Antibiotic Prescribing in the context of COVID-19 pandemic: Implications for Adult patients in Secondary Care, NHS GGC – update 08/05/20

General infection management advice

1. **Common bacterial infections are still occurring**. Please follow NHS GGC Infection Management Guidelines **Adult IMG Poster Hospital GGC** and ensure blood cultures (and respiratory or other cultures are obtained if relevant to presenting symptoms)
2. **Be alert to delayed presentations of serious bacterial infection** in patients who have been self isolating at home with fever
3. **If severe bacterial infection/sepsis is suspected and the source is unknown OR unclear manage as per guidance** with IV Amoxicillin and Gentamicin with addition of IV Flucloxacillin if *S.aureus* is suspected but review when more clinical/laboratory information available
4. **Remember drug interactions/toxicity:** Including QTc prolongation (macrolides, quinolones), cation drug interactions (doxycycline, quinolones) Check BNF and consult pharmacy
5. **In patients receiving IV antibiotics consider IV to oral switch daily. Follow IVOST guidance**
6. **Modify antibiotic depending on microbiology results**
7. **Most infections can be treated with 5 days antibiotics. See: Adult IMG Poster Hospital GGC**
8. **Optimise ambulatory management of infection**. Refer patients GGC-wide in whom prolonged IV therapy is being considered but suitable for discharge to OPAT via Trakcare. In South sector also refer suitable patients with skin soft tissue infection early to OPAT.

Guidance for antibiotic management in suspected or proven COVID-19 infection

1. **COVID-19 should be considered in the differential diagnosis in any hospitalised patient** with new onset fever or respiratory symptoms or suspected hospital acquired pneumonia
2. **If the clinical diagnosis is COVID-19 and the chest X-ray is normal:** Do not prescribe antibiotics
3. **If chest X-ray is reported as compatible with COVID-19 pneumonia:** and other clinical features are also compatible, consider not prescribing antibiotics
4. **Do not use CRP** to guide prescribing decisions
5. **Exacerbation of COPD without purulent sputum**: Do not prescribe antibiotics
6. **Infective exacerbation of COPD with purulent sputum**: Consider prescribing doxycycline or amoxicillin for 5 days
7. **Suspicion of bacterial pneumonia with abnormal chest x-ray:** Prescribe antibiotics as per NHS GGC CAP guidance but avoid clarithromycin as low probability of atypical pathogens. If atypical pathogen suspected discuss with microbiology/virology. Limit antibiotics to 5 days
8. **If SARSCoV-2 infection is confirmed:** review antibiotic prescription and discontinue unless diagnostic uncertainty/ clear evidence of co-existent bacterial infection
9. **If SARSCoV-2 is negative:** Consider swab technique and stage of illness (may be negative in second phase of COVID-19 pneumonia). Continue antibiotics for 5 days if clinical uncertainty
10. **Specific COVID-19 directed therapy:** There is no proven therapy for COVID-19 infection. Experimental treatments (including Chloroquine/Hydroxychloroquine, Azithromycin, Kaletra and Remdesivir) are restricted to clinical trials. See **GOV.UK COVID-19**

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COVID-19 APPROVED GUIDANCE

OFFICIAL SENSITIVE

Note: This guidance has been fast-tracked for approval for use within NHSGGC

Covid 19 Antibiotic Prescribing: Implications for Adult patients in Secondary Care

This guidance is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guidance, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following guidance, it is good practice to record these and communicate them to others involved in the care of the patient.

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