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Highlights from 2017 BPAC antibiotic guide

Shorter courses of antibiotics, more intensive dosing regimens and reserving broader spectrum antibiotics for specific scenarios.¹

- Sinusitis: Most cases are not bacterial- consider inhaled nasal steroid.² Consider antibiotics when symptoms that persist for more than ten days, severe symptoms or fever (>39°C) and purulent nasal discharge or facial pain lasting for at least three consecutive days, or onset of worsening symptoms after initial improvement. Amoxil first line.
- Impetigo: antiseptics first line (hydrogen peroxide 1% cream or povidone-iodine 10% ointment for 5 days. Topical antibiotics are strongly discouraged. Oral antibiotics second line or for widespread infection.
- A dispersible tablet of Roxithromycin for children is funded.
- Cellulitis now shorter at 5 days with flucloxacillin 500 mg QID.
- Amoxicillin clavulanate first line for diabetic foot infections and human/animal bite if infected.
- Diverticulitis: mild cases don't need antibiotics; if needed then trimethoprim + sulfamethoxazole 960 mg, twice daily, with metronidazole, 400 mg, three times daily, for five days.

References:

1. Antibiotics: choices for common infections. BPAC (2017) [Click here](#)
2. EPOS Primary Care Guidelines: European Position Paper on the Primary Care Diagnosis and Management of Rhinosinusitis and Nasal Polyps 2007. p 87. [Click here](#)

New to New Zealand [Red Whale GP Update 2018](#) A comprehensive one-day update for primary healthcare professionals.



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Our mailing address is:

Goodfellow Unit
Bldg 730, Tamaki Innovation Campus
261, Morrin Road, St Johns
Auckland, Auckland 1072
New Zealand

