

Antibiotic Prescribing in the context of COVID-19 pandemic: Implications for Adult patients in Secondary Care, NHS GGC

10 Key Points:

1. **Common bacterial infections are still occurring.** Please follow NHS GGC Infection Management Guidelines [Adult IMG Poster Hospital GGC](#)
2. **Bacterial infections may also occur in the context of COVID19 infection or “coincidental” SARS-COV2 (COVID19) upper-airways carriage.** It is essential that blood cultures are performed in all patients with fever or suspected serious infection and consider and treat alternative bacterial diagnosis (e.g. Gram negative sepsis)
3. **Be alert to delayed presentations of serious bacterial infection** in patients who have been self isolating at home with fever (e.g. urinary tract sepsis, severe Streptococcal infection, skin and soft tissue infection)
4. **If severe bacterial infection/sepsis is suspected and the source is unknown OR unclear continue to manage as per guidance** with IV Amoxicillin and Gentamicin with addition of IV Flucloxacillin if *S.aureus* is suspected
5. **In patients receiving IV antibiotics consider IV to oral switch daily. Follow [IVOST](#) guidance**
6. **Ensure that antibiotic duration is short as possible and as per [Adult IMG Poster Hospital GGC](#)**
7. **Optimise ambulatory management of infection.** Refer patients GGC-wide in whom prolonged IV therapy is being considered but suitable for discharge to OPAT via Trakcare. In South sector also refer suitable patients with skin soft tissue infection early to OPAT.
8. **Guidance for antibiotic management in suspected or proven COVID-19 infection**
 - a. **COVID-19 suspected/ confirmed no purulent sputum and no evidence of pneumonia:** It's a viral infection. Do not prescribe antibiotics
 - b. **IE COPD with purulent sputum:** bacterial infection possible. Consider doxycycline or amoxicillin (5 days) or azithromycin (3 days)
 - c. **Community acquired pneumonia:** Bacterial infection can't be excluded. Follow local severity-based (CURB-65) CAP guidelines. If ≥ 3 CURB65 Co-amoxiclav +/- Clarithromycin (or Levofloxacin monotherapy if penicillin allergy)
 - d. **Non-Severe Hospital acquired pneumonia (HAP):** test for COVID-19. Treat with Doxycycline 100mg 12 hourly or Co-trimoxazole 960mg 12 hourly
 - e. **Severe HAP:** test for COVID-19. Take BCs. Treat with IV Co-amoxiclav, (+ Gentamicin if SEPSIS or concern of Gram negative infection). Levofloxacin if pen allergy.
 - f. **Ventilator acquired pneumonia:** contact microbiology for advice
 - g. **Remember drug interactions/toxicity:** QTc prolongation (macrolides, quinolones), cation drug interactions (doxycycline, quinolones) and other drug interactions (macrolides, quinolones). Check BNF and consult pharmacy for advice
 - h. **Remember to apply IVOST criteria when treating CAP**
9. **Specific COVID-19 directed therapy:** There is no proven therapy for COVID-19 infection. Experimental treatments (including Chloroquine/Hydroxychloroquine) are restricted to clinical trials. See [GOV.UK COVID-19](#)
10. **Infection management advice is available from clinical microbiology or infectious diseases**