Healthcare Improvement Scotland | SAPG Safeguarding antibiotics

Interim advice to NHS board Antimicrobial Management Teams and Medicine Management Teams on antibiotic management in frail older people with respiratory infections during the COVID-19 pandemic

It is now evident that COVID-19 will exert a significant impact on health care delivery across both primary and secondary care in Scotland. It is critical that acute infections continue to be managed following existing local antibiotic guidelines as for the majority of patients, including frail older people in community settings, bacterial super-infection will be uncommon.

This guidance, based on advice produced by colleagues in NHS Lothian, has been endorsed for national use to support health and social care teams in managing older people with symptoms of respiratory infection. It relates specifically to patients in the community, particularly those in care homes or nursing homes, with suspected COVID-19 infection or lower respiratory tract infection.

- COVID-19 is a viral illness and bacterial super-infection is uncommon. There is currently no approved anti-viral therapy and in the majority of patients it is a mild, self-limiting infection.
- **In the frail elderly COVID-19 mortality has been reported to be as high as 15%.**
- Frail elderly patients are at greater risk of complication and death from all infections. Although there may be a lower threshold for prescribing antibiotics, older patients are also at greater risk of harm from antibiotics. Consider symptomatic relief before moving to antibiotics if a cause other than bacterial infection is suspected.
- **It is essential in this climate that practices should review vulnerable patients' Anticipatory Care Plans and Key Information Summaries (eKIS). DNACPRs and Power of Attorney should be discussed with patients. Further information is available on the ihub website**
- As symptoms and signs of COVID-19 and bacterial respiratory tract infection may be difficult to differentiate empirical antibiotic therapy may be appropriate but should be in line with routine primary and secondary care recommendations. Note that low severity pneumonia or bronchitis is suggested by cough with purulent sputum.

EMPIRICAL ANTIBIOTIC TREATMENT

Low or moderate severity pneumonia **CRB65/CURB65 0-2** **OR Bronchitis with purulent sputum**	**High severity pneumonia** **CRB65 3-4 or CURB65 3-5**
Amoxicillin 500mg every 8 hours for 5 days Penicillin allergic Doxycycline 200 mg on first day, then 100 mg once a day for 4 days	Atypical pneumonia cover is unlikely to be required therefore no change from adjacent recommendation if patient to stay in community

Notes: Co-amoxiclav and fluoroquinolones should be avoided in frail elderly patients. Clarithromycin is associated with QT prolongation and some patients with COVID-19 have cardiac injury and arrhythmias so may be best avoided unless ECG can be performed and is normal. Clarithromycin is now not recommended routinely for patients with CRB65 1-2 or CURB65 2 based on NICE guideline [NG138] September 2019. There is no benefit from steroids in management of COVID-19. Steroids may make COVID-19 worse, so only prescribe for exacerbation of COPD or asthma if required and after discussion of risks and benefits.

Based on guidance developed by NHS Lothian Antimicrobial Management Team March 2020