Emergency Antibiotic Reference Card

Informational guide for a sustained crisis | Prescription required | Adult doses only

Dr. Jesse Lopez 7201 West 110th St., Suite 120, Overland Park, KS 66210 | **inspiration.health**

How to use this card. Every antibiotic here needs a prescription. If you get frequent urinary tract infections or other recurring infections, ask your physician for a **standby prescription** to keep on hand. Use these medicines only when you truly cannot reach a doctor, clinic, telehealth visit, or hospital, and get to care as soon as you can. Most colds, sore throats, coughs, and bronchitis are viral, and antibiotics will not help them.[8,9] Tell any physician you see afterward what you took and when.

Waterborne and diarrheal illness

Condition	Antibiotic	Adult dose	Notes
Giardia greasy, foul diarrhea, gas, bloating, often 1–2 weeks after untreated water	**Tinidazole** (preferred) Metronidazole (Flagyl) Nitazoxanide (Alinia)	2 g once (single dose) 250 mg 3 times a day, 5–7 days 500 mg twice a day, 3 days	Often clears on its own. Fluids matter most.[1,2] No alcohol with tinidazole or metronidazole.
Cryptosporidium watery diarrhea; survives bleach	**Nitazoxanide** (Alinia)	500 mg twice a day, 3 days (age 12 and up)	Most healthy people recover without medicine; rehydration is the main treatment. Not proven in weakened immune systems.[3]
Bacterial diarrhea / dysentery (travelers' diarrhea, bloody stool, fever)	**Azithromycin** (preferred) Ciprofloxacin (Cipro)	1,000 mg once, or 500 mg a day for 3 days 750 mg once, or 500 mg twice a day for 3 days	Azithromycin is preferred for bloody diarrhea or fever.[4] Loperamide (Imodium) 4 mg, then 2 mg after each loose stool, max 16 mg a day; **do not use** with bloody diarrhea or fever.[4]

Wounds, skin infections, and abscesses

Condition	Antibiotic	Adult dose	Notes
Wound infection / cellulitis spreading redness, warmth, tenderness	**Cephalexin** (Keflex)	500 mg 4 times a day (every 6 hours), **7–10 days**	Dr. Lopez's recommended course. IDSA guidance lists 5 days, extended if not improving.[5] Mark the red border with a pen to track it.
Skin abscess / boil pus pocket, fluctuant lump	Add MRSA coverage: **Bactrim DS** **Doxycycline** **Clindamycin** (Cleocin)	1–2 tablets twice a day 100 mg twice a day 300–450 mg 3–4 times a day; 5–10 days	**Drainage is the main treatment**; antibiotics help when there is fever or spreading redness.[5]
Anaerobic / deep infection foul-smelling abscess, dental, groin or buttock	**Clindamycin** (Cleocin) **Metronidazole** (Flagyl)	300–450 mg 3–4 times a day 500 mg every 8 hours, 7–10 days	Metronidazole does **not** cover staph or strep, so pair it with cephalexin or Bactrim for skin.[6] No alcohol during and for 3 days after.[7]
Animal or human bite	**Augmentin** (amoxicillin-clavulanate)	875/125 mg twice a day	Clean and irrigate thoroughly; do not close the wound tightly. Check tetanus and rabies risk.[5]

Throat, sinus, and chest infections

Condition	Antibiotic	Adult dose	Notes
Strep throat / tonsillitis fever, pus on tonsils, tender neck glands, no cough	**Amoxicillin** Penicillin V Augmentin (option)	1,000 mg once a day, or 500 mg twice a day, 10 days 500 mg twice a day, 10 days 875/125 mg twice a day	Penicillin allergy: cephalexin 500 mg twice a day for 10 days, clindamycin 300 mg 3 times a day for 10 days, or azithromycin 500 mg daily for 5 days.[8]
Sinus infection	**Amoxicillin** or **Augmentin**	Augmentin 875/125 mg twice a day, 5–7 days	Use only if symptoms last over 10 days, are severe (high fever, facial pain), or get worse after improving.[9]
Bronchitis / chest cold cough, with or without colored sputum	**Usually none**	—	Green or yellow sputum alone does not mean a bacterial infection; antibiotics do not speed recovery.[9,10] Watch for the pneumonia signs below.
Pneumonia, otherwise healthy adult fever, colored sputum, fast or hard breathing, chest pain with breaths	**Amoxicillin** or **Doxycycline**	1 g 3 times a day 100 mg twice a day At least 5 days	A bridge until you can reach a physician or hospital.[11]
Pneumonia with heart, lung, liver, or kidney disease, diabetes, heavy alcohol use, or cancer	**Augmentin** + **azithromycin** (or + doxycycline) or **Levofloxacin** alone	875/125 mg twice a day + 500 mg day 1, then 250 mg a day 750 mg once a day At least 5 days	Higher-risk patients should get to care quickly.[11]

Urinary tract infections

Condition	Antibiotic	Adult dose	Notes
Bladder infection burning, frequency, urgency; **no** fever or back pain	**Nitrofurantoin** (Macrobid) **Bactrim DS** Ciprofloxacin (2nd line) Levofloxacin (2nd line)	100 mg twice a day, 5 days 1 tablet twice a day, 3 days 250 mg twice a day, 3 days 250 mg once a day, 3 days	Best choice for a **standby prescription** if you get recurrent UTIs.[12] Home urine dipsticks (nitrite, leukocytes) help confirm.
Kidney infection fever, chills, flank or back pain, vomiting	**Ciprofloxacin** **Levofloxacin** Bactrim DS (if known sensitive)	500 mg twice a day, 7 days 750 mg once a day, 5 days 1 tablet twice a day, 14 days	**Get to care.** Kidney infections can turn into sepsis.[13]

If you can stock only a few

A practical core set covers most situations on this card: **azithromycin** (diarrhea, pneumonia add-on, strep if penicillin-allergic), **cephalexin** (skin), **amoxicillin-clavulanate** (throat, sinus, bites, pneumonia), **doxycycline** or **Bactrim DS** (MRSA abscess), **nitrofurantoin** (bladder infection), and **metronidazole or tinidazole** (Giardia, anaerobes). The CDC suggests similar standby antibiotics for travel health kits.[14] Add oral rehydration salts, a thermometer, and wound-care supplies.

Safety before you take any antibiotic

Fluoroquinolones (Cipro, Levaquin): FDA boxed warning for tendon rupture, nerve damage, and mood or thinking changes; also low blood sugar and aortic aneurysm risk. Higher risk over age 60 or with steroids. Avoid for simple bladder infections when another choice exists.[15]
Blood thinners: Bactrim, metronidazole, and ciprofloxacin raise warfarin (Coumadin) levels and bleeding risk; cephalexin and clindamycin are lower risk.[16]
Clindamycin: boxed warning for C. difficile colitis, which can be severe and can start up to 2 months later.[17] Any antibiotic can cause it: get care for frequent watery diarrhea, fever, or belly pain.
Metronidazole and tinidazole: no alcohol during and for 3 days after.[7] Avoid metronidazole in the first trimester of pregnancy.[6]
Doxycycline: not for children under 8.[5] **Bactrim:** avoid with sulfa allergy, kidney disease, or high potassium.
Azithromycin and levofloxacin can affect heart rhythm; use caution with heart rhythm problems.
Allergies: penicillin allergy rules out amoxicillin and Augmentin. If you had hives, swelling, or trouble breathing with penicillin, avoid cephalexin too.[8]

Smart storage and use

- Keep each antibiotic in its **original labeled bottle** in a cool, dry place, and check expiration dates every 6 months.
- Take the full course you were prescribed. Do not share antibiotics or use someone else's prescription.
- Write down what you started, the dose, and the time, and bring this record to your physician.
- Doses on this card are for **adults**. Children need weight-based doses from their physician. Pregnant or breastfeeding? Ask before taking any antibiotic.

Go to the ER or call 911 for possible sepsis: clammy or sweaty skin • confusion • extreme pain • fever, shivering, or feeling very cold • high heart rate or weak pulse • shortness of breath.[18]
Also get care fast for: red streaks or rapidly spreading redness • severe pain out of proportion to a wound • fever with back or flank pain • stiff neck • bloody diarrhea with high fever • signs of dehydration • no improvement after 48–72 hours of antibiotics.

1. CDC, Giardia clinical care: cdc.gov/giardia/hcp/clinical-care 2. StatPearls, Giardiasis: ncbi.nlm.nih.gov/books/NBK513239
3. CDC, Cryptosporidium clinical care: cdc.gov/cryptosporidium/hcp/clinical-care 4. CDC Yellow Book 2026, Travelers' diarrhea: ncbi.nlm.nih.gov/books/NBK620898
5. IDSA, Skin and soft tissue infection guideline (Stevens et al., CID 2014): academic.oup.com/cid/article/59/2/147 6. StatPearls, Metronidazole: ncbi.nlm.nih.gov/books/NBK539728
7. FDA label, Flagyl (metronidazole): accessdata.fda.gov (Flagyl label) 8. CDC, Strep throat clinical guidance: cdc.gov/group-a-strep/.../strep-throat
9. CDC, Adult outpatient antibiotic treatment: cdc.gov/antibiotic-use/.../adult-outpatient 10. CDC, Chest cold (acute bronchitis): cdc.gov/acute-bronchitis
11. ATS/IDSA, Community-acquired pneumonia guideline 2019: ncbi.nlm.nih.gov/pmc/articles/PMC6812437 12. AAFP, Uncomplicated cystitis (IDSA 2010): aafp.org/afp/2011/1001/p771
13. AAFP, Acute pyelonephritis: aafp.org/afp/2011/0901/p519 14. CDC Yellow Book, Travel health kits: cdc.gov/yellow-book/.../travel-health-kits
15. FDA, Fluoroquinolone safety communication: fda.gov (fluoroquinolone warnings) 16. StatPearls, Warfarin drug interactions: ncbi.nlm.nih.gov/books/NBK441964
17. DailyMed, Clindamycin capsule label: dailymed.nlm.nih.gov (clindamycin) 18. CDC, About sepsis: cdc.gov/sepsis/about
This card is for general information and preparedness. It does not replace an exam or the instructions of your own physician.