

It's about time: Antibiotic duration



Information for community clinicians on **antibiotic duration** for common conditions in adults



The recommended duration of antibiotic therapy for many infections are probably **SHORTER** than you think. Monitor clinical progress and review any culture and susceptibility results, then modify therapy and duration if required.

Location	Condition	Recommended duration*
Ear, nose and throat	Bacterial sinusitis	<i>Empirical antibiotics not usually required</i> If antibiotics are indicated, 5 days
	Otitis media	<i>Empirical antibiotics not usually required</i> If antibiotics are indicated, 5 days
	Pharyngitis and tonsillitis	<i>Empirical antibiotics not usually required</i> If streptococcal infection suspected, 10 days (except azithromycin in patients with severe penicillin allergy, 5 days) Note advice may vary if high rheumatic fever risk
Eyes	Conjunctivitis	<i>Empirical antibiotics not usually required</i> If bacterial causes suspected, topical up to 7 days
Gastrointestinal	Acute infectious diarrhoea	<i>Empirical antibiotics not usually required</i> If bacterial causes suspected, 3 days
Respiratory	Acute bronchitis	<i>Empirical antibiotics not usually required</i>
	Community-acquired pneumonia (including aspiration)	5 to 7 days
	Infective exacerbation of bronchiectasis	10 to 14 days
	Infective exacerbation of COPD	5 days
Skin and soft tissue	Cellulitis	Without systemic features: 5 days With systemic features: 5 to 10 days
	Cystitis	Female: 5 days (except trimethoprim 3 days)
Urinary Tract	Pyelonephritis	10 to 14 days (except ciprofloxacin 7 days)

*Therapeutic Guidelines: Antibiotic, Version 16, 2019