



Preferred Antibiotics in Primary Care

In many cases in Primary Care the ***Preferred Antibiotic is No Antibiotic***

See www.antibioticprescribing.ie If antibiotic therapy is indicated the preferred first line choices below are most likely to be 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)	Trimethoprim*	Flucloxacillin
Amoxicillin	Nitrofurantoin*	Doxycycline*
Doxycycline*	Fosfomycin*	Lymecycline*
Clarithromycin* only for specific clinical indication	Cephalexin	Trimethoprim*

Antibiotics marked * may be safely used in patients with true penicillin allergy (immediate hypersensitivity). See www.antibioticprescribing.ie for details



Antibiotics to be avoided First Line in Primary Care

Co- amoxiclav (unless animal or human bite, facial cellulitis, post partum endometritis, caesarean wound infections, pyelonephritis)	Azithromycin* – only on advice of consultant or if treating STI
Ciprofloxacin* (only in proven resistant UTI or acute prostatitis)	Erythromycin* – probably ineffective due to resistance
Most other cephalosporins e.g. cefaclor, cefixime, cefuroxime	Levofloxacin* – consultant advice or known resistance to preferred AB in COPD acute exacerbation Ofloxacin* – only on consultant advice Moxifloxacin* – AVOID risk of severe liver toxicity
Clindamycin*	Macrolides (unless TRUE PENICILLIN ALLERGY or specific indication e.g. mycoplasma, helicobacter eradication)

Antibiotics can interact with other drugs (e.g. statins, warfarin), leading to serious adverse events (e.g. prolonged QT interval). Always check www.antibioticprescribing.ie before prescribing.

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