; MRSA, methicillin-resistant <i>Staphylococcus aureus</i>; MSM, men who have sex with men; stat, given immediately; OD, once daily; TDS, 3 times a day; QDS, 4 times a day.</p> | |

Document history for Supplementary Kent and Medway Information for antimicrobial prescribing guidance– managing common infections

| Version | Created by | Date | Main Changes/Comments |
|---------|-------------|---------------|--|
| 1.1 | CM, OO & MG | December 2021 | New document. NICE/PHE guidance August 2021 reviewed locally to align the antecedent CCG's antimicrobial prescribing guidance at Kent and Medway level. |
| 1.2 | CM | February 2022 | Version 1.1 updated post January JFG meeting to ensure comments re sore throat reflect dosing in children. NICE/PHE guidance update January 2022 reviewed locally, and links updated – no additions to this document following review. |
| 1.3 | MG | April 2022 | NICE/PHE guidance update March 2022 reviewed locally, and links updated – no additions to this document following review. |