

South West region: Back-up antibiotic prescribing guidance for primary care

[NICE Quality standard 121](#) advises that prescribers in primary care can use back-up (delayed) antimicrobial prescribing when there is clinical uncertainty about whether a condition is self-limiting or is likely to deteriorate.

Definition

A back-up antibiotic prescription is a prescription provided to a patient or carer, with the assumption that it will not be dispensed immediately, but in a few days if symptoms of infection worsen. When used appropriately it can be a useful antimicrobial stewardship tool, encouraging self-care in the first instance however allowing patient's access to an antibiotic without another appointment if their condition worsens.

Benefits of back-up prescribing

1. Useful if uncertainty about whether an immediate antibiotic is needed
2. Increase patient's ability to self-care their infection
3. Supports safety netting
4. May reduce future consultations
5. Reduces patient use of antibiotics; [Little et al 2014](#) showed that one third of patients use antibiotics when given a back-up prescription

When it is appropriate to prescribe a back-up antibiotic prescription

Details are provided in a [table](#) at end of document.

How to prescribe a back-up antibiotic prescription

The decision to issue a back-up antibiotic prescription is a clinical decision that should be made on an individual patient basis, taking into consideration the [indication for the antibiotic](#), patient history, co-morbidities, and their ability to access antibiotics.

Use a patient-led strategy to prescribe a back-up antibiotic prescription. This strategy empowers patients to self-care for their infection, increases patient satisfaction and reduces antibiotic usage.

Process for providing back-up antibiotic prescription – using the electronic prescription service EPS
Generate prescription via the EPS and issue to an unominated pharmacy.
“BACK-UP PRESCRIPTION” should be written in the dosage instruction in addition to the dosage instructions required. Add “DO NOT DISPENSE AFTER <insert date here>” in main bulk of prescription.
Provide EPS barcode either within the NHS App , printed as an EPS token or via a text message to the patient during the consultation with an explanation that antibiotics are not currently needed, and the prescription does not require immediate dispensing. If back-up antibiotics are needed, the patient should present the barcode to a community pharmacy for dispensing from the EPS spine.

Process for providing back-up antibiotic prescription – using printed FP10
Generate printed FP10 prescription
“BACK-UP PRESCRIPTION” should be written in the dosage instruction in addition to the dosage instructions required. Add “DO NOT DISPENSE AFTER <insert date here>” in main bulk of prescription.
Provide prescription to the patient during the consultation with an explanation that antibiotics are not currently needed, and the prescription does not require immediate dispensing. If back-up antibiotics are needed, the patient should present the prescription to a community pharmacy or dispensing practice for dispensing.

Patient advice and safety netting points

Back-up antibiotic prescription patient counselling points
Explain that the infection is likely self-limiting
Provide self-care advice: Leaflets to discuss with patients: Self-care Leaflet RCGP Learning
Provide advice on the likely anticipated duration and progression of infection
Provide reassurance that antibiotics are <u>not needed immediately</u> and will make little or no difference to symptoms
Explain that antibiotics can sometimes cause side effects such as diarrhoea and/or skin rash, so it is important to avoid unnecessary use.
Ensure the patient understands they have access to antibiotics should their symptoms get worse or not improve as expected
Advise on how to recognise when the back-up antibiotic should be used, how to obtain the supply and the directions for use
Counsel patient on red flag symptoms
Provide safety net advice to re consult if symptoms get worse despite using the back-up antibiotic prescription

Provide [RCGP TARGET patient information leaflet](#) to support self-care and safety-netting. They are available in multiple languages and can be provided either as a hard copy or via e-mail or text.

The [RCGP TARGET antibiotic toolkit](#) has a section on communication with patients when using a back-up prescribing strategy.

How to code a back-up antibiotic prescription

Using a standard code for use of a back-up prescription supports clinical audit. The UK SNOMED code is:

SNOMED code	Definition
1065591000000109	Delayed prescription given

This guidance has been co-produced by clinicians in all 7 integrated care systems and NHS England in the South West Region and is intended to be adopted and endorsed by systems for local use.

When to use a back-up antibiotic strategy

If a patient is systemically very unwell, has symptoms and signs of a more serious condition or has high risk of complications offer an immediate antibiotic prescription or refer to hospital. **In Children under 5 years of age with a fever take into account [NICE Fever in under 5s](#)**

Infection	Typical duration of infection	Symptoms	Treatment options
Acute sore throat Adults and children over 3 years	7 days	Fever Pain score 0 or 1 or Centor score of 0,1, or 2	No antibiotic
		Fever Pain 2 or 3	No antibiotic
			Consider back-up prescription if no improvement after 3-5 days or symptoms worsen at any time
		Fever Pain 4 or 5 or Centor score of 3 or 4	Consider back-up prescription if no improvement after 3-5 days or symptoms worsen at any time Issue immediate prescription
Acute otitis media Adults and children over 3 months	3-7 days	Otorrhoea or under 2 years with infection in both ears	No antibiotic
			Consider back-up prescription if no improvement after 3 days or symptoms worsen at any time
			Issue immediate prescription
		All other symptoms	No antibiotic Consider back-up prescription if no improvement after 3 days or symptoms worsen at any time
Acute rhinosinusitis Adults and children over 5 years (children under 5 years consider differential diagnosis)	2-3 weeks	Symptoms for around 10 days or less	No antibiotic
		Symptoms for around 10 days or more with no improvement	No antibiotic
			Consider back-up prescription if no improvement after 3 days or symptoms worsen at any time
Acute cough/bronchitis Adults and children over 3 months	3-4 weeks	Not systemically very unwell or at higher risk of complications	No antibiotic
		Identified as at a higher risk of complications (ideally at a face-to-face clinical examination)	Consider back-up prescription if symptoms worsen rapidly or significantly at any time
			Issue immediate prescription
		Systemically unwell	Issue immediate prescription
Uncomplicated Lower UTI Non- pregnant women over 16 years	3-7 days	Consider severity of symptoms and risk of developing complications	Consider back-up prescription if no improvement after 48 hours or symptoms worsen at any time
			Issue immediate prescription