

# In many cases the Preferred Antibiotic is No Antibiotic

## ☑ Preferred Antibiotics in Community

See [www.antibioticprescribing.ie](http://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

<b>Co-amoxiclav</b> Unless as first line for: animal or human bite; facial cellulitis; post partum endometritis; caesarean wound infections; perineal wound infection	<b>Risks: C.diff</b>	<b>Quinolones</b> • 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	<b>Risks: C.diff Drug Intx, Tendon/Nerve, AA+D, QT, Seizure</b>
<b>Other cephalosporins</b> • Cefaclor • Cefixime • Cefuroxime	<b>Risks: C.diff</b>	<b>Macrolides</b> Unless TRUE PENICILLIN ALLERGY or specific indication e.g. mycoplasma, helicobacter eradication • Clarithromycin* • Azithromycin* – only on advice of consultant or if treating STI • Erythromycin* – best avoided as other macrolides better tolerated	<b>Risks: C.diff, Drug Intx, QT</b>
<b>Clindamycin*</b>	<b>Risks: C.diff</b>		

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).

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Version 4, October 2020



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