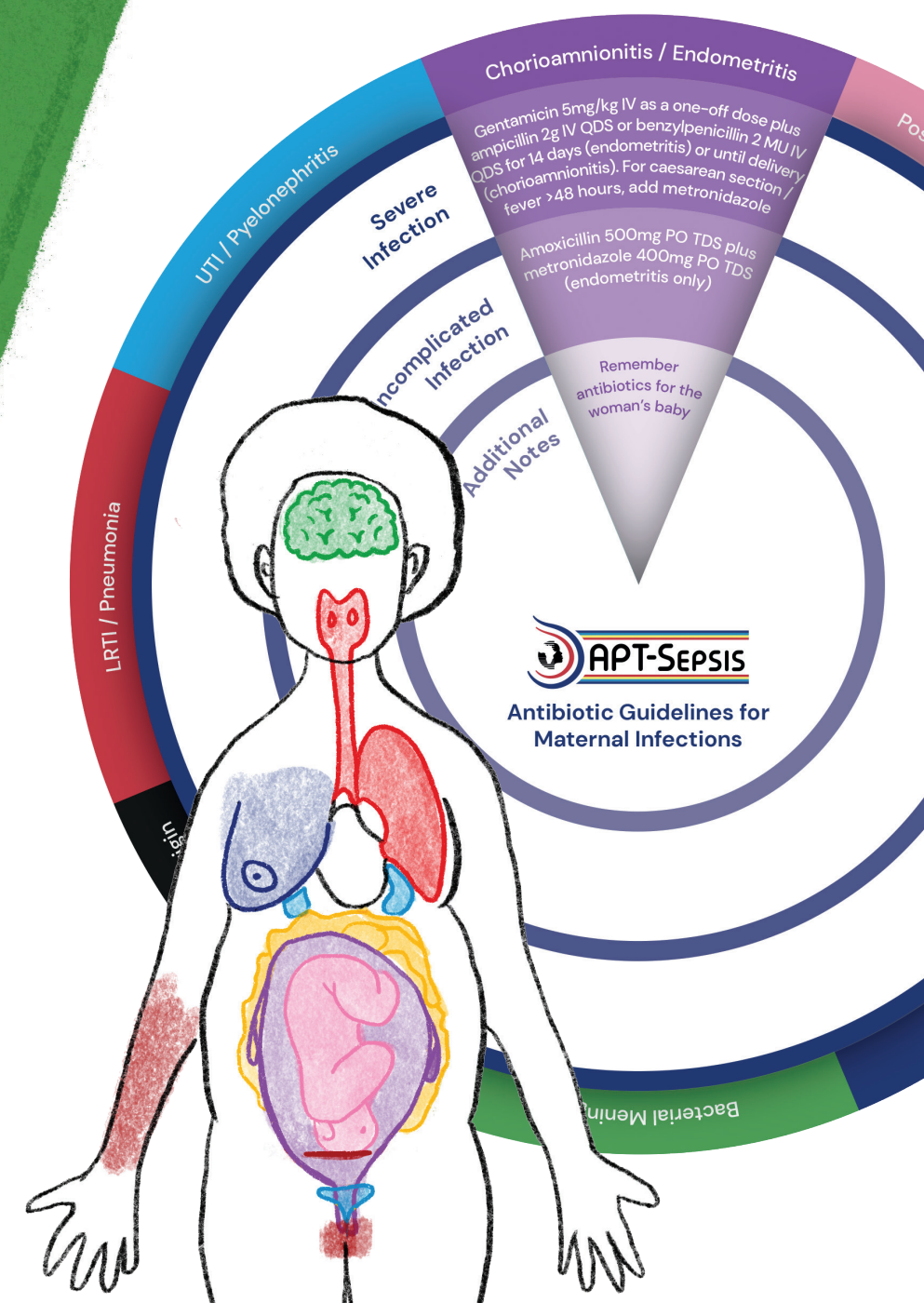


Treat infections early to prevent sepsis



USE THE CORRECT ANTIBIOTICS FOR THE CORRECT DURATION

Source of infection	Treatment of severe infection	Treatment of non-severe infection
LRTI / Pneumonia	Ceftriaxone 2g IV OD for 5 days, plus erythromycin 500mg PO QDS if an atypical pneumonia is suspected	Amoxicillin 500mg-1g PO TDS or erythromycin 500mg PO QDS for 5 days
UTI / Pyelonephritis	Ceftriaxone 1g IV OD until afebrile for 24 hours, plus a one-off dose of gentamicin 5mg/kg if haemodynamically unstable: then cefixime 200mg PO BD or amoxicillin 1g PO TDS for 10-14 days total	Cephalexin 500mg PO QDS or amoxicillin 500mg PO TDS or ciprofloxacin 500mg PO BD or nitrofurantoin 100mg PO QDS for 5-7 days
Chorioamnionitis / Endometritis	Gentamicin 5mg/kg IV as a one-off dose plus ampicillin 2g IV QDS or benzylpenicillin 2 MU IV QDS for 14 days (endometritis) or until delivery (chorioamnionitis) For caesarean section / fever >48 hours, add metronidazole	Amoxicillin 500mg PO TDS plus metronidazole 400mg PO TDS (endometritis only)
Post-Abortion Complications	Ceftriaxone 2g IV OD plus metronidazole 500mg IV TDS for at least 48 hours: then doxycycline 100mg PO BD plus metronidazole 400mg PO TDS for 7 days total	Doxycycline 100mg PO BD for 7 days plus a one-off dose of metronidazole 800mg PO
Cellulitis / Wound Infection	Ceftriaxone 1g IV OD for 3 days: then cloxacillin 500mg PO QDS or doxycycline 100mg BD PO for 7-10 days total For perineal or superficial caesarean section wound infections, add metronidazole 400mg PO TDS	Cloxacillin 500mg PO QDS or doxycycline 100mg BD PO for 7 days
Mastitis	Ceftriaxone 1g IV OD until clinical improvement: then cloxacillin 500mg PO QDS or cefalexin 500mg PO QDS or amoxicillin 500mg PO TDS for 7 days total	Cloxacillin 500mg PO QDS or cefalexin 500mg PO QDS or amoxicillin 500mg PO TDS for 7 days
Bacterial Meningitis	Ceftriaxone 2g IV BD for 10-14 days	Not applicable: always treat as severe infection
Maternal Sepsis of Unknown Origin	Ceftriaxone 2g IV OD, plus a one-off dose of gentamicin 5mg/kg IV if haemodynamically unstable, plus metronidazole 500mg IV TDS	Not applicable: always treat as severe infection

- If the recommended antibiotics are not available, or your patient is not clinically improving after 48 hours, seek medical advice from a senior clinical decision-maker.
- These recommendations are based upon the antimicrobial guidelines from the Ministries of Health in Malawi and Uganda and may change: please consider up-to-date guidance accordingly.



Prevent and treat infection using best practice

Version 1.0
15SEP2023