Principles of treatment when using the antimicrobial prescribing guidance summaries

1. The summaries are based on the best available evidence but use professional judgement and involve patients in management decisions.

2. The summaries should not be used in isolation; it should be supported with patient information about safety netting, back-up antibiotics, self- care, infection severity and usual duration, clinical staff education, and audits. Materials are available on the RCGP TARGET website.

3. Prescribe an antibiotic only when there is likely to be clear clinical benefit, and give alternative, non-antibiotic self-care advice, where appropriate.

4. If person is systemically unwell with symptoms or signs of serious illness or is at high risk of complications: give immediate antibiotic and always consider possibility of sepsis and refer to hospital if severe systemic infection or if you have any concerns.

5. Use a lower threshold for antibiotics in immunocompromised, or in those with multiple morbidities; consider culture/specimens and seek advice.

6. In severe infection, or immunocompromised, it is important to start antibiotics as soon as possible, particularly if sepsis is suspected and consider if hospital attendance is required. If patient is not at moderate to high risk for sepsis, give information about symptom monitoring, and how to access medical care if they are concerned.

7. Where an empirical therapy has failed or special circumstances exist, microbiological advice can be obtained from your local laboratory services

8. Limit prescribing over the telephone to exceptional cases.

9. Use simple, generic antibiotics if possible. Avoid broad spectrum antibiotics (for example co-amoxiclav, quinolones and cephalosporins) when narrow spectrum antibiotics remain effective, as they increase the risk of Clostridium difficile, MRSA and resistant UTIs.

10. Avoid widespread use of topical antibiotics, especially in those agents also available systemically (for example fusidic acid); in most cases, topical use should be limited.

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11. Always check for antibiotic allergies. A dose and duration of treatment for adults is usually suggested, but may need modification for age, weight, renal function, or if immunocompromised. In severe or recurrent cases, consider a larger dose or longer course.

12. Avoid use of quinolones unless benefits outweigh the risk. 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.

13. Refer to the BNF for further dosing and interaction information (for example the interaction between macrolides and statins), and check for hypersensitivity

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