

**Antibiotic sensitivities for some common microorganisms**

Anaerobes	Gram positive cocci			Gram negative bacilli		
	MRSA	MSSA	Streptococci	E. Coli, Klebsiella	Proteus	Pseudomonas
			Penicillin V, Benzyl- penicillin			
			Flucloxacillin	Temocillin*		
			Amoxicillin			
Amoxicillin-clavulanate			Amoxicillin-clavulanate			
Piperacillin-tazobactam*			Piperacillin-tazobactam*			Piperacillin-tazobactam*
				Cefalexin*		
				Cefuroxime*		
				Ceftriaxone*		
				Ceftazidime*		Ceftazidime*
Meropenem*				Meropenem*		
Ertapenem*				Ertapenem*		
				Aztreonam*		
				Fosfomycin*		
				Gentamicin, Amikacin*		
				Levofloxacin*		
				Ciprofloxacin*		
			Clarithromycin/Erythromycin			
Clindamycin*, Metronidazole	Vancomycin*/Teicoplanin, Linezolid*, Daptomycin*, Clindamycin*, Doxycycline			Nitrofurantoin, Trimethoprim		

\*PROTECTED: Approval from Microbiology MUST be obtained before prescribing.

Refer to Antimicrobial guidelines, Microguide® or NetFormulary® for further information

Date approved by the Drugs and Therapeutics Committee: April 2017

Review date: April 2019

Prepared by: Nisha Patel, Rachel Leff (Antimicrobial Pharmacists) and Dr Rohinton Mulla (Consultant Microbiologist)

# ANTIMICROBIAL STEWARDSHIP Treatment algorithm

## Start Smart

**DO NOT START ANTIBIOTICS IN THE  
ABSENCE OF CLINICAL EVIDENCE  
OF BACTERIAL INFECTION**

1. Take thorough drug allergy history
2. Initiate prompt effective antibiotic treatment within one hour of diagnosis (or as soon as possible) in patients with severe sepsis or life-threatening infections<sup>α</sup>
3. Comply with local antimicrobial prescribing guidance
4. Document clinical indication (and disease severity if appropriate), dose<sup>β</sup> and route<sup>#</sup> on drug chart and in clinical notes
5. Include review/stop date or duration
6. Obtain cultures prior to commencing therapy where possible (but do not delay therapy)

## Then Focus

**CLINICAL REVIEW & DECISION  
AT 48-72 HOURS**

Clinical review, check microbiology and make a clear plan. Document this decision.

1. STOP
2. IV to oral switch
3. Change antibiotic
4. Continue\*
5. OPAT\*\*

Document  
Decision & Next  
Review Date or  
Stop Date

**DOCUMENT ALL DECISIONS**

<sup>α</sup> In accordance with surviving sepsis safety alert  
<http://www.england.nhs.uk/wp-content/uploads/2014/09/psa-sepsis.pdf>

<sup>β</sup> According to weight/age in children refer to local formulary or BNFC

<sup>#</sup> Use appropriate route in line with severity/patient factors

\* Continue but needs justification.

\*\* Outpatient Parenteral Antibiotic Therapy