### Are you PROTECTing your antibacterials?

**Gastrointestinal infections**

**Acute diarrhoea with complications:** amoxicillin/clavulanate OR 1st generation cephalosporins.

**Practice Policy:**

- **Oral policy:** Use narrow-spectrum antibacterials. Medicated feeds may be useful.
- **Parenteral policy:** Use narrow-spectrum antibacterials in combination with effective anti-diarrhoeal agents.

**Anaerobic enteritis/colitis:** amoxicillin/clavulanate OR metronidazole OR 1st generation cephalosporins.

**Practice Policy:**

- **Oral policy:** Use narrow-spectrum antibacterials. Medicated feeds may be useful.
- **Parenteral policy:** Use narrow-spectrum antibacterials in combination with effective anti-diarrhoeal agents.

**Butyrylcolitis:** amoxicillin/clavulanate OR metronidazole OR 1st generation cephalosporins.

**Practice Policy:**

- **Oral policy:** Use narrow-spectrum antibacterials. Medicated feeds may be useful.
- **Parenteral policy:** Use narrow-spectrum antibacterials in combination with effective anti-diarrhoeal agents.

**Chronic diarrhoea:** amoxicillin/clavulanate OR metronidazole OR 1st generation cephalosporins OR azithromycin.

**Practice Policy:**

- **Oral policy:** Use narrow-spectrum antibacterials. Medicated feeds may be useful.
- **Parenteral policy:** Use narrow-spectrum antibacterials in combination with effective anti-diarrhoeal agents.

**Ischaemic enteritis:** amoxicillin/clavulanate OR metronidazole OR 1st generation cephalosporins.

**Practice Policy:**

- **Oral policy:** Use narrow-spectrum antibacterials. Medicated feeds may be useful.
- **Parenteral policy:** Use narrow-spectrum antibacterials in combination with effective anti-diarrhoeal agents.

**Bacterial gastroenteritis:** amoxicillin/clavulanate OR metronidazole OR 1st generation cephalosporins.

**Practice Policy:**

- **Oral policy:** Use narrow-spectrum antibacterials. Medicated feeds may be useful.
- **Parenteral policy:** Use narrow-spectrum antibacterials in combination with effective anti-diarrhoeal agents.

**Unsuspected postoperative diarrhoea:** amoxicillin/clavulanate OR metronidazole OR 1st generation cephalosporins.

**Practice Policy:**

- **Oral policy:** Use narrow-spectrum antibacterials. Medicated feeds may be useful.
- **Parenteral policy:** Use narrow-spectrum antibacterials in combination with effective anti-diarrhoeal agents.

**Bronchopneumonia:** amoxicillin/clavulanate OR metronidazole OR 1st generation cephalosporins.

**Practice Policy:**

- **Oral policy:** Use narrow-spectrum antibacterials. Medicated feeds may be useful.
- **Parenteral policy:** Use narrow-spectrum antibacterials in combination with effective anti-diarrhoeal agents.

**Infectious enteropathies:** amoxicillin/clavulanate OR metronidazole OR 1st generation cephalosporins.

**Practice Policy:**

- **Oral policy:** Use narrow-spectrum antibacterials. Medicated feeds may be useful.
- **Parenteral policy:** Use narrow-spectrum antibacterials in combination with effective anti-diarrhoeal agents.

**Clinical signs:** amoxicillin/clavulanate OR metronidazole OR 1st generation cephalosporins.

**Practice Policy:**

- **Oral policy:** Use narrow-spectrum antibacterials. Medicated feeds may be useful.
- **Parenteral policy:** Use narrow-spectrum antibacterials in combination with effective anti-diarrhoeal agents.

**Infectious enterocolitis:** amoxicillin/clavulanate OR metronidazole OR 1st generation cephalosporins.

**Practice Policy:**

- **Oral policy:** Use narrow-spectrum antibacterials. Medicated feeds may be useful.
- **Parenteral policy:** Use narrow-spectrum antibacterials in combination with effective anti-diarrhoeal agents.

**Ileitis:** amoxicillin/clavulanate OR metronidazole OR 1st generation cephalosporins.

**Practice Policy:**

- **Oral policy:** Use narrow-spectrum antibacterials. Medicated feeds may be useful.
- **Parenteral policy:** Use narrow-spectrum antibacterials in combination with effective anti-diarrhoeal agents.

**Intestinal perforation:** amoxicillin/clavulanate OR metronidazole OR 1st generation cephalosporins.

**Practice Policy:**

- **Oral policy:** Use narrow-spectrum antibacterials. Medicated feeds may be useful.
- **Parenteral policy:** Use narrow-spectrum antibacterials in combination with effective anti-diarrhoeal agents.

**Viral enteritis:** amoxicillin/clavulanate OR metronidazole OR 1st generation cephalosporins.

**Practice Policy:**

- **Oral policy:** Use narrow-spectrum antibacterials. Medicated feeds may be useful.
- **Parenteral policy:** Use narrow-spectrum antibacterials in combination with effective anti-diarrhoeal agents.

**Hemorrhagic colitis:** amoxicillin/clavulanate OR metronidazole OR 1st generation cephalosporins.

**Practice Policy:**

- **Oral policy:** Use narrow-spectrum antibacterials. Medicated feeds may be useful.
- **Parenteral policy:** Use narrow-spectrum antibacterials in combination with effective anti-diarrhoeal agents.

**Clostridial enteritis:** amoxicillin/clavulanate OR metronidazole OR 1st generation cephalosporins.

**Practice Policy:**

- **Oral policy:** Use narrow-spectrum antibacterials. Medicated feeds may be useful.
- **Parenteral policy:** Use narrow-spectrum antibacterials in combination with effective anti-diarrhoeal agents.

**Parasitic enteritis:** amoxicillin/clavulanate OR metronidazole OR 1st generation cephalosporins.

**Practice Policy:**

- **Oral policy:** Use narrow-spectrum antibacterials. Medicated feeds may be useful.
- **Parenteral policy:** Use narrow-spectrum antibacterials in combination with effective anti-diarrhoeal agents.

**Peritonitis:** amoxicillin/clavulanate OR metronidazole OR 1st generation cephalosporins.

**Practice Policy:**

- **Oral policy:** Use narrow-spectrum antibacterials. Medicated feeds may be useful.
- **Parenteral policy:** Use narrow-spectrum antibacterials in combination with effective anti-diarrhoeal agents.

**Enteritis:** amoxicillin/clavulanate OR metronidazole OR 1st generation cephalosporins.

**Practice Policy:**

- **Oral policy:** Use narrow-spectrum antibacterials. Medicated feeds may be useful.
- **Parenteral policy:** Use narrow-spectrum antibacterials in combination with effective anti-diarrhoeal agents.

**Septic enteritis:** amoxicillin/clavulanate OR metronidazole OR 1st generation cephalosporins.

**Practice Policy:**

- **Oral policy:** Use narrow-spectrum antibacterials. Medicated feeds may be useful.
- **Parenteral policy:** Use narrow-spectrum antibacterials in combination with effective anti-diarrhoeal agents.

**Skin infections**

**Bite and other traumatic wounds:** Laxan, debridage and lavage. In cat bites amoxicillin first, otherwise choice as for Pyoderma. Heavily infected/deepseated infections: metronidazole OR amoxicillin/triclosan OR fluoroquinolones. Many are effective against wound crevices. Cautiously selected.

**Practice Policy:**

- **Oral policy:** Use narrow-spectrum antibacterials. Medicated feeds may be useful.
- **Parenteral policy:** Use narrow-spectrum antibacterials in combination with effective anti-inflammatories agents.

**Infective traumatic wound:** amoxicillin/triclosan. OR 1st generation cephalosporins.

**Practice Policy:**

- **Oral policy:** Use narrow-spectrum antibacterials. Medicated feeds may be useful.
- **Parenteral policy:** Use narrow-spectrum antibacterials in combination with effective anti-inflammatories agents.

**Pseudoenemas:** amoxicillin/Clavulanate ± amikacin. OR 1st generation cephalosporins. Bireal and routine analgesia. Significant cellulitis may need to be repeated. Combined with an effective anti-inflammatory agent.

**Practice Policy:**

- **Oral policy:** Use narrow-spectrum antibacterials. Medicated feeds may be useful.
- **Parenteral policy:** Use narrow-spectrum antibacterials in combination with effective anti-inflammatories agents.

**Ear infections**

**Bacterial conjunctivitis:** amoxicillin OR 1st generation cephalosporins OR doxycycline OR clindamycin.

**Practice Policy:**

- **Topical therapy:** Use narrow-spectrum antibacterials. Many are effective against bacterial conjunctivitis. Consider using a fully non-prescription product.
- **Systemic therapy:** Use narrow-spectrum antibacterials. Consider using a fully non-prescription product.

**Otitis externa:** amoxicillin OR 1st generation cephalosporins OR doxycycline OR clindamycin.

**Practice Policy:**

- **Topical therapy:** Use narrow-spectrum antibacterials. Many are effective against otitis externa. Consider using a fully non-prescription product.
- **Systemic therapy:** Use narrow-spectrum antibacterials. Consider using a fully non-prescription product.

**Mastitis:** amoxicillin OR 1st generation cephalosporins OR doxycycline OR clindamycin.

**Practice Policy:**

- **Topical therapy:** Use narrow-spectrum antibacterials. Many are effective against mastitis. Consider using a fully non-prescription product.
- **Systemic therapy:** Use narrow-spectrum antibacterials. Consider using a fully non-prescription product.

**Ocular infections**

**Ocular infections:** amoxicillin OR 1st generation cephalosporins OR doxycycline OR clindamycin.

**Practice Policy:**

- **Topical therapy:** Use narrow-spectrum antibacterials. Many are effective against ocular infections. Consider using a fully non-prescription product.
- **Systemic therapy:** Use narrow-spectrum antibacterials. Consider using a fully non-prescription product.

**Second and Third Choice Antibacterials**

These include: amoxicillin, 3rd generation and 4th generation cephalosporins, tetracycline, metronidazole and fluoroquinolones. These antibacterials may be used only when other agents are inappropriate (e.g. in periodontal disease, or if patient is allergic to narrow-spectrum antibacterials). When used, follow the Cascade for selection.

**Follow the Cascade**

Follow the Cascade in the appropriate antibiotic. Order of selection should follow the Prescribing Cascade. The following agents (+) are not suitable for infusion, (±) for surgical prophylaxis, (±) for uncomplicated ear infections, (±) for gastrointestinal infections, (±) for respiratory infections, (±) for systemic infections, (±) for skin infections, (±) for urinary tract infections.

**Follow the Cascade**

- **Surgical prophylaxis**
  - Chronic bronchitis/allergic airway disease
  - Aspergillosis
  - Congestive heart failure
  - Urinary infection
  - Gastrointestinal
  - Autolysing wounds
  - Acute diarrhoea
  - Chronic gastrointestinal infection
  - Renal insufficiency
  - Metabolic
  - Polyuria
  - Polydipsia (unless pyrexic focus suspected)
  - Weight loss
  - Skin and ears
  - Malabsorption

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**For further information on individual drugs and dosages, see BSAVA Small Animal Formulary, 7th edition.**