Lower Respiratory Tract Infections

Illness	Comments	Drug	Dose	Duration of Tx
Note: doses are oral and for adults unless otherwise stated. Please refer to BNF for further information.				
Acute exacerbation of COPD	**Many cases are viral. Antibiotics are not indicated in absence of purulent/ mucopurulent sputum.** Treat exacerbations promptly with antibiotics if purulent sputum **and** increased shortness of breath **and/or** increased sputum volume	**First line**: Amoxicillin **or** Clarithromycin **or** Doxycycline	500mg TDS 500mg BD 200mg stat then 100mg OD	Antibiotics should be given until clinical improvement - review after 5-7 days

		If there is no clinical benefit after the first antibiotic consider using an alternative ***first line*** option and send sputum for culture and sensitivity reports. ***If* patient fails to respond - discuss the case with a Microbiologist.**	
Acute bronchitis	Systematic reviews indicate benefits of antibiotics are marginal in otherwise healthy adults. Consider using the option of **a delayed**	**First line:** No antibiotics needed in otherwise healthy adults with no underlying lung disease. Consider use in the elderly, co- morbidity (e.g. heart failure, diabetes) or deteriorating clinically.	

Lower Respiratory Tract Infections

Illness	Comments	Drug	Dose	Duration of Tx
Note: doses are oral and for adults unless otherwise stated. Please refer to BNF for further information.				
	Prescription.	**Second line:** Amoxicillin **or** Doxycycline	500mg TDS 200mg stat then 100mg OD	5-7 days
Community - acquired pneumonia (CAP) Severity assessment chart (BTS guidelines)	1. Assess the severity and continue to review patients (see below). 2. Microbiological investigations not recommended routinely for those managed in the community - consider if no response to empirical therapy after 48 hours. 3. Examination for *Mycobacterium tuberculosis* should be considered for patients with a persistent productive cough, especially if malaise, weight loss, or night sweats, or if other risk factors exist. 4. Serological investigations should be considered during outbreaks (e.g. *legionella, mycoplasma and pertussis*). 5. Amoxicillin 250mg TDS is insufficient to treat, prescribe 500mg TDS.			

Lower Respiratory Tract Infections

Illness	Comments	Drug	Dose	Duration of Tx
Note: doses are oral and for adults unless otherwise stated. Please refer to BNF for further information.				
	Assessment and review of patients Use CRB65 score to help guide and review: Each scores 1: **C**onfusion (AMT<8); **R**espiratory rate >30/min; Age >**65**; **B**P systolic <90 or diastolic ≤ 60; **Score 0**: suitable for home treatment; **Score 1-2**: hospital assessment or admission **Score 3-4: urgent hospital admission** Mycoplasma infection is rare in over 65s	IF CRB65=0: Amoxicillin ***or*** Clarithromycin ***or*** Doxycycline	500mg TDS 500mg BD 200 mg stat/100 mg OD	7 days 7 days 7 days
		If CRB65=1 & AT HOME Amoxicillin **and** clarithromycin ***or*** Doxycycline alone	500mg TDS 500mg BD 200 mg stat/100 mg OD	7 to 10 days 7 to 10 days