

# Management of Common Infections With Antimicrobials Guidance Clinical Practice Guidelines (2019) National Institute for Health and Care Excellence (NICE)

This is a quick summary of the guideline without analysis or commentary. For more information, go directly to the guideline by clicking the link in the reference.  
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Management of common infections with antimicrobials guidance clinical practice guidelines were released in February 2019 by the National Institute for Health and Care Excellence (NICE).[1]

## **Acute Sore Throat:**

For low-risk patients, use acetaminophen (first choice) or ibuprofen for pain. The decision for antibiotics is based on the FeverPAIN or Centor score. High-risk patients should receive immediate antibiotic therapy. Preferred antibiotics include penicillin VK (first choice) or clarithromycin (if penicillin allergy) or erythromycin (in pregnant patients).

## **Influenza:**

Annual vaccination is essential in at-risk patients. Oseltamivir is the first-line antiviral. Zanamivir is an alternative. In otherwise healthy patients, antivirals are not recommended.

## **Scarlet Fever:**

Prompt antibiotic therapy reduces risk of complications. Preferred antibiotics include penicillin VK (first choice) or clarithromycin (if penicillin allergy).

## **Sinusitis:**

- Use acetaminophen or ibuprofen for pain.
- Do not use antibiotics in patients with symptoms for 10 days or less. In patients with symptoms for more than 10 days with no improvement, use either no antibiotic or back-up antibiotic depending on likelihood of bacterial sinusitis.
- Consider high-dose nasal corticosteroid in patients older than 12 years.
- High-risk patients should receive immediate antibiotic therapy.

-The preferred antibiotic is penicillin VK. In patients with a penicillin allergy, use clarithromycin (if  $\geq 12$  years), clarithromycin, or erythromycin (preferred if pregnant). Amoxicillin/clavulanate is the second choice or first choice in high-risk patients.

### **Community-Acquired Pneumonia**

Antibiotic therapy depends on CRB65 parameter score. Antibiotics for a score of zero include amoxicillin, clarithromycin, or doxycycline. Antibiotics for a score of 1-2 include amoxicillin plus either clarithromycin or doxycycline.

### **Lower Urinary Tract Infection**

- Advise acetaminophen or ibuprofen for pain.  
- In **nonpregnant women**, prescribe antibiotic as a back-up or immediately. Preferred antibiotics include nitrofurantoin (first choice if estimated glomerular filtration rate [eGFR]  $\geq 45$  mL/min) or trimethoprim (low risk of resistance). Second-line choices include nitrofurantoin (if eGFR  $\geq 45$  mL/min), pivmecillinam (not available in the United States), or fosfomycin.

In **pregnant women**, men, or children, prescribe an antibiotic immediately.

In **pregnant women**, the preferred antibiotic is nitrofurantoin (avoid at term) if the eGFR  $\geq 45$  mL/min. Second choices include amoxicillin or cephalexin.

In men, preferred antibiotics include trimethoprim or nitrofurantoin (if eGFR  $\geq 45$  mL/min).

In children older than 3 months, first choices include trimethoprim or nitrofurantoin (if eGFR  $\geq 45$  mL/min). Second-line agents include nitrofurantoin (if eGFR  $\geq 45$  mL/min and not used as first choice), amoxicillin, or cephalexin.

### **Acute Prostatitis**

Advise acetaminophen (with or without a low-dose weak opioid) or ibuprofen for pain. Preferred antibiotics include ciprofloxacin, ofloxacin, or trimethoprim. Second-line agents include levofloxacin or cotrimoxazole.

### **Suspected Meningococcal Meningitis**

The preferred agent is IV or IM penicillin G.

### **Oral Candidiasis**

Preferred agents include miconazole oral gel (first choice), nystatin suspension (if miconazole not tolerated), or fluconazole capsules.

### **Chlamydia Trachomatis/Urethritis**

The first-line agent is doxycycline. Azithromycin is the second-line choice and is preferred in pregnant or breastfeeding women or in patients with an allergy or intolerance to doxycycline.

### **Epididymitis**

Preferred agents include doxycycline, ofloxacin, or ciprofloxacin.

### **Vaginal Candidiasis**

Preferred agents include clotrimazole, fenticonazole, clotrimazole, or oral fluconazole.

### **Bacterial Vaginosis**

Preferred agents include oral metronidazole, metronidazole 0.75% vaginal gel, or clindamycin 2% cream.

### **Genital Herpes**

Preferred agents include oral acyclovir, valaciclovir, or famciclovir.

### **Gonorrhea**

Preferred agents include ceftriaxone or ciprofloxacin (if known to be sensitive).

### **Trichomoniasis**

Preferred agents include metronidazole (first choice) or clotrimazole (in pregnancy to treat symptoms).

### **Pelvic Inflammatory Disease**

[The first-line](#) combination is ceftriaxone plus metronidazole plus doxycycline. [Second-line](#) agents include (1) metronidazole plus ofloxacin or (2) moxifloxacin monotherapy (first line for Mycoplasma genitalium pelvic inflammatory disease [PID]).

### **Impetigo**

Preferred agents include topical fusidic acid, topical mupirocin (if methicillin-resistant Staphylococcus aureus [MRSA]), or, for more-severe infections, oral flucloxacillin or oral clarithromycin.

### **Eczema**

Avoid antibiotics if there are no visible signs of infection.

If signs of infection are visible, use oral flucloxacillin or clarithromycin or topical treatment (as in impetigo).

### **Scabies**

The first-line agent is permethrin. Use malathion in patients with permethrin allergy.

### **Mastitis**

S aureus is the most common pathogen. Flucloxacillin is preferred for treatment. In patients with penicillin allergy, use erythromycin or clarithromycin.

### **Varicella Zoster/Herpes Zoster**

For chickenpox and shingles, the first-line agent is acyclovir. Second-line choices in cases of poor compliance include famciclovir (not in children) or valaciclovir.

### **Tick Bites (Lyme Disease)**

Use doxycycline for prophylaxis. For treatment, the first-line choice is doxycycline. The first alternative is amoxicillin.

For more Clinical Practice Guidelines, please go to [Guidelines](#).

Good luck

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