

Lower Respiratory Tract Infections

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

		<p>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.</p> <p>If patient fails to respond - discuss the case with a Microbiologist.</p>	
<p>Acute bronchitis</p>	<p>Systematic reviews indicate benefits of antibiotics are marginal in otherwise healthy adults. Consider using the option of a delayed</p>	<p>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.</p>	

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	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)	<ol style="list-style-type: none"> 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 <i>Mycobacterium tuberculosis</i> 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. <i>legionella</i>, <i>mycoplasma</i> and <i>pertussis</i>). 5. Amoxicillin 250mg TDS is insufficient to treat, prescribe 500mg TDS. 			

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	<p>Assessment and review of patients Use CRB65 score to help guide and review: Each scores 1: Confusion (AMT<8); Respiratory rate >30/min; Age >65; BP 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</p>	IF CRB65=0: Amoxicillin	500mg TDS	7 days
		or Clarithromycin	500mg BD	7 days
		or Doxycycline	200 mg stat/100 mg OD	7 days
		If CRB65=1 & AT HOME Amoxicillin and clarithromycin	500mg TDS 500mg BD	7 to 10 days 7 to 10 days
		or Doxycycline alone	200 mg stat/100 mg OD	7 to 10 days