It's about time:





Antibiotic duration

Information for community clinicians on **antibiotic duration** for common conditions in adults



The recommended duration of antibiotic therapy for many infections are probably <u>SHORTER</u> than you think. Monitor clinical progress and review any culture and susceptibility results, then modify therapy and duration if required.

Location	Condition	Recommended duration*
Ear, nose and throat	Acute bacterial sinusitis	Empirical antibiotics not usually required If antibiotics are indicated, 5 days
	Otitis media	Empirical antibiotics not usually required If antibiotics are indicated, 5 days
	Pharyngitis and tonsillitis	 Empirical antibiotics not usually required If streptococcal infection suspected: 10 days for patients at high risk of rheumatic fever 5 days if for symptom benefit only 5 days if treated with azithromycin (patients with severe penicillin allergy)
Eyes	Conjunctivitis	Empirical antibiotics not usually required If bacterial causes suspected, topical up to 7 days
Gastrointestinal	Acute infectious diarrhoea	Empirical antibiotics not usually required If bacterial causes suspected, 3 days
Respiratory	Acute bronchitis	Empirical antibiotics not usually required
	Community-acquired pneumonia (including aspiration)	5 to 7 days
	Infective exacerbation of bronchiectasis	10 to 14 days
	Infective exacerbation of COPD	5 days
Skin and soft tissue	Cellulitis	Without systemic features: 5 days With systemic features: 5 to 10 days
Urinary Tract	Cystitis	Female: 5 days (except trimethoprim, 3 days) Male: 7 days
	Pyelonephritis	10 to 14 days (except ciprofloxacin, 7 days)

*Therapeutic Guidelines: Antibiotic, Version 16, 2019



