

In many cases the Preferred Antibiotic is No Antibiotic

✓ Preferred Antibiotics in Community

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

Respiratory Infections (upper and lower)	Urinary Tract Infections	Soft tissue infections - cellulitis, acne
Penicillin V (phenoxymethylpenicillin)	Nitrofurantoin*	Flucloxacillin
Amoxicillin	Cefalexin	Cefalexin
Doxycycline*	Trimethoprim*	Doxycycline*
	Fosfomycin*	Lymecycline*

✗ 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 Risks: C.diff Drug Intx, Tendon/Nerve, AA+D, QT, Seizure	<ul style="list-style-type: none"> Levofloxacin* – unless consultant advice or known resistance to preferred AB in COPD acute exacerbation Ciprofloxacin* only in proven resistant UTI or acute prostatitis/epididymo-orchitis Ofloxacin* – only on consultant advice or if treating genital infxn Moxifloxacin* – AVOID risk of severe liver toxicity
Other cephalosporins <ul style="list-style-type: none"> Cefaclor Cefixime Cefuroxime 	Risks: C.diff	Macrolides Unless TRUE PENICILLIN ALLERGY or specific indication e.g. mycoplasma, helicobacter eradication	Risks: C.diff, Drug Intx, QT
Clindamycin*	Risks: C.diff	<ul style="list-style-type: none"> Clarithromycin* Azithromycin* – only on advice of consultant or if treating STI Erythromycin* – best avoided as other macrolides better tolerated 	

AA+D – risk of aortic aneurysm and dissection, Seizure – lowers seizure threshold, QT – prolongation of QT interval.

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

See www.antibioticprescribing.ie for details



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