The list of antimicrobial medicines, below, excludes antiretroviral medicines.
It is important to refer to the text of the standard treatment guidelines for detailed information of specific medicines for specific indications (i.e. duration of therapy, if used in combination with other antibiotics, prescriber level, etc.).

ACICLOVIR

4.5: Atopic eczema/dermatitis, eczema herpeticum (if patient is unable to swallow due to odynophagia):

- **Aciclovir, IV, 5 mg/kg/dose 8 hourly for 7 days.**

9.12: Varicella (chickenpox), complicated, 9.13: Zoster (Shingles) (For zoster with secondary dissemination or neurological involvement/complicated eye involvement (i.e. complicated herpes zoster ophthalmicus e.g. acute retinal necrosis (ARN), optic neuropathy or orbitopathy), 14.8.2: Viral meningoencephalitis - Herpes simplex encephalitis, 18.4: Herpes zoster opthalmicus:

- **Aciclovir, IV, 10 mg/kg 8 hourly.**

9.12: Varicella (chickenpox), complicated, 9.13: Zoster (Shingles), 18.4: Herpes zoster ophthalmicus:

- **Aciclovir, oral, 800 mg five times a day or 4 hourly while awake.**

4.5: Atopic eczema/dermatitis, eczema herpeticum; 18.5.1: Keratitis, herpes simplex;

- **Aciclovir, oral, 400 mg 8 hourly for 7 days or five times a day for 10-14 days or 12 hourly.**

AMIKACIN A

- *2.2: Febrile neutropenia, 9.1.3: Hospital-acquired pneumonia (HAP) and ventilator-associated pneumonia (VAP), 9.1.4: Urinary tract infections, catheter associated::***Amikacin, IV, 15 mg/kg daily**.

*10.1.1: Management of selected antiretroviral adverse drug reactions, Hepatitis in patients on ART and anti-tuberculosis therapy***:**

- **Amikacin, IV/IM, 15 mg/kg daily**.

23.10.3 Sepsis In ICU: Antimicrobial therapy:

- **Amikacin.**

AMOXICILLIN A

3.7: Rheumatic heart disease - All patients with confirmed rheumatic fever and persistent rheumatic valvular disease:

- **Amoxicillin, oral, 250mg daily.**

6.12: Preterm Labour (PTL) and preterm prelabour rupture of membranes (PPROM):

- **Amoxicillin, oral, 500 mg 8 hourly for 5 days**.

1.1.8: Peptic ulcer, H. pylori eradication:

- **Amoxicillin, oral, 1 g 12 hourly for 14 days.**

3.7: Rheumatic heart disease - acute rheumatic fever (for eradication of streptococci in throat):

- **Amoxicillin, oral, 1 000 mg (1 gram) 12 hourly for 10 days.**

3.5: Endocarditis, infective, prophylaxis:

- **Amoxicillin, oral, 2 g one hour before the procedure.**

16.6: Pneumonia, community acquired (uncomplicated), 17.4: Otitis media, acute:

- **Amoxicillin, oral, 1 g 8 hourly.**

AMOXICILLIN/CLAVULANIC ACID A

1.1.2: Diverticulosis, uncomplicated, 1.2.5: Liver abscess, pyogenic, 1.2.7: Cholecystitis, acute and cholangitis, acute, 1.3.8: Bacterial peritonitis, 4.7: Leg ulcers, complicated, 5.3: Pelvic inflammatory disease (PID) Stage II-IV, 5.8.4: Septic miscarriage, 6.16: Postpartum fever, 6.19.2: Urinary tract infection (UTI) in pregnancy: Pyelonephritis, acute, 8.7.3: Diabetic foot ulcers, 16.3: Bronchiectasis, In patients otherwise stable and before culture results and more severely ill patients may require hospitalisation and initiation of parenteral antibiotic therapy, 16.4: Chronic obstructive pulmonary disease (COPD), 16.5: Lung abscess, 16.6: Pneumonia, community acquired, 16.7: Pneumonia, aspiration, 16.8: Empyema - If not a complication of pneumonia, 17.1: Epiglottis, 17.4: Otitis media, acute (patients not responding to amoxicillin), 17.8: Abscess, peritonsillar, 19.2: Snakebites: secondary infection:

- **Amoxicillin/clavulanic acid 875/125 mg, oral, 12 hourly.**

1.1.2: Diverticulosis - uncomplicated, unable to tolerate oral therapy, 1.2.5: Liver abscess, pyogenic, 1.2.7: Cholecystitis, acute and cholangitis, acute - If unable to tolerate oral therapy, 1.1.6: Pancreatitis acute: for infected necrosis of the pancreas, 1.3.8: Bacterial peritonitis, 5.8.4: Septic miscarriage, 6.16: Postpartum fever, 8.7.3: Diabetic foot ulcers: severe infection, 16.5: Lung abscess, 16.7: Pneumonia, aspiration, 16.8: Empyema - If not a complication of pneumonia, 17.8: Abscess, peritonsillar:

- **Amoxicillin/clavulanic acid, IV, 1.2 g 8 hourly.**

23.10.3: Sepsis In ICU: Antimicrobial therapy:

- **Amoxicillin/clavulanic acid, IV, loading dose - 1.2 g over 30 minutes.**

23.10.3: Sepsis In ICU: Antimicrobial therapy:

- **Amoxicillin/clavulanic acid, IV, maintenance dose - 1.2 g infusion given over 4 hours, 6 hourly dosing intervals.**

23.10.3: Sepsis In ICU: Antimicrobial therapy:

- **Amoxicillin/clavulanic acid**

AMPHOTERICIN B

9.1.1: Intravascular catheter infections, short-term central venous catheter infection: candidaemia - Empiric antifungal therapy:

- **Amphotericin B, IV, 0.7 mg/kg daily.**

2.2: Febrile neutropenia,10.2.4.3: Cryptococcal meningitis, 14.8.1.2.2: Cryptococcal meningitis, HIV-uninfected, 23.10.3 Sepsis in ICU: Antimicrobial therapy:

- **Amphotericin B, IV, 1 mg/kg daily.**

10.2.4.2: Cryptococcal meningitis - If liposomal amphotericin B and flucytosine are available:

Liposomal amphotericin B, slow IV infusion over 2 hours, 10 mg/kg in dextrose 5%, single dose.

10.2.4.2: Cryptococcal meningitis - If liposomal amphotericin B is not available,

- **Amphotericin B deoxycholate, slow IV infusion, 1 mg/kg daily in dextrose 5% over 4 hours for 7 days**

10.2.4.2: Cryptococcal meningitis - If flucytosine is not available:

- **Amphotericin B deoxycholate, slow IV infusion, 1 mg/kg daily**
- **in dextrose 5% over 4 hours for 14 days**

AMPICILLIN A

6.11.1 Preterm labour (PTL) and preterm prelabour rupture of membranes (PPROM), 16.6: Pneumonia, community acquired - without severe features co-morbid patients <65 years of age:

- **Ampicillin, IV, 1 g 6 hourly.**

3.5: Endocarditis, infective, prophylaxis, if patient cannot take oral medicines:

- **Ampicillin, IV/IM, 2 g one hour before the procedure.**

3.5: Endocarditis, infective - empiric therapy - native valve, 3.5: Endocarditis, infective - directed therapy (native valve) - streptococcal - fully susceptible to penicillin, 3.5: Endocarditis, infective - directed therapy (native valve) - streptococcal - moderately susceptible, 3.5: Endocarditis, infective - enterococcal, susceptible to penicillin:

- **Ampicillin, IV, 2 g 6 hourly.**

14.8.1: Meningitis: Listeria monocytogenes meningitis:

- **Ampicillin, IV, 3 g 6 hourly for 21 days.**

23.10.3: Sepsis In ICU: Antimicrobial Therapy

- **Ampicillin.**

AZITHROMYCIN W

3.7: Rheumatic heart disease, acute rheumatic fever and all patients with confirmed rheumatic fever and persistent rheumatic valvular disease, severe penicillin allergy:

- **Azithromycin, oral, 250 mg daily.**

11: Surgical Antibiotic prophylaxis:

- **Azithromycin, 500 mg, IV, as a single dose.**

16.6: Pneumonia, community acquired (severe pneumonia):

- **Azithromycin, 500 mg, slow IV (over not less than 60 minutes) daily for 3 days.**

1.1.8: Peptic ulcer, severe penicillin allergy, 3.7: Rheumatic heart disease, acute rheumatic fever - severe penicillin allergy, 4.2: Cellulitis and erysipelas – severe penicillin allergy, 4.3: Impetigo – severe penicillin allergy, 9.10: Tick bite fever, in pregnancy, 16.4: Chronic obstructive pulmonary disease (COPD) - severe penicillin allergy, 17.1: Epiglottitis - severe penicillin allergy - to amoxicillin/clavulanic acid, oral, 17.4: Otitis media, acute - severe penicillin allergy:

- **Azithromycin, oral, 500 mg daily for 3 days.**

10.2.8: Mycobacteriosis - disseminated non-tuberculous

- **Azithromycin, oral, 500 mg daily.**

*5.3: Pelvic Inflammatory Disease (PID) - stage I, 5.3: Pelvic Inflammatory Disease (PID), stage II-IV: (for severe penicillin allergy), 5.10: Sexual Assault (STI prophylaxis), 6.11.1: Preterm labour (PTL) and preterm prelabour rupture of membranes (PPROM) - Antibiotic therapy and severe penicillin allergy 7.3.4: Prostatitis (acute bacterial prostatitis), 13.2: Arthritis, septic and osteomyelitis, acute, 13.5.1: Arthritis, reactive: 10.5.2: Non occupational post exposure prophylaxis, sexual assault (STI prophylaxis**),** 16.3: Bronchiectasis - severe penicillin allergy, 18.1.4 Conjunctivitis, bacterial (gonococcal):*

- **Azithromycin, oral, 1 g as a single dose.**

5.3: Pelvic Inflammatory Disease (PID) - stage I, severe penicillin allergy:

- **Azithromycin, oral, 2 g as a single dose.**

11: Surgical Antibiotic prophylaxis, 23.10.3 Sepsis In ICU: Antimicrobial therapy:

- **Azithromycin.**

BENZATHINE BENZYLPENICILLIN A

3.7: Rheumatic heart disease, p*revention of recurrent rheumatic fever - All patients with confirmed rheumatic fever and persistent rheumatic valvular disease (treat lifelong):*

- **Benzathine benzylpenicillin (depot formulation), IM, 1.2 MU every 3–4 weeks.**

3.7: Rheumatic heart disease, acute rheumatic fever - For eradication of streptococci in throat:

- **Benzathine benzylpenicillin (depot formulation), IM, 1.2 MU as a single dose.**

6.7: Syphilis, asymptomatic well baby:

- **Benzathine benzylpenicillin (depot formulation), IM, 50 000 units/kg as a single dose into the antero-lateral thigh.**

6.7: Syphilis, mother - For late latent syphilis or syphilis of unknown duration:

- **Benzathine benzylpenicillin (depot formulation), IM, 2.4 million units diluted in 6 mL 1% lidocaine without adrenaline (epinephrine), weekly for 3 doses.**

6.7: Syphilis, mother - For early syphilis:

- **Benzathine benzylpenicillin (depot formulation), IM, 2.4 million units diluted in 6 mL 1% lidocaine without adrenaline (epinephrine), immediately as a single dose.**

BENZYLPENICILLIN A

6.7: Syphilis, symptomatic baby:

- **Benzylpenicillin (Penicillin G), IV, 50 000 units/kg, 12 hourly for 10 days.**

3.5: Endocarditis, infective – Directed therapy (native valve) streptococcal, **Fully susceptible to penicillin** *, 3.5: Endocarditis, infective – Directed therapy (native valve) streptococcal, moderately susceptible:*

- **Benzylpenicillin (penicillin G), IV, 5 MU 6 hourly for 4 weeks.**

3.5: Endocarditis, infective – Directed therapy (native valve) Enterococcal, **Susceptible to penicillin** *:*

- **Benzylpenicillin (penicillin G), IV, 5 MU 6 hourly for 4-6 weeks. 6 weeks of therapy may be required in cases with a history of >3 months, or when the regimen is combined with ceftriaxone.**

14.8.1: Meningitis (meningococcal meningitis – for confirmed meningococcal disease only), 14.8.1: Meningitis (pneumococcal meningitis - If sensitive to penicillin):

- **Benzylpenicillin (penicillin G), IV, 20–24 MU daily in 4–6 divided doses for one week.**

14.8.3: Meningovascular syphilis (Neurosyphilis):

- **Benzylpenicillin (penicillin G), IV, 20 MU daily in 4–6 divided doses for 10 days.**

CEFALEXIN A

4.2: Cellulitis and erysipelas, 9.12 Varicella (chickenpox), complicated:

- **Cefalexin, oral, 500 mg 6 hourly for 5 days.**

CEFAZOLIN A

11: Cardiac surgery, 11: Endoscopic gastrointestinal procedures, 11: Gastrointestinal surgery, 11: General surgery, 11: Neurosurgery, 11: Obstetrics/ gynaecology, 11: Orthopaedic surgery, 11: Otorhinolaryngology/ head and neck surgery, 11: Plastic and reconstructive surgery, 11: Thoracic surgery, 11: Urology, 11: Vascular surgery:

- **Cefazolin, IV, 1-3 g as a single dose.**

4.2: Cellulitis and erysipelas, 4.4: Furuncles and abscesses, 9.1.2: Surgical wound infections:

- **Cefazolin, IV, 1 g 8 hourly.**

3.5: Endocarditis, infective - Directed therapy (native valve) staphylococcal - cloxacillin-susceptible (methicillin-susceptible)

- **Cefazolin, IV, 2 g, 8 hourly for 4 weeks.**

3.5: Endocarditis, infective – empiric therapy for native valve, 13.2: Arthritis, septic and osteomyelitis, acute:

- **Cefazolin, IV, 2 g 8 hourly.**

CEFEPIME W

2.2: Febrile neutropenia, 9.1.3: Hospital-acquired pneumonia (HAP) and ventilator-associated pneumonia (VAP):

- **Cefepime, IV, 2 g 12 hourly.**

CEFTAZIDIME W

18.2: Endophthalmitis, bacterial (endogenous endophthalmitis and post-surgical endophthalmitis):

- **Ceftazidime, intravitreal, 2.25 mg.**

CEFTAZIDIME-AVIBACTAM R

23.10.3: Sepsis in ICU: Antimicrobial therapy

- **Ceftazidime-avibactam, 2.5 g, IV, 8 hourly (Microbiologist or Infectious Disease specialist initiated).**

CEFTRIAXONE W

5.3: Pelvic Inflammatory Disease (PID), stage I, 5.10: Sexual assault - STI prophylaxis, 7.3.4: Prostatitis, acute bacterial prostatitis - if there are features of associated urethritis (STI regimen), 10.5.2: Non occupational post exposure prophylaxis, sexual assault STI Prophylaxis, 13.5.1: Arthritis, reactive - If urethritis is present, treatment may prevent further episodes of arthritis, 18.1.4 *Conjunctivitis, Bacterial (Gonococcal):*

- **Ceftriaxone, IM, 250 mg as a single dose.**

1.3.2: Dysentery (Acute inflammatory diarrhoea), 1.3.8: Bacterial peritonitis - spontaneous, 2.2: Febrile neutropenia, 5.3: Pelvic Inflammatory Disease (PID), stage II-IV, 6.19.2: Pyelonephritis, acute, 7.3.2: Urinary tract infection (UTI), acute pyelonephritis: impaired renal function, 13.2: Arthritis, septic and osteomyelitis, acute - for gonococcal arthritis, 17.1: Epiglottitis:

- **Ceftriaxone, IV, 1 g, daily.**

3.5: Endocarditis, infective enterococcal, susceptible to penicillin, 9.11: Typhoid fever (enteric fever), 14.8.1: Meningitis – Antibiotic therapy - Empiric therapy for bacterial meningitis, until sensitivity results are available, 14.8.1: Meningitis - pneumococcal meningitis - If resistant to penicillin, 14.8.1: Meningitis - haemophilus influenzae, 14.8.4: Brain abscess, 14.8.5: Antimicrobial use in patients with head injuries, penetrating brain injuries, 17.3: Sinusitis, bacterial, complicated, 17.6: Mastoiditis:

- **Ceftriaxone, IV, 2 g 12 hourly.**

16.3: Bronchiectasis, 16.6: Pneumonia, community acquired, without features of severe pneumonia in patients >65 years of age or co-morbidity (e.g. COPD, HIV, cardiac failure, diabetes), 16.6: Pneumonia, community acquired, severe pneumonia, 18.2: Endophthalmitis, bacterial (endogenous endophthalmitis), 20.12.2.2: Septic shock, 9.1.2: Surgical wound infections: female uro-genital tract, open GIT surgery:

- **Ceftriaxone 2 g, IV, daily.**

23.10.3 Sepsis In ICU: Antimicrobial therapy:

- **Ceftriaxone.**

CHLORAMPHENICOL A

18.1.3: Conjunctivitis, bacterial (non-gonococcal), 18.10.1: Chemical burn:

- **Chloramphenicol 1%, ophthalmic ointment, applied 6 hourly.**

19.2.3: Snake venom in the eye:

- **Chloramphenicol 1%, ophthalmic ointment, applied 8 hourly.**

11: Ophthalmic surgery:

- **Chloramphenicol 0.5% ophthalmic drops, instil 1 drop 2–4 hourly for 24 hours prior to surgery.**

CIPROFLOXACIN W

17.5: Otitis media, chronic, suppurative:

- **Ciprofloxacin 3mg/mL ophthalmic drops, 3–4 drops instilled into the ear every 8 hours for 7 days after mopping.**

18.1.3: Conjunctivitis, bacterial (non-gonococcal), 18.5.2: Keratitis, suppurative - Empiric therapy until culture results become available:

- **Ciprofloxacin 0.3%, ophthalmic drops.**

14.8.1: Meningitis, nasopharyngeal carriage eradication, 14.8.1: Meningitis, prophylaxis of contacts:

- **Ciprofloxacin, oral, 500 mg immediately as a single dose.**

1.3.2: Dysentery (acute inflammatory diarrhoea), 1.3.8: Bacterial peritonitis - for spontaneous bacterial peritonitis, 5.3: Pelvic inflammatory disease (stage II-IV) – severe penicillin allergy, 5.8.4: Septic miscarriage, severe penicillin allergy de-escalation therapy, 7.3.2: Urinary tract infection (Complicated community acquired cystitis (non-pregnant women), 7.3.2: Urinary tract infection (UTI), acute pyelonephritis - If normal renal function 7.3.2: Urinary tract infection (UTI), acute pyelonephritis - If impaired renal function: de-escalation therapy, 7.3.4: Prostatitis - If there are no features of associated urethritis, 7.3.4: Prostatitis - Chronic/relapse/persistent infection 9.1.4: Urinary tract infections, catheter associated - If local resistance patterns show low level resistance to ciprofloxacin or culture shows sensitivity, 9.11: Typhoid fever (enteric fever), 9.11: Typhoid fever (enteric fever), chronic carriers, 9.11: Typhoid fever (enteric fever), following ceftriaxone IV, based on culture sensitivity results,10.2.7: Cystoisosporiasis, If allergic to cotrimoxazole:

- **Ciprofloxacin, oral, 500 mg 12 hourly.**

16.3: Bronchiectasis, pseudomonas infection confirmed on culture, 17.7.1: Otitis externa, necrotising. 18.2: Endophthalmitis, bacterial, if there is soft tissue involvement or as prophylaxis after a penetrating eye injury:

- **Ciprofloxacin, oral, 750 mg 12 hourly for 7 days.**

1.3.1: Cholera:

- **Ciprofloxacin, oral, 1g single dose.**

9.10: Tick bite fever, pregnant, if patient is unable to tolerate oral therapy:

- **Ciprofloxacin, IV, 400 mg 8 hourly.**

CLINDAMYCIN A

4.2: Cellulitis and erysipelas, severe penicillin allergy, 4.4: Furuncles and abscesses, severe penicillin allergy, 5.3: Pelvic Inflammatory Disease (PID), stage II-IV: severe penicillin allergy, 5.8.4: Septic miscarriage, severe penicillin allergy, 6.11.1: Preterm Labour (PTL) and Preterm prelabour rupture of membranes (PPROM) - Antibiotic therapy, severe penicillin allergy, 9.1.2: Surgical wound infections, severe penicillin allergy, 13.2: Arthritis, septic and osteomyelitis, acute: severe penicillin allergy, 17.8: Abscess, peritonsillar, severe penicillin allergy:

- **Clindamycin, IV, 600 mg 8 hourly.**

3.5: Endocarditis, infective, prophylaxis: severe penicillin allergy (if patient cannot take oral), 11: Surgical Antibiotic Prophylaxis:

- **Clindamycin, IV, 600 mg as a single dose.**

8.7.3: Diabetic foot ulcers, severe penicillin allergy:

- **Clindamycin, oral, 150-450 mg 8 hourly.**

4.2: Cellulitis and erysipelas: severe infection - severe penicillin allergy, 4.4: Furuncles and abscesses: severe penicillin allergy, 4.5: Atopic eczema/dermatitis: severe penicillin allergy, 5.3: Pelvic Inflammatory Disease (PID), stage II-IV: severe penicillin allergy, de-escalation therapy, 5.8.4: Septic miscarriage, severe penicillin allergy, de-escalation therapy, 6.11.1: Preterm Labour (PTL) and preterm prelabour rupture of membranes (PPROM) - Antibiotic therapy, severe penicillin allergy, 9.1.1: Intravascular catheter infections, erythema beyond catheter site, 9.1.2: Surgical wound infections, severe penicillin allergy, de-escalation therapy, 13.2: Arthritis, septic and osteomyelitis, acute: severe penicillin allergy, 17.8: Abscess, peritonsillar: severe penicillin allergy, 21.2.2: Extravasations:

- **Clindamycin, oral, 450 mg 8 hourly.**

3.5: Endocarditis, infective, prophylaxis, severe penicillin allergy:
Clindamycin, oral, 600 mg one hour before the procedure.

10.2.9: Pneumocystis pneumonia, cotrimoxazole intolerance, unsuccessful cotrimoxazole desensitisation and if primaquine is not available:

- **Clindamycin, oral, 600 mg 8 hourly for 21 days.**

23.10.3 Sepsis In ICU: Antimicrobial therapy

- **Clindamycin.**

CLOTRIMAZOLE

4.10: Fungal infections, yeast and dermatophytes (fungal infection of the skin) :

- **Clotrimazole 1%, topical, apply 8 hourly until clear of disease (i.e. for at least 2 weeks after the lesions have cleared).**

CLOXACILLIN A

3.5: Endocarditis, infective: Empiric therapy, native valve, 3.5: Endocarditis, infective directed therapy, native valve, staphylococcal, cloxacillin-susceptible (methicillin-susceptible):

- **Cloxacillin, IV, 3 g, 6 hourly.**

23.10.3 Sepsis In ICU: Antimicrobial therapy

- **Cloxacillin.**

COTRIMOXAZOLE (TRIMETHOPRIM/SULFAMETHOXAZOLE) A

7.3.3: Recurrent UTI, prophylaxis:

- **Cotrimoxazole 80/400 mg, oral, 1 tablet at night.**

10.2.2: Opportunistic infection prophylaxis, with cotrimoxazole, 10.2.7: Cystoisosporiasis, secondary prophylaxis, 10.2.9: Pneumocystis pneumonia, secondary prophylaxis:

- **Cotrimoxazole, oral, 160/800 daily.**

10.2.10: Cerebral toxoplasmosis, secondary prophylaxis:

- **Cotrimoxazole, oral, 320/1600 daily.**

10.2.7: Cystoisosporiasis:

- **Cotrimoxazole 320/1600 mg, oral, 12 hourly for 10 days.**

10.2.9: Pneumocystis pneumonia: <60kg:

- **Cotrimoxazole, oral, 240/1200 mg, oral, 6 hourly for 21 days.**

10.2.9: Pneumocystis pneumonia, ≥ 60kg:

- **Cotrimoxazole 320/1600 mg, oral, 6 hourly for 21 days.**

10.2.9: Pneumocystis pneumonia, if vomiting:

- **Cotrimoxazole, IV, 6 hourly for 21 days.**
  - < 60 kg 240/1200 mg.
  - ≥ 60 kg 320/1600 mg

10.2.10: Cerebral toxoplasmosis:

- **Cotrimoxazole 320/1600 mg, oral, 12 hourly for 28 days, followed by 160/800 mg 12 hourly for 3 months.**

10.2.9: Pneumocystis pneumonia:

- **Cotrimoxazole intolerance and desensitisation**

23.10.3 Sepsis In ICU: Antimicrobial Therapy

  - **Cotrimoxazole.**

DAPSONE

10.2.9: Pneumocystis pneumonia, if primaquine not available:

- **Dapsone, oral, 100 mg daily for 21 days.**

10.2.9: Pneumocystis pneumonia, secondary prophylaxis, cotrimoxazole intolerant:

- **Dapsone, oral, 100 mg daily.**

DOXYCYCLINE A

9.10: Tick bite fever: Non-pregnant - treatment duration: Treat for 7 days (if afebrile), or until at least 3 days after the fever has subsided.

- **Doxycycline, oral, 100 mg 12 hourly.**

9.10: Tick bite fever: If pregnant:

- **Doxycycline, oral, 100 mg 12 hourly for 2 days.**

9.3: Brucellosis:

- **Doxycycline, oral, 100 mg 12 hourly for 6 weeks.**

ECHINOCANDIN

9.1.1: Intravascular catheter infections (specialist motivation):

- **Echinocandins**

ERTAPENEM W

9.1.2: Surgical wound infections - severe penicillin allergy - (gram-negative organism):

- **Ertapenem, IV, 1 g daily.**

ETHAMBUTOL

16.11.1: Confirmed isoniazid monoresistant and contraindication to isoniazid:

- **Ethambutol, oral, 15 mg/kg daily. Treatment should be given for at least 6 months.**

10.2.8: Mycobacteriosis - disseminated non-tuberculous:

- **Ethambutol, oral, 15–20 mg/kg daily.**

10.1.1: Management of selected antiretroviral adverse drug reactions: Hepatitis in patients on ART and anti-tuberculosis therapy:

- **Ethambutol, oral, 800 - 1200 mg daily.**

FLUCLOXACILLIN A

13.2: Arthritis, septic and osteomyelitis, acute:

- **Flucloxacillin, oral, 1 g 6 hourly to complete the 4 weeks' treatment.**

4.2: Cellulitis and erysipelas, 4.3: Impetigo, 4.4: Furuncles and abscesses, 4.5: Atopic eczema/dermatitis (infected eczema), 9.1.2: Surgical wound Infections - Check Gram stain of exudate. If organism is gram negative, 9.12: Varicella (chickenpox), complicated – secondary infection, 9.13: Zoster (Shingles)-

secondary infection - if there is suspected associated bacterial cellulitis:

- **Flucloxacillin, oral, 500 mg 6 hourly.**

FLUCONAZOLE

4.10: Fungal infections, Systemic antifungal therapy, 4.10: Fungal infections, onychomycosis:

- **Fluconazole, oral, 200 mg weekly.**

10.2.3: Candidiasis of oesophagus/trachea/bronchi, 10.2.4.1: Cryptococcosis, CSF Crag Negative - maintenance phase, 10.2.4.2: Cryptococcal meningitis, maintenance phase, 14.8.1.2.2: Cryptococcal meningitis, HIV-uninfected-maintenance therapy:

- **Fluconazole, oral, 200 mg daily.**

10.2.3: Candidiasis of oesophagus/trachea/bronchi:

- **Fluconazole, IV/oral, 200 mg daily.**

9.1.1: Intravascular catheter infections, short-term central venous catheter infection candidaemia - follow up susceptibility, 14.8.1.2.2: Cryptococcal meningitis, HIV-uninfected:

- **Fluconazole, oral, 400 mg daily**

10.2.4.1: Cryptococcosis, CSF CRAG negative, consolidation phase, 10.2.4.2: Cryptococcal meningitis, consolidation phase, 14.8.1.2.2: Cryptococcal meningitis, HIV-uninfected:

- **Fluconazole, oral, 800 mg daily**

14.8.1.2.2: Cryptococcal meningitis, HIV-uninfected:

- **Fluconazole, oral, 400 mg daily**

10.2.4.1: Cryptococcosis, CSF CRAG negative - induction phase, 10.2.4.2: Cryptococcal meningitis, induction phase - If liposomal amphotericin B and flucytosine are available and if flucytosine is not available:

- **Fluconazole, oral, 1200 mg daily**

23.10.3 Sepsis In ICU: Antimicrobial therapy

- **Fluconazole, IV, loading dose: 800 mg daily then maintenance dose: 400 mg daily.**

FLUCYTOSINE

10.2.4.2: Cryptococcal meningitis – induction phase - If liposomal amphotericin B and flucytosine are available:

- **Flucytosine, oral, 25 mg/kg 6 hourly for 14 days.**

10.2.4.2: Cryptococcal meningitis If liposomal amphotericin B is not available:

- **Flucytosine, oral, 25 mg/kg 6 hourly for 7 days.**

FOSFOMYCIN W

6.19.1: Cystitis, 7.3.2: Urinary tract infection (UTI) - Uncomplicated community acquired cystitis and pregnant women:

- **Fosfomycin 3 g, oral, as a single dose.**

GANCICLOVIR

10.2.6: Cytomegalovirus (CMV) - Biopsy-proven GIT disease or pneumonitis - If unable to tolerate oral medication10.2.6: Cytomegalovirus (CMV) - CNS disease :

- **Ganciclovir, IV, 5 mg/kg 12 hourly.**

18.6: Retinitis, HIV CMV - If valganciclovir is not available:

- **Ganciclovir, intravitreal, 2 mg twice a week for three weeks then once a week (specialist).**

GENTAMICIN A

3.5: Endocarditis, infective, empiric therapy (native valve and prosthetic valve):

- **Gentamicin, IV, 1.5 mg/kg 12 hourly.**

3.5: Endocarditis, infective, streptococcal directed therapy (native valve) - moderately susceptible, 3.5: Endocarditis, infective, streptococcal directed therapy (native valve) - fully resistant 3.5: Endocarditis, infective, enterococcal directed therapy (native valve) - susceptible to penicillin:

- **Gentamicin, IV, 3 mg/kg daily.**

7.3.2: Urinary tract infection (UTI) - uncomplicated community acquired cystitis:

- **Gentamicin, IM, 5 mg/kg as a single dose.**

14.8.1: Meningitis: Listeria monocytogenes meningitis:

- **Gentamicin, IV, 5 mg/kg daily for 7 days (may be prolonged if response is poor).**

2.2: Febrile neutropenia, 5.3: Pelvic Inflammatory Disease (PID), stage II-IV: severe penicillin allergy, 5.8.4: Septic miscarriage (severe penicillin allergy), 6.19.2: Pyelonephritis, acute, 7.3.2: Urinary tract infection (UTI), acute pyelonephritis: normal renal function, 8.7.3: Diabetic foot ulcers – severe penicillin allergy, 9.3: Brucellosis, 11: Surgical antibiotic prophylaxis,

- **Gentamicin, IV, 6 mg/kg, daily.**

11: Gastrointestinal surgery, urology procedures (clean-contaminated), and obstetric/gynaecological surgery (hysterectomy, laparotomy procedures, vaginal repair), 23.10.3 Sepsis In ICU: Antimicrobial therapy:

- **Gentamicin IV**

IMIPENEM W

2.2: Febrile neutropenia For patients with febrile neutropenia that develop after 48 hours of admission – also consider local susceptibility patterns, 9.1.3: Hospital-acquired pneumonia (HAP)and ventilator-associated pneumonia (VAP):

- **Imipenem/cilastatin, IV, 1000/1000 mg 8 hourly.**

ISONIAZID

10.1.1: Management of selected antiretroviral ADRs, Hepatitis in patients on ART and anti-tuberculosis therapy, 10.2.1: Tuberculosis preventive therapy (TPT):

- **Isoniazid, oral 300 mg daily.**

LEVOFLOXACIN W

10.1.1: Management of selected antiretroviral adverse drug reactions, Hepatitis in patients on ART and anti-tuberculosis therapy, 16.11.1: Confirmed isoniazid monoresistant TB and contraindication to isoniazid:

- **Levofloxacin 750–1000 mg daily.**

LINEZOLID R

10.1.1 Management of selected antiretroviral adverse drug reactions -Hepatitis in patients on ART and anti-tuberculosis therapy:
Linezolid, oral, 600mg daily

MEROPENEM W

2.2: Febrile neutropenia:

- **Meropenem, IV, 1 g 8 hourly.**

23.10.3 Sepsis In ICU: Antimicrobial therapy:

- **Meropenem, IV,** 1 g infusion given over 4 hours, 6 hourly dosing interval.

14.8.1: Meningitis - pneumococcal meningitis and haemophilus influenzae severe penicillin allergy, 9.1.3: Hospital-acquired pneumonia (HAP) and ventilator-associated pneumonia (VAP):

- **Meropenem, IV, 2 g 8 hourly.**

METRONIDAZOLE A

1.3.4: Clostridum difficile (clostridioides difficile) diarrhoea, mild to moderate infection, 14.8.4: Brain abscess:
:

- **Metronidazole, oral, 400 mg 8 hourly.**

1.1.8: Peptic ulcer, H. pylori eradication - For severe penicillin allergy, 5.3: Pelvic Inflammatory Disease (PID), stage I, including severe penicillin allergy:

- **Metronidazole, oral, 400 mg 12 hourly for 7 days.**

1.2.6: Liver abscess, amoebic, 1.3.5: Amoebic dysentery:

- **Metronidazole, oral, 800 mg 8 hourly for 10 days.**

1.3.6: Giardiasis, 5.10: Sexual assault, 10.5.2: Non occupational post exposure prophylaxis, sexual assault - STI Prophylaxis:

- **Metronidazole, oral, 2 g.**

11: Gastrointestinal surgery, 11: Obstetrics/ gynaecology surgery, 11: Otorhinolaryngology/ Head and neck surgery, 11: Urology, 11: Thoracic surgery; 11: Vascular surgery:

- **Metronidazole, IV, 500 mg.**

1.3.4: Clostridum difficile (clostridioides difficile) diarrhoea, 5.3: Pelvic Inflammatory Disease (PID), stage II-IV, 9.1.2: Surgical wound infections, female uro-genital tract, open GIT surgery, 9.9: Tetanus, 14.8.4: Brain abscess:

- **Metronidazole, IV, 500 mg, 8 hourly.**

23.10.3: Sepsis In ICU: Antimicrobial Therapy

- **Metronidazole**

24.6: Malodorous fungating wounds/tumours:

- **Topical metronidazole.**

MOXIFLOXACIN W

16.3 Bronchiectasis if pseudomonas infection is confirmed on culture, if penicillin allergic and unable to tolerate oral therapy, 16.5: Lung abscess, severe penicillin allergy 16.6: Pneumonia, community acquired, severe penicillin allergy, 16.7: Pneumonia, aspiration, severe penicillin allergy, 16.8: Empyema, severe penicillin allergy (and not a complication of pneumonia):

- **Moxifloxacin, IV, 400 mg daily**

10.2.2: Management of selected antiretroviral adverse drug reactions, Hepatitis in patients on ART and anti-tuberculosis therapy, 16.3 Bronchiectasis if pseudomonas infection is confirmed on culture, if penicillin allergyic and able to

switch to oral treatment once, 16.5: Lung abscess, severe penicillin allergy 16.6: Pneumonia, community acquired, without severe features co-morbid patients >65 severe penicillin allergy, 16.7: Pneumonia, aspiration, severe penicillin allergy, 16.8: Empyema, severe penicillin allergy (and not a complication of pneumonia):

- **Moxifloxacin, oral, 400 mg daily.**

NATAMYCIN

18.5.2: Keratitis, suppurative, fungal infection:

- **Natamycin 5%, ophthalmic drops.**

NITROFURANTOIN A

6.19.1: Cystitis; 7.3.2: Urinary tract infection (UTI) - uncomplicated community acquired cystitis and pregnant women:

- **Nitrofurantoin, oral, 100 mg 6 hourly for 5 days.**

PHENOXYMETHYLPENICILLIN A

3.7: Rheumatic heart disease, prophylaxis - All patients with confirmed rheumatic fever and persistent rheumatic valvular disease:

- **Phenoxymethylpenicillin, oral, 250 mg 12 hourly.**

6.7: Syphilis, penicillin desensitisation:

- **Phenoxymethylpenicillin, oral, 250 mg/5 mL.**

PIPERACILLIN/TAZOBACTAM W

2.2: Febrile neutropenia:

Piperacillin/tazobactam, IV, 4.5 g 6 hourly.

9.1.2: Surgical wound infections - If organism is gram negative, 9.1.3: Hospital-acquired pneumonia (HAP) and ventilator-associated pneumonia (VAP):

- **Piperacillin/tazobactam, IV, 4.5 g 8 hourly.**

23.10.3 Sepsis in ICU: Antimicrobial therapy:

- **Piperacillin/tazobactam, IV, 4.5 g infusion given over 4 hours, 6 hourly dosing intervals.**

PROCAINE PENICILLIN A

6.7: Syphilis, symptomatic baby:

- **Procaine penicillin, IM, 50 000 units/kg daily for 10 days (Not for I.V. use).**

PYRAZINAMIDE

10.1.1: Management of selected antiretroviral adverse drug reactions, hepatitis in patients on ART and anti-tuberculosis therapy, 16.11.1: Confirmed isoniazid monoresistant TB AND contraindication to isoniazid:

- **Pyrazinamide, oral, 25 mg/kg daily.**

RIFABUTIN

10.1: Antiretroviral therapy, ART interactions with rifampicin and recommendations for administration - In patients on atazanavir or darunavir, or if double dose LPV/r is not tolerated, replace rifampicin:

- **Rifabutin, oral, 150 mg daily.**

RIFAMPICIN W

3.5: Endocarditis, infective – Emperic therapy – prosthetic valve, 9.3: Brucellosis:

- **Rifampicin, oral, 7.5 mg/kg 12 hourly for 6 weeks.**

16.11.1: Isioniazid monoresistant TB - Confirmed isoniazid monoresistant TB and contraindication to isoniazid:

- **Rifampicin, oral, 10 mg/kg daily.**

10.1.1: Management of selected antiretroviral adverse drug reactions, hepatitis in patients on ART and anti-tuberculosis therapy; <60kg:

- **Rifampicin, oral 450 mg daily.**

10.1.1: Management of selected antiretroviral adverse drug reactions, hepatitis in patients on ART and anti-tuberculosis therapy:

- **Rifampicin, oral 600 mg daily.**

RIFAMPICIN/ISONIAZID W

16.9: Tuberculosis, pulmonary, continuation phase: 30-37kg, 16.10: Tuberculosis, pleural, continuation phase (TB Pleurisy): 30-37kg:

- **Rifampicin/isoniazid, oral, 300/150 mg, daily for 4 months.**

16.9: Tuberculosis, pulmonary, continuation phase: 38-54kg, 16.10: Tuberculosis, Pleural, continuation phase (TB Pleurisy): 38-54kg:

- **Rifampicin/isoniazid, oral, 450/225 mg, daily for 4 months.**

16.9: Tuberculosis, pulmonary, continuation phase: >55kg, 16.10: Tuberculosis, Pleural, continuation phase (TB Pleurisy): >55kg:

- **Rifampicin/isoniazid, oral, 600/300 mg, daily for 4 months.**

RIFAMPICIN/ISONIAZID/PYRAZINAMIDE/ETHAMBUTOL W

16.9: Tuberculosis, pulmonary, initial phase: 30-37kg, 16.10: Tuberculosis, pleural (TB pleurisy): 30-37kg, 16.11.1: Isoniazid monoresistant TB: 30-37kg:

- **Rifampicin/isoniazid/pyrazinamide/ethambutol, oral, 300/150/800/550 mg, daily for 2 months.**

16.9: Tuberculosis, pulmonary, initial phase: 38-54kg:16.10: Tuberculosis, pleural (TB pleurisy): 38-54kg, 16.11.1: Isoniazid monoresistant TB: 38-54kg:

- **Rifampicin/isoniazid/pyrazinamide/ethambutol, oral, 450/225/1200/825 mg, daily for 2 months.**

16.9: Tuberculosis, pulmonary, initial phase:55-70kg, 16.10: Tuberculosis, pleural (TB pleurisy):55-70kg, 16.11.1: Isoniazid monoresistant TB :55-70kg:

- **Rifampicin/isoniazid/pyrazinamide/ethambutol, oral, 600/300/1600/1100 mg, daily for 2 months.**

16.9: Tuberculosis, pulmonary, initial phase:71kg and over, 16.10: Tuberculosis, Pleural, initial phase:71kg and over, 16.11.1: Isoniazid monoresistant TB: >71kg:

- **Rifampicin/isoniazid/pyrazinamide/ethambutol, oral, 750/375/2000/1375 mg, daily for 2months.**

TENOFIVIR ALAFENAMIDE (TAF)

1.2.4.2: Hepatitis B, chronic (non-HIV co-infection) - If eGFR 15-50mL/min (or on haemodialysis):

- **Tenofovir, oral, 25 mg daily.**

TENOFOVIR DISOPROXIL FUMARATE (TDF)

1.2.4.2: Hepatitis B, chronic (non-HIV co-infection) - eGFR > 50mL/min:

- **Tenofovir, oral, 300 mg daily.**

VALGANCICLOVIR

10.2.6: Cytomegalovirus (CMV) - Biopsy-proven GIT disease or pneumonitis and CNS disease, 18.6: Retinitis, HIV CMV:

- **Valganciclovir, oral, 900 mg 12 hourly for 3 weeks, then 900 mg daily until immune recovery (CD4 >100 cells/mm^3 on ART).**

VANCOMYCIN W

1.3.4: Clostridium difficile (Clostridioides difficile) diarrhoea:

- **Vancomycin, oral, 125 mg. (Give the parenteral formulation orally).**

18.2: Endophthalmitis, bacterial - Endogenous endophthalmitis and post-surgical endophthalmitis:

- **Vancomycin, intravitreal, 1 mg.**

3.5: Endocarditis, infective - Antibiotic therapy - severe penicillin-allergic patients, or methicillin resistant staphylococcal infections, 3.5: Endocarditis, infective – Empiric therapy - prosthetic valve, 3.5: Endocarditis, infective - Directed therapy (native valve) - Fully resistant, 3.5: Endocarditis, infective - Staphylococcal - Cloxacillin-resistant (methicillin resistant) or methicillin sensitive with significant beta-lactam allergy:

- **Vancomycin, IV, 15-20 mg/kg 12 hourly.**

2.2: Febrile neutropenia, IV, skin infection, 9.1.1: Intravascular catheter infections, S. aureus infection, 9.1.2: Surgical wound infections, Methicillin (cloxacillin) resistant S. aureus (MRSA):

- **Vancomycin, IV, 25-30 mg/kg as a loading dose. Follow with 15-20 mg/kg/dose 12 hourly.**

23.10.3 Sepsis in ICU: Antimicrobial therapy.

- **Vancomycin.**