



# Oral antibiotics

## A very good place to start

### Recommended antibiotics for common infections in adults

To be used as a guide only, always apply clinical judgement. Refer to the Therapeutic Guidelines: Antibiotic, local guidelines or contact the infectious diseases service for further advice.

Indication	No penicillin allergy	Non-severe penicillin allergy	Severe penicillin allergy
<b>Community acquired Pneumonia</b> <i>non-severe, including aspiration</i>	Amoxicillin 1g oral 8 hourly <sup>†</sup> for 5 to 7 days <b>AND / OR</b> Doxycycline 100mg oral 12 hourly for 5 to 7 days <i>Monotherapy may be appropriate for mild cases</i>	Cefuroxime 500mg oral 12 hourly <sup>‡</sup> for 5 to 7 days <b>AND / OR</b> Doxycycline 100mg oral 12 hourly for 5 to 7 days <i>Monotherapy may be appropriate for mild cases</i>	Doxycycline 100mg oral 12 hourly for 5 to 7 days (mild) <b>OR</b> Moxifloxacin 400mg oral daily for 5 to 7 days (moderate)
<b>Hospital acquired Pneumonia</b> <i>non-severe, including aspiration</i>	Amoxicillin-clavulanate 875-125mg oral 12 hourly <sup>‡</sup> for 7 days	Cefuroxime 500mg oral 12 hourly <sup>‡</sup> for 7 days	Moxifloxacin 400mg oral daily for 7 days
<b>COPD exacerbation</b> <i>if antibiotic therapy required</i>	Amoxicillin 1g oral 12 hourly for 5 days <b>OR</b> Doxycycline 100mg oral daily for 5 days	Doxycycline 100mg oral daily for 5 days	
<b>Acute cystitis</b> <i>uncomplicated</i>	<b>There is no requirement for intravenous antibiotic therapy</b> Trimethoprim 300mg oral daily <sup>†</sup> for 3 days (women) OR 7 days (men) <b>OR</b> Nitrofurantoin 100mg oral 6 hourly <sup>‡</sup> for 5 days (women) OR 7 days (men)		
<b>Acute pyelonephritis</b> <i>non-severe</i>	Amoxicillin-clavulanate 875-125mg oral 12 hourly <sup>‡</sup> for 10 to 14 days	Ciprofloxacin 500mg oral 12 hourly <sup>‡</sup> for 7 days	
<b>Cellulitis</b> <i>without systemic features, no risk factors for MRSA infection</i>	Phenoxymethylpenicillin 500mg oral 6 hourly for 5 days (if non purulent or if <i>S. pyogenes</i> suspected) <b>OR</b> Flucloxacillin 500mg to 1g <sup>†</sup> oral 6 hourly <sup>‡</sup> for 5 days (if purulent or if <i>S. aureus</i> suspected)	Cefalexin 500mg to 1g <sup>†</sup> oral 6 hourly <sup>‡</sup> for 5 days	Clindamycin 450mg oral 8 hourly for 5 days
<b>Diverticulitis</b> <i>uncomplicated, if antibiotic therapy required</i>	Amoxicillin-clavulanate 875-125mg oral 12 hourly <sup>‡</sup> for 5 days	Trimethoprim-sulfamethoxazole 160-800mg oral 12 hourly <sup>‡</sup> for 5 days <b>AND</b> Metronidazole 400mg oral 12 hourly for 5 days	

<sup>†</sup> Doses commonly recommended are based on expert opinion. Use the 1g dose for patients over 80kg.

<sup>‡</sup> This dose is appropriate for patients with normal renal function. Dose adjustment or drug choice may need to be altered for patients with renal impairment.