MEG Demo (Staff App) - MEG Demo - MEG Staff app: Respiratory Tract infections

Antimicrobial Treatment of Respiratory Tract Infections

Clinical Conditions (RTIs)	Likely Organisms	Antimicrobial and Dosage	Approx Duration of Therapy	Comments
Community acquired pneumonia	Strep pneumoniae	See Community-acquired	т реготования от тологору	
	Haemophilus Influenzae	pneumonia treatment algorithm		
Formities the annual	Atypical organisms	aigonaini		
Empiric therapy Community acquired pneumonia Specific therapy	Legionella sp.	Mild-Moderate Disease Ciprofloxacin 500mg-750mg PO BD OR Clarithromycin 500mg PO BD +/- Rifampicin 300-600mg PO BD		 Send sample for Legionella antigen test. Contact Consultant Microbiologist
		Severe Disease		
		Clarithromycin 500mg IV BD +		
Healthcare-Associated	Gram negative aerobes	Ciprofloxacin 400mg IV BD or Ciprofloxacin 500mg-750mg PO BD Piperacillin/tazobactam 4.5g		Contact Consultant
Pneumonia (HAP) i.e. In-patient >48 hours Recent hospitalisation in last 3 months Resident in long-term care facility or Nursing home Dialysis patient	Staph aureus	IV TDS		Microbiologist in allcases. 2. In penillin-allergic patients Contact Consultant Microbiologist. 3. Take sputum sample where possible for culture. 4. Take recent isolates from infected sites into account.
Empirical therapy				Note previous antibiotic therapy.
NB Change to appropriate organism-specific therapy if required once culture and sensitivity is obtained				6. Early (<48 hours) post-operative pneumonia can be classified as community-acquired and treated with amoxicillin:clavulanic acid.
Acute tonsillitis	Viral	Antibiotics not indicated		
Acute otitis media	Strep pneumoniae Haemophilus Influenzae	Amoxicillin 500mg PO TDS		In penicillin allergic patients: Clarithromycin 500mg PO BD
Empirical therapy	Morhaxella			
Exacerbation of COPD	Haemophilus influenzae	Amoxicillin:Clavulanic acid		In penicillin allergic patients: Clarithromycin 500mg PO BD
Empirical therapy	Moraxella catarrhalis Streptococcus pneumoniae	500mg:125mg PO TDS		, -
Pneumonia in immunocompromised adult	Pneumocystis jirovecii (carinii)	Sulfamethoxazole:trimethoprim 90-120mg/kg either IV or PO daily in 2 to 4 divided doses	n21 days	 Contact Consultant Microbiologist. Oral prophylactic therapy is necessary once course of treatment is complete.
Cytomegalovirus	Ganciclovir 5mg/kg IV BD		 Contact Consultant Microbiologist. Oral prophylactic therapy is necessary once course of treatment is complete. 	•

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