

In many cases the Preferred Antibiotic is No Antibiotic

Advise patients/carers to visit the HSE website www.undertheweather.ie for self-care advice for viral and self-limiting infections

✓ Preferred Antibiotics In Community

See www.antibioticprescribing.ie If antibiotic therapy is indicated the preferred first line choices below are likely to be effective, have fewer side effects, and are less likely to lead to resistant infections.

Respiratory Infections Duration in general: 5 days	Urinary Tract Infections	Skin and Soft Tissue Infections
Amoxicillin	Nitrofurantoin* (Only for lower UTI)	Flucloxacillin
Doxycycline*	Cefalexin	Cefalexin
Penicillin V (phenoxymethylpenicillin)	Trimethoprim*	Doxycycline* (acne)
	Fosfomycin* (Only for lower UTI)	Lymecycline* (acne)

✗ Antibiotics To Be Avoided First Line In Community

Co-amoxiclav Unless as first line for: animal or human bite; facial cellulitis; post partum endometritis; caesarean wound infections; perineal wound infection	Risks: C.diff	Quinolones - Levofloxacin* - Ciprofloxacin* - Ofloxacin* - Moxifloxacin* – Unless as first line for acute prostatitis – Unless as first line for acute epididymo-orchitis – AVOID due to risk of severe liver toxicity	Risks: C.diff, drug interactions, tendon/nerve & other toxicities, prolongation of QT interval, lowers seizure threshold
Other cephalosporins - Cefaclor - Cefixime - Cefuroxime	Risks: C.diff	Macrolides - Clarithromycin* - Azithromycin* - Erythromycin*	Risks: C.diff, drug interactions, prolongation of QT interval – Unless as first line for helicobacter eradication
Clindamycin*	Risks: C.diff		

* These antibiotics may be safely used in patients with true penicillin allergy (immediate hypersensitivity).

C. diff = *Clostridioides difficile* infection

See www.antibioticprescribing.ie for details



Guidance developed by Antibioticprescribing.ie Working Group