

1. Do not prescribe for a common cold. Sign-post to community pharmacy for self-care advice, including drinking plenty of fluid, OTC medicines and resting.
2. Give advice on how long common symptoms usually last. Advise on contacting the practice if symptoms worsen or do not get better in the time scale. There is information for patients/parents on how long common conditions like sore throat last on the SWYAPC's [website](https://www.swyapc.org/antibiotic-awareness-antibiotic-resources-for-parents-and-patients/) under 'Antibiotic resources for parents and patients' <https://www.swyapc.org/antibiotic-awareness-antibiotic-resources-for-parents-and-patients/>.
3. Involve all clinical staff in review of practice's policy on prescribing antibiotics, to ensure best practice, consistency and fairness.
4. Use your displays in public areas, website, phone messaging, emails etc to offer information on self-care and antibiotic stewardship.
5. Treat with the most appropriate antibiotic (guidance from NICE/PHE is available from [here](https://www.swyapc.org/primary-care-antibiotics/) <https://www.swyapc.org/primary-care-antibiotics/> with some local guidelines where NICE does not yet have. Avoid broad spectrum antibiotics when narrow spectrum ones remain effective
6. Do not use antibiotics for first line treatment of:
 - acute sinusitis
 - acute cough/bronchitis (low risk of complications)
 - uncomplicated acute otitis media
 - uncomplicated sore throat.
7. Use delayed prescriptions when appropriate for acute self-limiting URTIs and mild UTI symptoms.
8. Limit prescribing over the telephone to exceptional cases based on individual clinical judgement.
9. Catheter in situ. Antibiotics will not eradicate asymptomatic bacteriuria. Offer an antibiotic for a symptomatic infection.
10. Wound care. Do not treat positive wound swab results with antibiotics unless there are clinical signs of infection.

Acute sore throats: "Antibiotics make little difference to how long symptoms last or the number of people whose symptoms improve"¹

AOM: "Complications (such as mastoiditis) are rare with or without antibiotics"¹

Microbiologist advice available from:

Calderdale Royal Hospital: 01422 357171
Huddersfield Royal Infirmary: 01484 342000
Pinderfields Hospital: 0844 8118110
Bradford Teaching Hospitals: 01274 542200
Airedale Hospital: 01535 652511

Ask switchboard for the duty microbiologist or on-call consultant

Useful Resources

[Target](http://www.rcgp.org.uk/clinical-and-research/toolkits/target-antibiotic-toolkit.aspx) antibiotic toolkit from <http://www.rcgp.org.uk/clinical-and-research/toolkits/target-antibiotic-toolkit.aspx>

Information for patients/ /public/ parents/carers on antibiotic stewardship is available from the South West Yorkshire Area Prescribing Committee [website](https://www.swyapc.org/) (<https://www.swyapc.org/> under for patients and public) e.g how to wash hands effectively, videos, factsheets, leaflets.

Course length and dose

Don't treat for longer than necessary, check guidelines if unsure. NB. If it's not working, don't keep using it.

The dose given in guidelines may need modification for age, weight, renal function, or if patient is immuno-compromised. In severe or recurrent infections, consider a larger dose or longer course