

Amoxicillin/Clavulanate oral - medication shortage

Fact Sheet – for hospitals and acute care facilities

This **Fact Sheet** is intended as a **guide only** and does not equate to expert opinion. Interpretation of recommendations should always be taken in context with the patient's current condition and formal clinical review.



There is currently an Australia-wide shortage of oral amoxicillin-clavulanate

If your patient is currently prescribed oral amoxicillin-clavulanate, please consider the following:

- Is amoxicillin-clavulanate **required** for the indication?
- Review your local guidelines or the **Therapeutic Guidelines**
 - If amoxicillin-clavulanate is not required for the indication, **CEASE** (e.g., not recommended for community acquired pneumonia)

If oral amoxicillin-clavulanate is still recommended for the indication, consult with an infectious diseases or a clinical microbiologist to discuss alternatives:

- The most appropriate alternative antibiotics will vary depending on the site and severity of infection and patient factors such as antibiotic allergies. Check guidelines for more details.
- If directed therapy choose alternatives based on microbiology results.
- For empiric therapy possible alternative oral antibiotic options include;

Aspiration pneumonia	<ul style="list-style-type: none"> • amoxicillin <p>OR</p> <ul style="list-style-type: none"> • clindamycin
Hospital-acquired pneumonia	<ul style="list-style-type: none"> • cefuroxime[#] <p>OR</p> <ul style="list-style-type: none"> • moxifloxacin^{#^}
Intra-abdominal infections <i>e.g. acute appendicitis and uncomplicated diverticulitis</i>	<ul style="list-style-type: none"> • trimethoprim+sulfamethoxazole PLUS metronidazole <p>OR</p> <ul style="list-style-type: none"> • ciprofloxacin[^] PLUS metronidazole <p>OR</p> <ul style="list-style-type: none"> • clindamycin PLUS ciprofloxacin^{*^}
Dental infections <i>e.g. spreading odontogenic infections, non-severe</i>	<ul style="list-style-type: none"> • amoxicillin PLUS metronidazole <p>OR</p> <ul style="list-style-type: none"> • clindamycin
Diabetic foot infection <i>e.g. chronic and mild</i>	<ul style="list-style-type: none"> • cefalexin PLUS metronidazole (if low risk MRSA) <p>OR</p> <ul style="list-style-type: none"> • trimethoprim+sulfamethoxazole PLUS metronidazole <p>OR</p> <ul style="list-style-type: none"> • clindamycin PLUS ciprofloxacin^{*^}
Pyelonephritis <i>e.g. non-severe</i>	<ul style="list-style-type: none"> • trimethoprim+sulfamethoxazole <p>OR</p> <ul style="list-style-type: none"> • ciprofloxacin[^]

* Option provided if concurrent oral metronidazole shortage

Consider oral trimethoprim+sulfamethoxazole for paediatric patients

^ The use of quinolones in paediatric patients requires specialist advice from infectious diseases or a clinical microbiologist