Indication	Empiric Oral Switch		Total Duration (IV + Oral)
	First Line	Second Line/ Severe penicillin allergy	
Resolving infection- unsure if LRTI/ UTI	**No sepsis:** Amoxicillin 1gram tds **AND** Nitrofurantoin 50mg qds[2] **Sepsis:** Co-trimoxazole 960mg bd[3,8]	**No sepsis or sepsis:** Co-trimoxazole 960mg bd[3,8]	5-7 days
Neutropenic sepsis	*Discuss with ID, Haematology or Microbiology consultant		
Community acquired pneumonia (CAP)	**Non-severe CAP** (CURB65≤2 and no sepsis): Amoxicillin 1gram tds **Severe CAP** (CURB65≥3 or any CURB65 score with sepsis): Amoxicillin 1g tds **OR** Co-amoxiclav 625mg tds **AND ADD ATYPICAL AGENT:** Doxycycline 200mg stat, then 100mg bd (1st choice) **OR** Clarithromycin 500mg bd[1,6] (2nd choice)	**Non severe CAP** (CURB65≤2 and no sepsis): Doxycycline 200mg stat, then 100mg bd[4] **OR** Clarithromycin 500mg bd[1,6] **Severe CAP and with severe penicillin allergy** (CURB65≥3 and with sepsis or any CURB65 score with sepsis): Levofloxacin 500mg bd [1,4,5,7,8] **Levofloxacin covers atypicals and is the drug of choice if Legionella suspected/confirmed*	5 days 10-14 days for Legionella
Infective exacerbation COPD	Amoxicillin 1gram tds	Doxycycline 200mg stat, then 100mg bd[4] **OR** Clarithromycin 500mg bd[1,6]	5 days
Hospital Acquired Pneumonia	**Early onset** (≤ 4 days from admission): as per CAP **Late onset HAP** (≥5 days from admission): Doxycycline 200mg stat, then 100mg bd[4]	**Early onset** (≤ 4 days from admission): as per CAP **Late onset HAP** (≥5 days from admission)**:** Co-trimoxazole 960mg bd[3,8]	5 days
Intra-abdominal/ Hepatobiliary	Co-trimoxazole 960mg bd[3,8] **AND** Metronidazole 400mg tds **Metronidazole NOT required for biliary tract infection, unless severe*	Ciprofloxacin 500mg bd[1,4,5,7,8] **AND** Metronidazole 400mg tds **Metronidazole NOT required for biliary tract infection, unless severe*	5 days (assuming source control)
Spontaneous bacterial peritonitis	Co-trimoxazole 960mg bd[3,8]	Levofloxacin 500mg bd[1,4,5,7,8]	5-7 days
Upper urinary tract infection/ Pyelonephritis	**No sepsis:** Trimethoprim 200mg bd[3,8] **Sepsis/ pyelonephritis:** Co-trimoxazole 960mg bd[3,8]	**No sepsis/ sepsis/ pyelonephritis and no severe penicillin allergy:** Cefalexin 1gram tds; ***refer to renal drug database if CrCl <40mls/min*** **Sepsis/pyelonephritis with severe penicillin allergy and if *CrCl* <20mls/min:** Ciprofloxacin 500mg bd[1,4,5,7,8 8]	7 days
Catheter-associated UTI (CAUTI)	**No sepsis:** Nitrofurantoin 50mg qds *(m/r preparation 100mg bd only if compliance issues)* **Sepsis:** Co- trimoxazole 960mg bd[3,8]	**No sepsis:** Trimethoprim 200mg bd[3,8] OR Cefalexin 1gram tds **Sepsis and no severe penicillin allergy:** Cefalexin 1gram tds; ***refer to renal drug database if CrCl <40mls/min*** **Sepsis with severe penicillin allergy and if *CrCl* <20mls/min:** Ciprofloxacin 500mg bd [1,4,5,7,8]	**Without sepsis:** 3 days- females; 7 days- males **Sepsis:** 7 days
Severe Cellulitis	Flucloxacillin 1 gram qds	Doxycycline 200mg stat, then 100mg bd[4] **OR** Clindamycin 600mg tds if ≥70kg; 450mg tds if <70kg	**Mild/moderate:** 5-7 days **Severe:** 7-10 days
Acute diabetic foot infection/ osteomyelitis	**Mild:** Flucloxacillin 1 gram qds **Mod to severe:** Co-amoxiclav 625mg tds (no previous Abx) Co-trimoxazole 960mg bd[3,8] (previous Abx) **Osteomyelitis:** Discuss with ID or Microbiology consultant	**Mild:** Doxycycline 200mg stat, then 100mg bd[4] **Mod to severe:** Co-trimoxazole 960mg bd[3,8] (no previous Abx) Levofloxacin 500mg bd [1,4,5,7,8] (previous Abx) **Osteomyelitis:** Discuss with ID or Microbiology consultant	**Mild- moderate:** 5-7 days **Severe:** 7-14 days **Osteomyelitis:** discuss with ID
Animal/ Human bites	Co-amoxiclav 625mg tds	Doxycycline 200mg stat, then 100mg bd[4] **AND** Metronidazole 400mg tds	**Non severe:** 5 days **Severe:** 7 days

1. May prolong QTC 2. Not advisable in eGFR<45mls/min 3. Caution CKD, ↑K+ 4. ↓ absorption with milk, iron, calcium, magnesium, antacids
5. Caution if combination with corticosteroids, ↑risk of tendonitis 6. Withhold statin 7. Avoid in epilepsy 8. Reduce dose in CKD-refer to renal drug database

Note: Certain antimicrobials should be avoided or used with caution in myasthenia gravis. Refer to myasthenia gravis section in the NHS D&G Antimicrobial Handbook and "The Handbook" prior to prescribing.