

BUGS & DRUGS

For whom is dipstick urinalysis recommended to assess for urinary tract infection (UTI)?

A	Adults 65 years and older
B	Adults with indwelling catheters
C	Pregnant women
D	Men
E	Children



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ANSWER: E ONLY

DIPSTICK URINALYSIS IS RECOMMENDED WHEN ASSESSING FOR UTI IN CHILDREN



- Older persons and adults with indwelling catheters are likely to have asymptomatic bacteriuria (bacteria in urine without causing harm). A positive nitrite / leukocyte result does not always indicate a urine infection and may lead to unnecessary use of antibiotics.
- **For suspected UTIs, dipstick urinalysis is no longer recommended for:**
  - ❖**Adults 65 years and over**
  - ❖**Adults with indwelling catheters**
  - ❖**Men**
  - ❖**Pregnant women**



A urine sample for culture should be sent if UTI suspected for above patients.

A diagnosis of UTI should be made on clinical signs and symptoms.

View the Position Statements Dipstick Urinalysis for UTI in Adults
www.antibioticprescribing.ie > community guidelines > urinary tract infections

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Is an antibiotic usually beneficial for any of the following illnesses?

	Yes/No
Sore throat	
Common cold	
Sinusitis	
Acute cough / bronchitis	



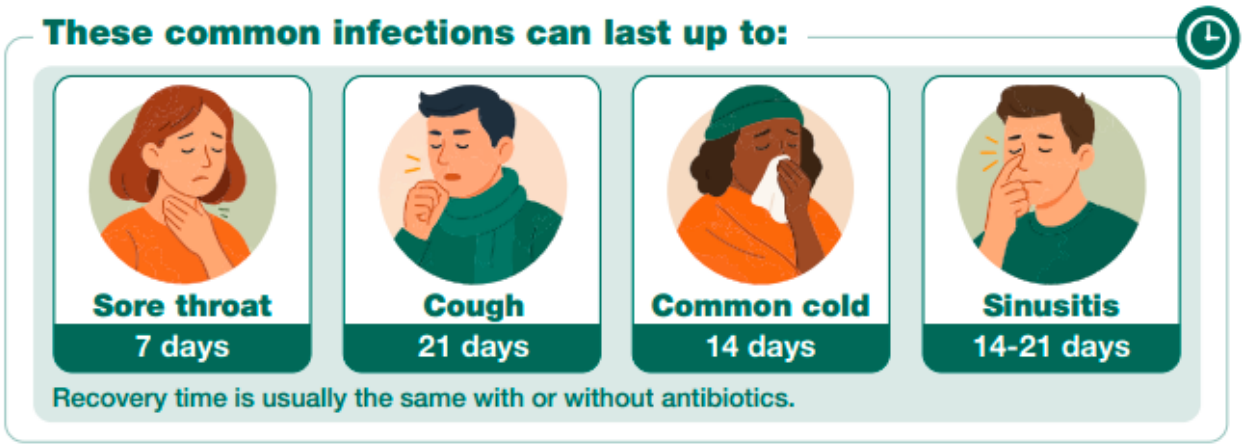
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ANSWER: NO
Antibiotics generally not required for these self-limiting illnesses

- **Many respiratory tract infections are viral infections and antibiotics won't work.**
- **For common upper respiratory tract infections, recovery time is usually the same with or without antibiotics:**



- **What can you advise to feel better:**



Keep antibiotics working for when they are really needed.

Antibiotics can cause side effects and contribute to antimicrobial resistance.

If symptoms are getting worse, a medical review is recommended.

For more advice on common illnesses visit: www2.hse.ie/conditions/common-illnesses/

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Question 3

BUGS & DRUGS

Do you know your RED antibiotics and your GREEN antibiotics?
Match the following to their classification



CEFALEXIN

CEFUROXIME

AMOXICILLIN

NITROFURANTOIN

DOXYCYCLINE

CIPROFLOXACIN

CO-AMOXICLAV

CLARITHROMYCIN



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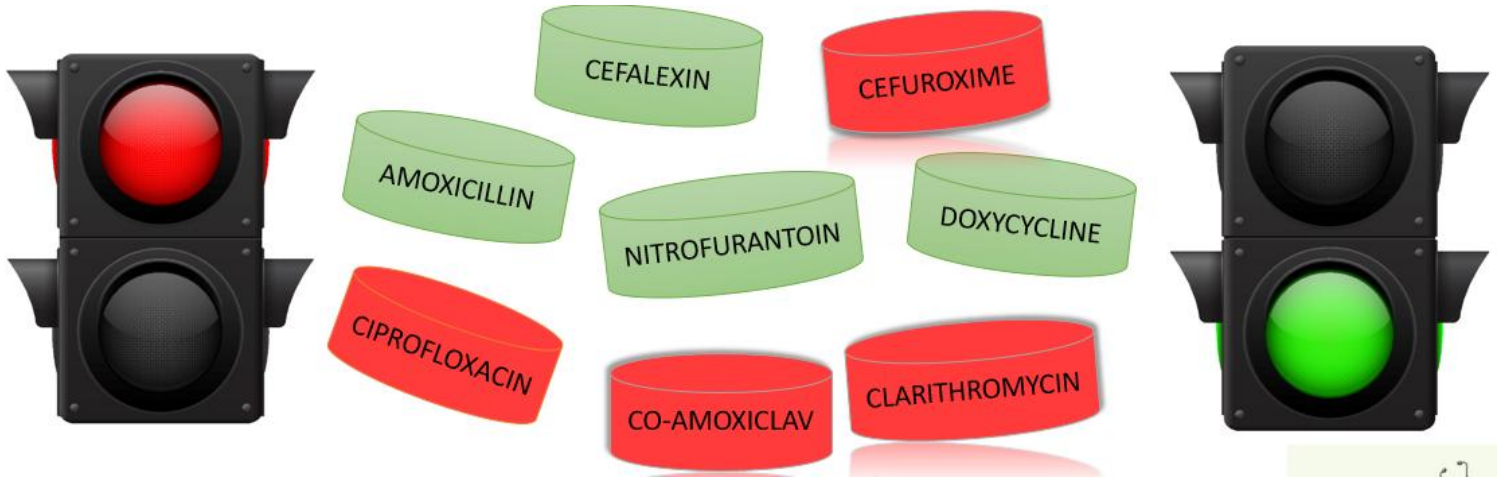
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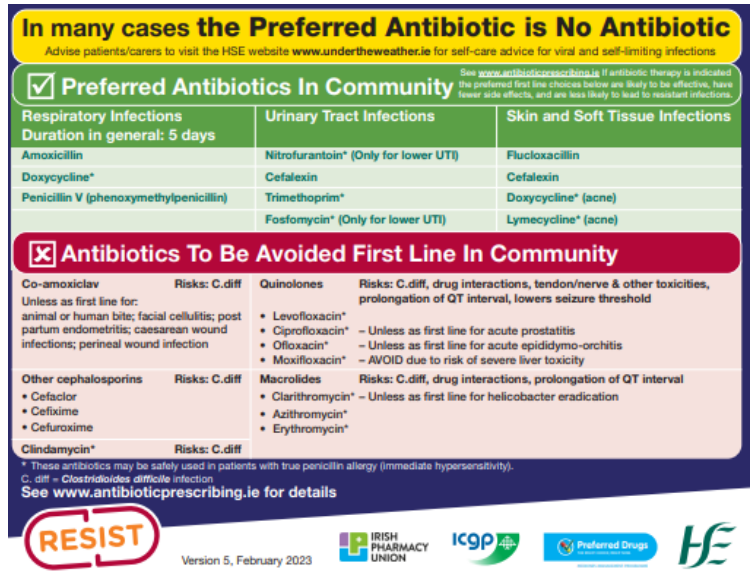
ANSWER

When antibiotics are deemed necessary, the RED/GREEN classification is a simple system used in community settings in Ireland to distinguish preferred antibiotics.

GREEN antibiotics
Preferred: safer, first line antibiotics

RED antibiotics
Avoid first line: more likely to cause adverse effects, drug interactions and increased antimicrobial resistance





In many cases the Preferred Antibiotic is No Antibiotic

Advise patients/carers to visit the HSE website **www.undertheweather.ie** for self-care advice for viral and self-limiting infections

Preferred Antibiotics In Community

See www.antibioticprescribing.ie If antibiotic therapy is indicated the preferred first line choices below are likely to be effective, have fewer side effects, and are less likely to lead to resistant infections.

Respiratory Infections Duration in general: 5 days	Urinary Tract Infections	Skin and Soft Tissue Infections
Amoxicillin	Nitrofurantoin* (Only for lower UTI)	Flucloxacillin
Doxycycline*	Cefalexin	Cefalexin
Penicillin V (phenoxymethylpenicillin)	Trimethoprim*	Doxycycline* (acne)
	Fosfomycin* (Only for lower UTI)	Lymecycline* (acne)

Antibiotics To Be Avoided First Line In Community

Co-amoxiclav — Risks: C.diff
Unless as first line for:
animal or human bite; facial cellulitis; post partum endometritis; caesarean wound infections; perineal wound infection

Other cephalosporins — Risks: C.diff
- Cefaclor
- Cefixime
- Cefuroxime

Clindamycin* — Risks: C.diff

Quinolones — Risks: C.diff, drug interactions, tendon/nerve & other toxicities, prolongation of QT interval, lowers seizure threshold
- Levofloxacin*
- Ciprofloxacin* – Unless as first line for acute prostatitis
- Ofloxacin* – Unless as first line for acute epididymo-orchitis
- Moxifloxacin* – AVOID due to risk of severe liver toxicity

Macrolides — Risks: C.diff, drug interactions, prolongation of QT interval
- Clarithromycin* – Unless as first line for helicobacter eradication
- Azithromycin*
- Erythromycin*

* These antibiotics may be safely used in patients with true penicillin allergy (immediate hypersensitivity).
C. diff = *Clostridioides difficile* infection
See www.antibioticprescribing.ie for details

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[Preferred antibiotic use in community Green Red table](www.antibioticprescribing.ie) **is available on www.antibioticprescribing.ie > community guidelines**

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Question 5

BUGS & DRUGS

For a patient on long-term UTI prophylaxis, how long should prophylaxis be continued?

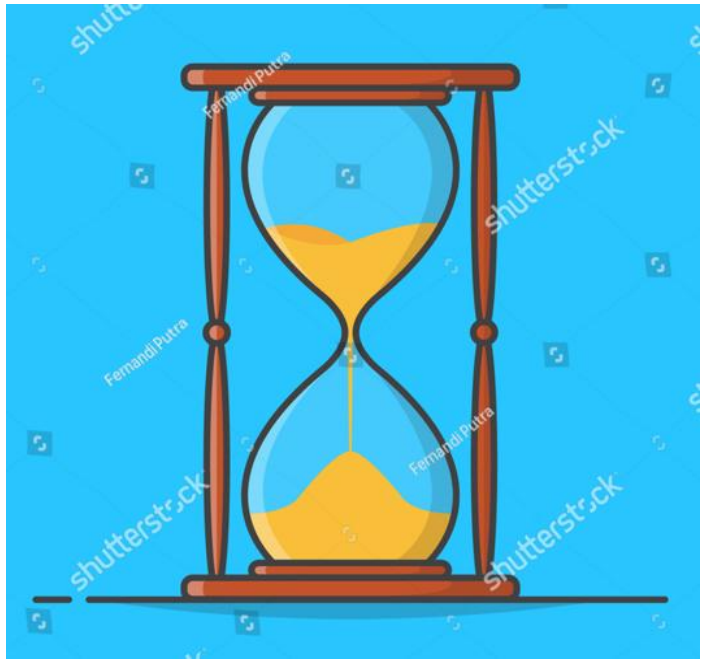
A. 1 month

B. 3 - 6 months

C. 1 year

D. 3 - 5 years

E. Lifelong



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ANSWER:

For a patient on long-term UTI prophylaxis, how long should prophylaxis be continued?

A. 1 month

B. 3 - 6 months

C. 1 year

D. 3 - 5 years

E. Lifelong

- **ALL UTI PROPHYLAXIS SHOULD BE REVIEWED AT 3 - 6 MONTHS WITH A VIEW TO STOPPING.**
- Long term use is associated with antimicrobial resistance and increased risk of adverse drug reactions such as pulmonary fibrosis and peripheral neuropathy associated with nitrofurantoin.
- **Consult guidance on De-prescribing UTI prophylaxis** on www.antibioticprescribing.ie > community guidelines > urinary tract infections

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BUGS & DRUGS

What is the recommended antibiotic treatment duration for the following respiratory tract infections (RTIs) in primary care, IF an antibiotic is required?

	Treatment duration
Sinusitis	
Otitis media	
Community acquired pneumonia	
Infective exacerbation of COPD	



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ANSWER: STRIVE FOR FIVE

If an antibiotic is required for respiratory tract infections in primary care, the recommended duration is 5 days



- **There is strong evidence to support a 5-day course of antibiotics for respiratory tract infections (RTIs) that require antibiotics in primary care***
- **A 7 day antibiotic course is no longer recommended for RTIs in primary care.**
- **Every extra day of antibiotic increases likelihood of adverse effects and antimicrobial resistance.**
- **Remember: many RTIs are viral or self limiting and don't require an antibiotic.**

***If scarlet fever is suspected, a 10 day course of antibiotic is recommended.**

For more information, consult Respiratory infection guidelines
on www.antibioticprescribing.ie > community guidelines > respiratory infections

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What percentage of people who report a penicillin allergy are incorrectly labelled as allergic?

10% **30%** **50%** **70%** **90%**





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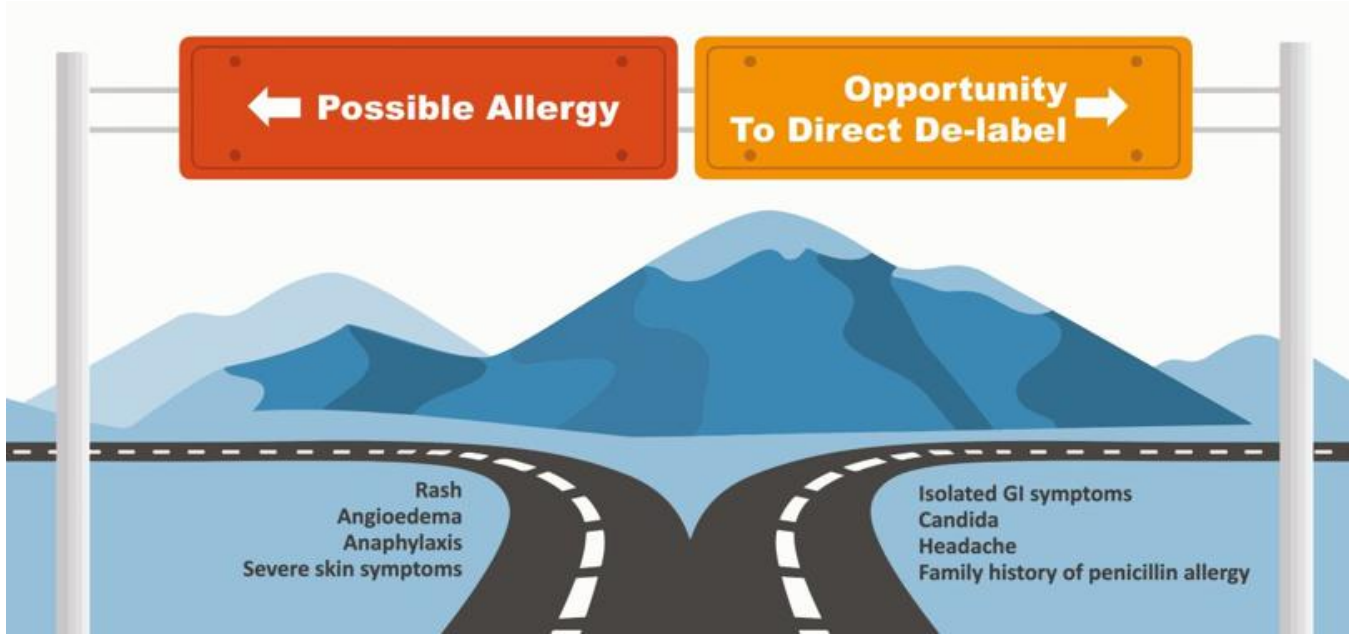
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ANSWER:

For 90% of people reporting a penicillin allergy, this diagnosis is incorrect

- **Around 10% of patients reporting to be penicillin allergic are truly allergic to penicillin.**
- **A penicillin allergy label can restrict antibiotic prescribing options and may lead to the use of less optimal alternative therapies.**
- **Penicillin allergy review and de-labelling are key antimicrobial stewardship interventions.**



For more information, consult the [Penicillin and cephalosporin allergy guideline](www.antibioticprescribing.ie) www.antibioticprescribing.ie > community guidelines > safe prescribing

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