Antibiotic Prescribing Formulary for mental health units.

Antibiotic Prescribing Formulary for mental health inpatient units

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Approved by Lancashire Care NHS Foundation Trust Drugs and Therapeutics Committee

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Next Review date. April 2018.
**CURB65 score for severity assessment in adults with community acquired pneumonia**

**CURB65 severity score** - 1 point for each feature present:
- **C**onfusion (altered mental status or disorientation in person, place and time)
- **U**rea > 7 mmol/l
- **R**espiratory rate ≥ 30/min
- **B**lood pressure (systolic < 90mmHg or diastolic ≤ 60mmHg)
- **A**ge ≥ 65 years

If no Urea available

Use CRB-65 score to help guide and review: Each scores 1:
- Confusion (recent);
- Respiratory rate >30/min;
- BP systolic <90 or diastolic = 60;
- Age >65;

Score 0: treat as CURB-65 = 1
Score 1-2: treat as CURB - 65 = 2 and consider hospital admission
**Score 3-4: urgent hospital admission**

**Note:** Intravenous antibiotics must not be prescribed or administered on mental health inpatient units
## Antibiotic Prescribing Formulary for mental health units

**Prepared March 2008. Reviewed April 2015.**

**Next Review date. April 2018.**

<table>
<thead>
<tr>
<th>INFECTION</th>
<th>MAY BE CAUSED BY</th>
<th>PRESCRIBE (ADULT ORAL DOSE)</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>URINARY TRACT INFECTION</strong>&lt;br&gt; If septic with UTI refer for assessment for IV antibiotics</td>
<td>COLIFORMS ENTEROCOCCI</td>
<td>TRIMETHOPRIM 200MG TWICE DAILY OR NITROFURANTOIN 100 MG 4 X DAILY</td>
<td>IF PATIENT DOES NOT HAVE SYMPTOMS, DO NOT PRESCRIBE ANTIBIOTICS EVEN IF URINALYSIS OR CULTURE IS POSITIVE. CONSIDER A THREE DAY COURSE IN 3 DAYS FOR UNCOMPLICATED CYSTITIS IN WOMEN. E COLI IN URINE IS NOT NECESSARILY AN INDICATION FOR ANTIBIOTICS. DOSE ADJUSTMENT REQUIRED WITH IMPAIRED RENAL FUNCTION.</td>
</tr>
<tr>
<td><strong>ACUTE EXACERBATION OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)</strong></td>
<td>PNEUMOCOCCI HAEMOPHILUS MORAXELLA</td>
<td>AMOXYCILLIN 500MG 3 X DAILY OR DOXYCYCLINE 200MG STAT AND THEN 100MG DAILY</td>
<td>SEND SPUTUM SPECIMEN IF AVAILABLE BEFORE ANTIBIOTICS</td>
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</tbody>
</table>
| **PNEUMONIA**<br> ASSESS SEVERITY WITH CURB-65 SCORE | PNEUMOCOCCI HAEMOPHILUS MYCOPLASMA | CURB 65 = 1 AMOXYCILLIN 500MG 3 X DAILY OR CLARITHROMYCIN 500MG 2 X DAILY (IF PENICILLIN ALLERGIC) CURB 65 = 2 AS ABOVE BUT GIVE BOTH. IF PENICILLIN ALLERGIC CONSULT WITH MEDICAL MICROBIOLOGY CURB 65 = 3 OR MORE CONSIDER REFERRAL IF ASPIRATION SUSPECTED ADD METRONIDAZOLE | CURB 65 SCORE (SEE ATTACHED) Score 1 point for each of following:
- new Confusion
- Urea > 7 mmol/l
- Respiratory rate ≥30/min
- Blood pressure (systolic < 90mmHg or diastolic < 60mmHg), Age > 65 years
- Also consider whether there is hypoxia (sats, 92%/O2 < 60mmHg) |
| **CLOSTRIDIUM DIFFICILE ASSOCIATED DIARRHOEA** | CLOSTRIDIUM DIFFICILE | METRONIDAZOLE 400MG 3 X DAILY OR VANCOMYCIN 125MG 4X DAILY | IF SEVERE: > 5 STOOLS/DAY OR WBC >15 USE VANCOMYCIN. METRONIDAZOLE MAY AFFECT LITHIUM LEVELS SO MONITOR FOR SIGNS OF TOXICITY |
| **MRSA**<br> METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS | IF COLONISED—NO NEED TO PRESCRIBE ANTIBIOTICS ROUTINELY. SEEK ADVICE FROM INFECTION PREVENTION AND CONTROL. | DO NOT ATTEMPT DECOLONISATION UNLESS ADVISED BY INFECTION PREVENTION AND CONTROL, OR PATIENT IS TO BE TRANSFERRED TO ACUTE CARE FOR SURGERY |
| **CELLULITIS**<br> HAEOMLYTIC STREPTOCOCCI GROUPS A, C OR G STAPHYLOCOCCUS AUREUS | FLUCLOXACILLIN 1G 4 X PER DAY OR CLARITHROMYCIN 500MG 2 X PER DAY (IF PENICILLIN ALLERGIC) | AVOID TOPICAL AGENTS |
| **SKIN ABSCESS**<br> STAPHYLOCOCCUS AUREUS | FLUCLOXACILLIN 500MG 4 X DAILY OR CLARITHROMYCIN 500MG 2 X DAILY (IF PENICILLIN ALLERGIC) | SKIN ULCERS ARE NOT AN INDICATION FOR ANTIBIOTICS UNLESS THERE IS SURROUNDING CELLULITIS. CONSIDER SURGICAL DRAINAGE FOR ABSCESS |
| **DENTAL ABSCESS**<br> STREPTOCOCCI ANAEROBES | AMOXYCILLIN 500MG 3 X DAILY AND METRONIDAZOLE 400MG 3 X DAILY | DRAINAGE OFTEN REQUIRED DO NOT DELAY REFERRAL TO DENTIST |
| **SHINGLES**<br> VARICELLA ZOSTER | ACICLOVIR 800MG 5 X DAILY | MUST BE STARTED WITHIN 72 HOURS OF THE ONSET OF THE RASH |
| **BACTERIAL MENINGITIS**<br> MENINGOCOCCI PNEUMOCOCCI | REFER TO ACUTE TRUST IMMEDIATELY FOR INTRAVENOUS TREATMENT | REMEMBER TO NOTIFY HEALTH PROTECTION AGENCY FOR PROPHYLAXIS OF CONTACTS |
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