| Drug | Dose | Duration | Notes |
|---|---|----------|--|
| 1st choice options | | | |
| Amoxicillin | 500mg every 8 hours Consider 750mg- 1g every 8 hours for severe infection | 5 days | Avoid in penicillin allergy |
| OR Doxycycline (First choice in penicillin allergy) | 200mg every 24 hours* | 5 days | Avoid in pregnancy. Advise to take with a glass of water and sit upright for 30 minutes after taking. Can take with food or milk if gastritis is an issue. Absorption of doxycycline significantly impaired by antacids, iron/calcium/magnesium/zinc-containing products. |
| OR Clarithromycin (Second line in penicillin allergy) | 500mg every 12 hours | 5 days | Avoid if on azithromycin prophylaxis. Clarithromycin suitable in 2^{nd} and 3^{rd} trimester in pregnancy. For 1^{st} trimester, seek specialist advice. |
| 2nd choice options or high risk of treatment failure | | | |
| Consider hospital admission. Check for consultant guidance from previous consultation | | | |
| Co-amoxiclav | 500/125mg every 8 hours Consider 875/125mg every 8 hours for severe infection | 5 days | Avoid in penicillin allergy |
| OR Levofloxacin (In penicillin allergy) | 500mg every 24 hours | 5 days | Increased risk of tendon damage with concomitant use of corticosteroids. Avoid in pregnancy. Absorption of levofloxacin significantly impaired by dairy products, antacids, iron/calcium/magnesium/zinc-containing products. |