



Preferred Antibiotics in Primary Care



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

See www.antibioticprescribing.ie for full details.

If antibiotic therapy is indicated the **preferred first-line** choices below are most likely to be effective, have fewer side-effects, and 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 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
	Clindamycin*
Ciprofloxacin* (only in proven resistant UTI or acute prostatitis)	Moxifloxacin* - only on consultant advice
	Erythromycin* - probably ineffective due to resistance
Most other cephalosporins e.g. cefaclor, cefixime, cefuroxime	Macrolides (unless TRUE PENICILLIN ALLERGY or specific indication e.g. mycoplasma, helicobacter eradication)

Antibiotics marked * may be safely used in patients with true penicillin allergy (immediate hypersensitivity).

Antibiotics can be associated with significant drug-drug interactions e.g. statins, warfarin & also QT interval prolongation.

Always check before prescribing. See antibioticprescribing.ie for full details.