



# Summary tables and accessible text: Antimicrobial prescribing guidance - managing common infections

## User Guide

### Background

Since 2017, [NICE](#) and [UKHSA](#) (then PHE) have published a range of management of common infections guidelines. These guidelines offer evidence-based guidance for primary care and supply recommendations for appropriate antimicrobial use in the context of tackling antimicrobial resistance (AMR).

To implement these guidelines, UKHSA and NICE also have also produced a joint summary of antimicrobial prescribing guidance ([APG summaries](#)). This tool is currently published in table and text summary and hosted on the TARGET toolkit. It is updated when there are changes or additions to the published APGs specific to antimicrobial prescribing.

### Who can the APG summaries be used by?

- Primary care prescribers in general practice and out-of-hours settings, including doctors, nurses and pharmacists
- Integrated Care Board (ICB) staff who are prescribing advisers or who may be receiving queries from primary care prescribers
- Those giving first point of contact or symptomatic advice for common infections

### What are the aims of the APG summaries?

To provide a concise and comprehensible summary of current knowledge about management of key common infection. This will support clinicians to:

- target antimicrobials,
- improve patient care,
- reduce the spread of infection
- and contribute to a reduction in antimicrobial resistance.

### Development and review process

The APG summaries are currently published on the [TARGET toolkit](#). The content is taken from national guidance produced by the national guidance producing agencies linked to in the table row. To find the update and review timetable for the content, you need to return to the full guidance on the author agencies' website. The accessible text summaries for each infection on the TARGET toolkit are developed based on the content in the table and are reviewed and updated when the text in the table summaries changes.

Content under the summaries is updated when the main guidance underpinning the topic is updated, ensuring that there is a minimal amount of time between updates to the main guidance. Always check the guidance on the main page if unsure.

Please ensure you are using the most up to date version of this tool published on the TARGET website.

### **Limitations**

This tool is designed to support healthcare professionals and may not account for individual circumstances of patients, nor is it a complete replication of the information. It should not be used as sole basis for decision making, nor replace healthcare professional consultations.

This information is up to date at point of publication, the British National Formulary ([BNF](#)) and Electronic Medicines Compendium ([EMC](#)) should be reviewed for the most up to date information.

### **Local adaptation and considerations**

This tool is not all-encompassing. If more detail is needed, we suggest referring to the main guidance for each common infection which is linked to in the table summary or web text. Clinicians should rely on their clinical judgement and use it alongside other professional resources.

This resource was developed for application in England. We would discourage major changes to the tool, but the format allows minor changes to suit local service delivery and sampling protocols.

To create ownership agreement on any resources which are adapted for local use, dissemination should be agreed and planned at the local level between primary care clinicians, laboratories and secondary care providers.

While every care has been taken in the preparation of this resource, UKHSA and the partner organisations shall, to the greatest extent possible under any applicable law, exclude liability for all losses, costs, claims, damages or expenses arising out of or connected with the use of this resource or any information contained within it.

If alterations are made by an end user to this resource for local use, it must be made clear within the amended document where the alterations have been made and by whom. It should also be acknowledged that UKHSA and the partner organisations shall bear no liability for such alterations.

The evidence base and expert consensus recommendations are as complete as possible at the date of issue.

### **Other useful resources and user feedback**

Please consider using the TARGET patient information leaflets on common infections, (available at: <https://www.rcgp.org.uk/TARGET-patient-leaflets>) to support Antimicrobial Stewardship.

We are happy to receive feedback about how you have used this resource and any constructive comments on how it can be improved. Please contact us at [TARGETantibiotics@ukhsa.gov.uk](mailto:TARGETantibiotics@ukhsa.gov.uk).

## Appendix 1: Information on components of the APG summary text published in web text

### Upper Respiratory Tract Infection text summaries

Abbreviations

#### Contents

- Acute Sore Throat
- Acute Otitis Media
- Sinusitis

1. Links the user to the infection that they are looking for

#### Acute Sore Throat

Advise paracetamol, or if preferred and suitable, ibuprofen for pain

Use FeverPAIN or Centor to assess symptoms:

- FeverPAIN 0-1 or Centor 0-2: no antibiotic;
- FeverPAIN 2-3: no or back-up antibiotic;
- FeverPAIN 4-5 or Centor 3-4: immediate or back-up antibiotic.

Systemically very unwell or high risk of complications: immediate antibiotic.

\*5 days of phenoxymethylpenicillin may be enough for symptomatic cure; but a 10-daycourse may increase the chance of microbiological cure.

First choice adult: phenoxymethylpenicillin 500mg QDS or 1000mg BD for 5 to 10 days\*

Penicillin allergy adult: clarithromycin 250mg to 500mg BD for 5 days

OR

erythromycin (if macrolide needed in pregnancy; consider benefit/harm) 250mg to 500mg QDS or 500mg to 1000mg BD for 5 days

For information on children's dosage or for detailed information see the guidance visual summary or <https://www.nice.org.uk/guidance/ng84>

NICE

Last updated: Feb 2023

2. Type of infection, agencies producing the guidance and date of last update within the table

3. Key infection management points summarised and hyperlinked to other references

4. Medication dosage and timing

5. Hyperlink to main guidance for more information

6. Child or alternative management options/dosage (linked to BNF)

## Appendix 2: Information on components of the APG summary table in the published PDF

1. **Quick links:** Click on the icons to jump to hyperlinked sections of the table or other guidance

NICE National Institute for Health and Care Excellence

UK Health Security Agency

### Summary of antimicrobial prescribing guidance – managing common infections

- Fluoroquinolone antibiotics: In January 2024, the MHRA published a [Drug Safety Update](#) on fluoroquinolone antibiotics. These must now only be prescribed when other commonly recommended antibiotics are inappropriate. Stakeholders are assessing the impact of this warning on recommendations in the relevant guidance.
- See [BNF](#) for appropriate use and dosing in specific populations, for example, hepatic impairment, renal impairment, pregnancy and breastfeeding.

Key: Click to access doses for children Click to access NICE's printable visual summary

Jump to section on:

- Upper RTI Lower RTI UTI Meningitis GI Genital Skin Eye Dental

4. Medication dosage and timing

3. Key infection management points summarised and hyperlinked to other references

Infection	Key points	Medicine	Doses		Length	Visual summary
			Adult	Child		
<b>Upper respiratory tract infections</b>						
<b>Acute sore throat</b>  <b>NICE</b>  UK Health Security Agency	Advise paracetamol, or if preferred and suitable, ibuprofen for pain. Medicated lozenges may help pain in adults. Use <a href="#">FeverPAIN</a> or <a href="#">Centor</a> to assess symptoms: <b>FeverPAIN 0-1 or Centor 0-2:</b> no antibiotic; <b>FeverPAIN 2-3:</b> no or back-up antibiotic; <b>FeverPAIN 4-5 or Centor 3-4:</b> immediate or back-up antibiotic. <b>Systemically very unwell or high risk of complications:</b> immediate antibiotic. *5 days of phenoxymethylpenicillin may be enough for symptomatic cure; but a 10-day	<b>First choice:</b> phenoxymethylpenicillin  <b>Penicillin allergy:</b> clarithromycin OR erythromycin (if macrolide needed in pregnancy; consider benefit/harm)  <b>Second choice:</b> co-amoxiclav	500mg QDS or 1000mg BD		5 to 10 days*	
			250mg to 500mg BD		5 days	
			250mg to 500mg QDS or 500mg to 1000mg BD		5 days	

2. Type of infection, agencies producing the guidance and date of last update within the table.

6. Child dosage (linked to BNF)

5. Hyperlink to main guidance for more information

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Infection	Key points	Medicine	Doses		Length	Visual summary
			Adult	Child		
Influenza  Last updated: June 2023  Status: Under review	For management guidance please refer to <a href="#">UKHSA guidance on Influenza: treatment and prophylaxis using anti-viral agents.</a>					
<b>Acute otitis media</b>  <b>NICE</b>  UK Health Security Agency  Last updated: Mar 2022	Regular paracetamol or ibuprofen for pain (right dose for age or weight at the right time and maximum doses for severe pain). Consider ear drops containing an anaesthetic and an analgesic for pain if an immediate antibiotic is not given and there is no ear drum perforation or otorrhoea. <b>Otorrhoea or under 2 years with infection in both ears:</b> no, back-up or immediate antibiotic. <b>Otherwise:</b> no or back-up antibiotic. <b>Systemically very unwell or high risk of complications:</b> immediate antibiotic. For detailed information click on the visual summary.	<b>First choice:</b> amoxicillin  <b>Penicillin allergy:</b> clarithromycin OR erythromycin (if macrolide needed in pregnancy; consider benefit/harm)  <b>Second choice:</b> co-amoxiclav	-		5 to 7 days	
			-		5 to 7 days	
			-		5 to 7 days	
<b>Acute otitis externa</b>  Last updated: June 2023  Status: Under review	For management guidance please refer to NICE/Clinical Knowledge Summaries: <a href="#">Otitis externa</a>					

7. Hyperlink to alternative guidance if infection is not covered under the NICE APGs

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