



Oral antibiotics

A very good place to start

Start with oral therapy - only use intravenous antibiotics when the oral route is NOT suitable



Not everyone in hospital needs cannulation

Hospitals can provide safe and comprehensive care while administering antibiotics orally



Oral therapy is often safer

- Less complications due to cannula: pain, phlebitis, bacteraemia
- Less fluid overload for patients with cardiac impairment
- Encourages early mobilisation



Always ask—can the antibiotic be given orally?

If the patient is not severely unwell:

- Is there an appropriate oral antibiotic?
- Are they eating and drinking?

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
Community acquired Pneumonia <i>non-severe, including aspiration</i>	Amoxicillin 1g oral 8 hourly [†] for 5 to 7 days AND / OR Doxycycline 100mg oral 12 hourly for 5 to 7 days <i>Monotherapy may be appropriate for mild cases</i>	Cefuroxime 500mg oral 12 hourly [†] for 5 to 7 days AND / OR 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) OR Moxifloxacin 400mg oral daily for 5 to 7 days (moderate)
Hospital acquired Pneumonia <i>non-severe, including aspiration</i>	Amoxicillin-clavulanate 875-125mg oral 12 hourly [†] for 7 days	Cefuroxime 500mg oral 12 hourly [†] for 7 days	Moxifloxacin 400mg oral daily for 7 days
COPD exacerbation <i>if antibiotic therapy required</i>	Amoxicillin 1g oral 12 hourly for 5 days OR Doxycycline 100mg oral daily for 5 days	Doxycycline 100mg oral daily for 5 days	
Acute cystitis <i>uncomplicated</i>	There is no requirement for intravenous antibiotic therapy Trimethoprim 300mg oral daily [‡] for 3 days (women) OR 7 days (men) OR Nitrofurantoin 100mg oral 6 hourly [‡] for 5 days (women) OR 7 days (men)		
Acute pyelonephritis <i>non-severe</i>	Amoxicillin-clavulanate 875-125mg oral 12 hourly [†] for 10 to 14 days	Ciprofloxacin 500mg oral 12 hourly [†] for 7 days	
Cellulitis <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) OR Flucloxacillin 500mg to 1g [†] oral 6 hourly [‡] for 5 days (if purulent or if <i>S. aureus</i> suspected)	Cefalexin 500mg to 1g [†] oral 6 hourly [†] for 5 days	Clindamycin 450mg oral 8 hourly for 5 days
Diverticulitis <i>uncomplicated, if antibiotic therapy required</i>	Amoxicillin-clavulanate 875-125mg oral 12 hourly [†] for 5 days	Trimethoprim-sulfamethoxazole 160-800mg oral 12 hourly [†] for 5 days AND Metronidazole 400mg oral 12 hourly for 5 days	

[†] Doses commonly recommended are based on expert opinion. Use the 1g dose for patients over 80kg.

[‡] 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.