



Antibiotic Management of patients with suspected COVID-19 admitted from the Community

This is a dynamic guideline: as COVID-19 management strategies change there will be updates through the QR readers

Clinical Pathway

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1 Antibiotic Management of patients with suspected COVID-19 admitted from the Community

Discuss recovery trial with all suspected and confirmed COVID-19 patients

1 Assessment

- Consider alternative diagnoses:
- Is this sepsis?
 - Is there a relevant travel history?
 - Is the patient immunosuppressed?

1 Pneumonia on CXR

See COVID-19 radiology resource

1 CAP or COVID-19 with a bacterial infection

Review indication and route of administration of antibiotics daily



Antibiotic Management of patients with suspected COVID-19 admitted from the Community 1

STEP 1: ASSESSMENT 1

Pneumonia on CXR 1

NO

YES
PERFORM BLOODS

Increased neutrophils
procalcitonin
>0.25 µg/L

NO

YES

ANTIBIOTICS NOT REQUIRED

Possible early
COVID-19

Likely
COVID-19

STEP 2: MANAGE

CAP or COVID-19 with a bacterial infection 1

CURB-65 ≤2

Doxycycline
200mg stat then
100mg BD

CURB-65 ≥3 or sepsis

**No penicillin
allergy**

Amoxicillin
2g TDS IV
Flucloxacillin
2g QDS IV
Clarithromycin
500mg BD O/IV

**Penicillin
allergy**

Co-trimoxazole
960mg BD IV
Clarithromycin
500mg O/IV

STEP 3: COVID-19 TEST RESULT

COVID POSITIVE

Atypical pneumonia unlikely
STOP CLARITHROMYCIN

COVID NEGATIVE

- Consider non-COVID-19 diagnoses
- Send urine for legionella antigen
- Send throat swab for respiratory virus panel (including mycoplasma)
 - HIV test
- Consider repeat COVID-19 swab