

Lincolnshire Prescribing and Clinical Effectiveness Forum

PACEF briefing paper September 2019 – details updates to NICE/PHE antimicrobial prescribing guidance.

The following local adaptations have been made to the summary of antimicrobial prescribing guidance - managing common infections

Lead Consultant microbiologist from ULHT has confirmed that the NICE /PHE summary is intended to be used as resource for clinicians and can be adapted by NHS organisations taking into local formulary restrictions, treatment guidelines, care pathways and based on knowledge of local resistance and sensitivity patterns where known.

The following sections have been updated

Section	Summary of change
Title	Made clear guidance adapted for use within Lincolnshire primary care. Added direction to seek microbiology advice if empirical treatment fails, or information required on areas not covered under guidance. Added reminder to consider urgent hospital referral if patient condition deteriorates.
Acute sore throat	Removed options of twice daily dosing regimens, in line with local guidance.
Acute otitis media	Provided clarification as to when co-amoxiclav appropriate as second choice.
Acute otitis external If cellulitis or disease extends outside ear canal,	Revised dose of flucloxacillin to higher end of range 500mg QDS in line with local guidance.
Acute exacerbation of COPD	Clarified wording on potential 3 first-line options to stipulate 1 st /2 nd /3 rd line choice in line with local guidance. Recommended drugs remain the same. Provided clarification as to when alternatives therapies to 1 st -3 rd line therapies may be required.
Community acquired pneumonia	Clarified wording on potential 3 first-line options to stipulate 1st/2nd /3rd line choice in line with local guidance. Recommended drugs remain the same.
Lower urinary tract infection Non- pregnant women	Clarification on first line nitrofurantoin in line with local guidance and QP initiatives on reducing ESBL infections. Removed multiple options for first line use.
Lower urinary tract infection men	Clarification on first line nitrofurantoin in line with local guidance and QP initiatives on reducing ESBL infections. Removed multiple options for first line use.

Section	Summary of change
Acute pyelonephritis. Non pregnant women and men	Revised first line choice in line with local guidelines.
Acute pyelonephritis. pregnant women	Revised dose of cephalexin removing references to high doses 1g- 1.5g tds-qds. Local opinion if infection severe enough to warrant such high doses patient needs review and admission. Removed second choice option to use I/V antibiotics as I/V antibiotics not administered within primary care setting. If patient did not respond to first line option they would be admitted to hospital.
Recurrent urinary tract infection	Section revised. Specific 1 st & 2 nd line recommendations removed. Clinician advised to contact on call microbiology team to discuss prophylaxis options.
Catheter associated urinary tract infection Non-pregnant women and men with no upper UTI symptoms	Clarified wording on potential 3 first-line options to stipulate 1st/2nd /3rd line choice in line with local guidance. Amoxicillin removed and pivmecillinam added as third line. Treatment choices now in line with recommendations for lower urinary tract infections.
Catheter associated urinary tract infection Non-pregnant women and men with upper UTI symptoms	Treatment choices reviewed and now in line with those for acute pyelonephritis (upper urinary tract infection)
Catheter associated urinary tract infection Pregnant women	Revised dose of cephalexin removing references to high doses 1g- 1.5g tds-qds. No specified second choice for pregnant women- inserted wording to consult on-call microbiology team.
Catheter associated urinary tract infection Children and young people	Main recommendations unchanged, but removed reference to I/V antibiotics as not available in primary care setting.
Acute prostatitis	Second choice – removed option to use levofloxacin as consultant microbiologists questioned inclusion as option if ciprofloxacin not appropriate. Co-trimoxazole remains as second choice after discussion with specialist. Consultants state use of a second quinolone still might be considered by specialist, but want any specific reference to it removed to prevent use without consultation.
Suspected meningococcal disease	Revised advice to state: Do not give IV benzylpenicillin if there is a definite history of anaphylaxis. Emphasised warning NOTE: rash is not a contraindication
Prevention of secondary case of meningitis	Contact number added.
Clostridium difficile	Revised second line option to exclude recurrent infections. Added recurrent infections to third line treatment option in line with local guidance.

Section	Summary of change
Epididymitis	Removed ofloxacin as second line option as felt would not be appropriate option for those who failed to respond to or were not considered suitable for the first line option - ciprofloxacin.
Vaginal candidiasis	Removed reference to fenticonazole pessary as non-formulary drug and formulary alternatives are included within recommendations.
Trichomoniasis	Removed references to use of stat dose of metronidazole 2gram. Guidance advises avoid use in pregnancy and highlights higher risk of adverse effects compared to standard oral dose.
Impetigo	Revised dose of flucloxacillin to higher end of range 500mg QDS in line with local guidance. Revised guidance to make clear flucloxacillin is first line choice and clarithromycin second line choice in line with local guidance.
Animal bites Pregnant women	Revised guidance to recommend use of oral co-amoxiclav and remove reference to I/V ceftriaxone which is not routinely available within primary care setting. For those with penicillin allergy guidance revised to recommend consulting or referring to A/E. Previous NICE recommendation was to use I/V ceftriaxone which were not thought to be suitable for reasons as above.
Conjunctivitis	Revised choice of antibiotics in line with local guidance.
Dental abscess	Removed phenoxymethylpenicillin as an alternative to amoxicillin.

Presented to PACEF meeting

18th September 2019

All amendments to NICE/PHE guidance approved by Antimicrobial Stewardship Strategy Group (ASSG) at meeting held 10th September 2019.