Belfast Health and Social Care Trust
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FOI/33872

24 June 2025

Antibiotic Guidelines for UTI.

I would like to request the Belfast Trust's antibiotic guidelines for:

1. **Urosepsis**
2. **Complicated (upper) UTI**
3. **Uncomplicated (lower) UTI**

As well as for any other UTI related infections

Please see below table on Guidelines for Empirical Antibiotics prescribing in hospitalised adults.
See attachment 1 PDF detailing the Microguide Urinary tract infection.

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INFECTION SYNDROME/INDICATION	PREFERRED REGIMEN Review antibiotic therapy once culture results known	ALTERNATIVE REGIMEN	SUGGESTED DURATION	COMMENT

Uncomplicated (Lower) UTI ASYMTOMATIC BACTERIURIA: do not treat unless pregnant or urology procedure planned, even if catheter present. Do not use dipsticks in over 65's or in the presence of a catheter. Only change treatment in accordance with MSU susceptibility results if symptoms not improving	Nitrofurantoin 100mg 6 hourly PO with food If resistant to nitrofurantoin or Trimethoprim then use; Pivmecillinam 400mg load then 200mg 8hrly PO	Trimethoprim 200mg 12hrly PO (only if not used within last 3 months)	Female: 3 days Male : 7 days	Nitrofurantoin: Avoid if eGFR less than 45ml/minute as drug will not concentrate in urine. Elderly women with uncomplicated UTI up to 5 days of Nitrofurantoin may be used if required
Complicated (Upper UTI) Risks for complicated UTI include: Structural abnormality of the renal tract, male sex, recent urinary tract instrumentation, symptoms > 7 days at presentation, diabetes, immunosuppression.	Antibiotic therapy should be guided by previous urine culture results Gentamicin 5mg/kg 24Hrly IV OR Pipereacillin-tazobactam 4.5g 8 Hrly IV if gentamicin inappropriate	Antibiotic therapy should be guided by previous urine culture results Gentamicin 5mg/kg 24Hrly IV OR Ciprofloxacin 400mg 12 Hrly IV **only if gentamicin inappropriate	7-10 days	Review gentamicin requirement at Day 3-4.
UROSEPSIS Symptomatic UTI + Risk factors for Sepsis (Refer to NICE NG 51 pathway can be accessed at	Pipereacillin-tazobactam 4.5g 8 Hrly IV PLUS	Aztreonam 2G IV 8 hourly PLUS Vancomycin IV (see	Review treatment with blood culture or	Alternative regimen if Aztreonazam unavailable:

https://pathways.nice.org.uk/pathway/sepsis/sepsis-overview#content=view-node:nodes-when-to-suspect-sepsis) Take blood cultures before antibiotics	Gentamicin 5mg/kg 24Hrly IV	vancomycin in TDM guidelines) PLUS Gentamicin 5mg/kg 24Hrly IV	relevant culture results at 48hrs to decide on duration	Ciprofloxacin 400-600mg 12 hrly IV PLUS Vancomycin IV (see therapeutic drug monitoring) PLUS Gentamicin 5mg/kg 24Hrly IV