Genito-Urinary

Uncomplicated (lower) UTI

ASYMPTOMATIC BACTERIURIA: do not treat unless pregnant or urology procedures planned, even if catheter present, unless advised otherwise by Microbiology.

Do not use dipsticks in over 65s or in the prescence of a catheter. Only change treatment in accordance with MSU susceptibility result if symptoms not improving.

PREFERRED REGIMEN

Review antibiotic therapy once culture results known

Nitrofurantoin **Modified Release (MR)** 100mg 12-hourly PO with food

Suggested Duration: Female: 3 days / Male:7 days

If resistant to nitrofurantoin or trimethoprim then use:

Pivmecillinam 400mg PO loading dose, then 200mg PO 8 hourly

Suggested Duration: Female: 3 days / Male:7 days

ALTERNATIVE REGIMEN (including patients with documented penicillin allergy)

Trimethoprim 200mg 12 hourly PO

(only if not used in the past 3 months)

Suggested Duration: Female: 3 days / Male: 7 days

Comment

In elderly women with uncomplicated UTI, up to 5 days of Nitrofurantoin may be used if required

Nitrofurantoin: avoid if eGFR less than 45ml/minute (GFR > 45ml/min is required to concentrate Nitrofurantoin in urine).

Genito-Urinary

Complicated (upper) UTI

Risks for complicated UTI include: stuctural abnormality of the renal tract, male sex, recent urinary tract instumentation, symptoms > 7 days at presentation, diabetes, immunosuppression.

PREFERRED REGIMEN

Initial antibiotic therapy should be guided by previous urine culture results.

Review antibiotic therapy once culture results known

Gentamicin IV (refer to TDM section of Eolas for dosing regimen)

OR

Piperacillin-tazobactam 4.5g 8 hourly IV if gentamicin inappropriate

Review gentamicin requirement at day 3-4 followed by oral step down therapy to an appropriate oral agent to complete course

Suggested Duration: 7-10 days For Pyelonephritis up to 14 days depending on antibiotic used

ALTERNATIVE REGIMEN (including patients with documented penicillin allergy)

Antibiotic therapy should be guided by previous urine culture results.

Review antibiotic therapy once current culture results known

Gentamicin IV (refer to TDM section of Eolas for dosing regimen)

OR

Ciprofloxacin 400mg 12 hourly IV[1] ***(only if gentamicin inappropriate)***

Review gentamicin requirement at day 3-4 followed by oral step down therapy to an appropriate oral agent to complete course

Suggested Duration: 7-10 days. For Pyelonephritis up to 14 days depending on antibiotic used.

1. . **See MHRA advice for restrictions and precautions for using fluroquinolone antibiotics due to rare reports of disabling and potentially long-lasting or irreversible side effects (Jan 2024).**

Genito-Urinary

Urosepsis

Symptomatic UTI + Risk factors for sepsis

- Refer to NICE guideline 51 accessed at: Sepsis overview - NICE Pathways
- Take blood culture before antibiotics

PREFERRED REGIMEN

Review antibiotic therapy once culture results known

Piperacillin-tazobactam 4.5g 8 hourly IV

+

Gentamicin IV (Refer to TDM section of Eolas for dosing regimen)

Duration: Review treatment with blood culture or relevant culture results at 48 hours to decide on duration

ALTERNATIVE REGIMEN (including patients with documented penicillin allergy)

Review antibiotic therapy once culture results known

Aztreonam 2g 8 hourly IV **OR Ciprofloxacin** 400-600mg 12 hourly IV*

+

Vancomycin IV (refer to TDM section of Eolas for dosing regimen)

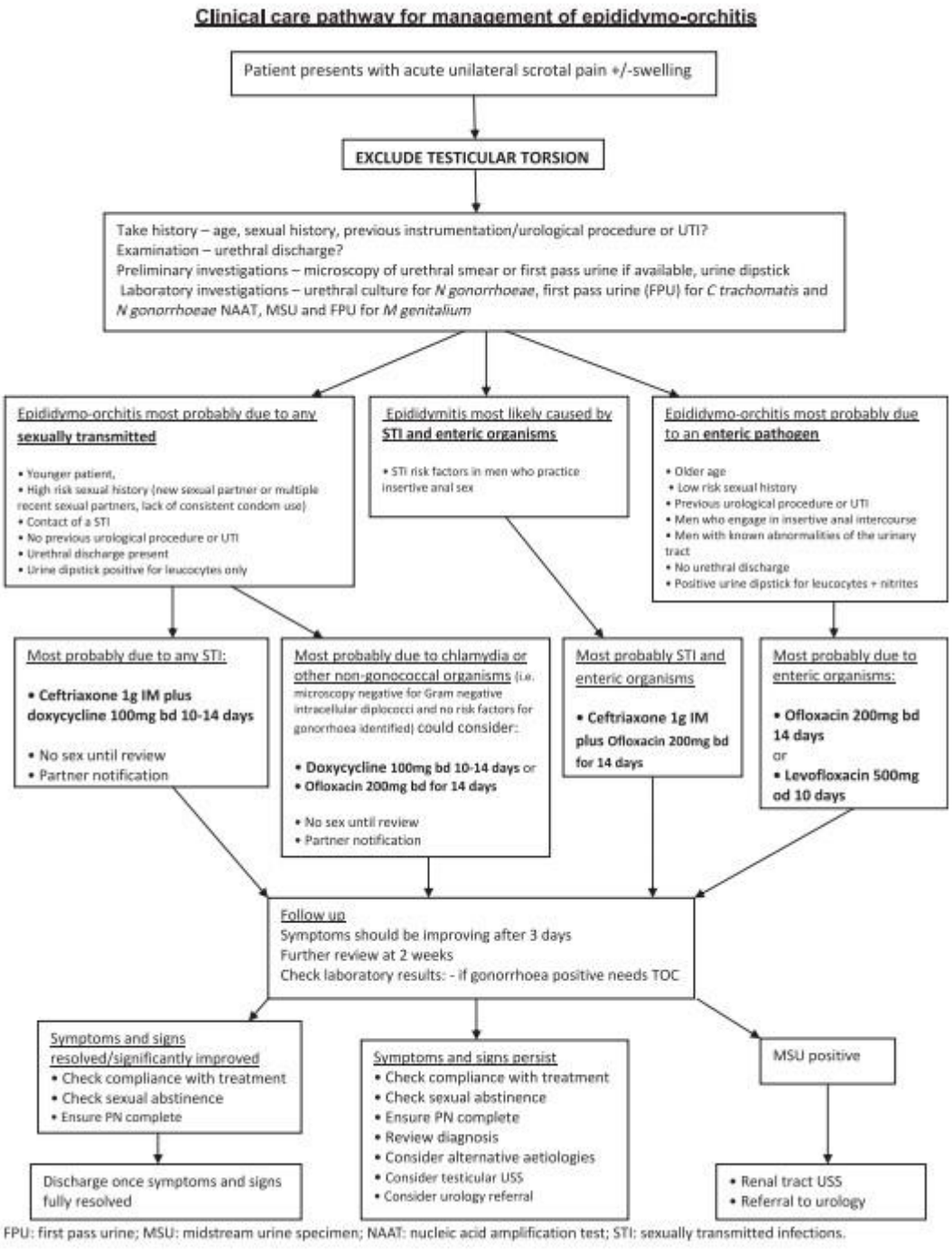
+

Gentamicin IV (refer to TDM section of Eolas for dosing regimen)

Duration: Review treatment with blood culture or relevant culture results at 48 hours to decide on duration

* **See MHRA advice for restrictions and precautions for using fluroquinolone antibioitcs due to very rare reports of disabling and potentially long-lasting or irreversible side effects (Jan 2024)**

Epididymo-orchitis



Full UK BASHH guidane document available here: https://www.bashhguidelines.org/media/1291/eo-2020.pdf

Genito-Urinary

Catheter associated UTI

Patients with urinary catheter invariably develop bacteriuria after a few days. Do not use dipsticks in the presence of a catheter. Cloudy urine is not an indication for sending a catheter specimen of urine.

Treatment with an antibiotic is only required if there are signs & symptoms of systemic infection.

Re-assess need for catheter. If it is required change/remove under antibiotic cover

PREFERRED REGIMEN

Initial antibiotic therapy should be guided by previous urine culture results.
Review antibiotic therapy once culture results known

Gentamicin IV (refer to TDM section of Eolas for dosing regimen)

Review gentamicin requirement after day 3 followed by oral step down therapy to a susceptible oral agent.

Duration: Depends on severity of infection

Alternative regimen (including patients with documented penicillin allergy or if gentamicin is inappropriate)

Initial antibiotic therapy should be guided by previous urine culture results.
Review antibiotic therapy once culture results known

Ciprofloxacin 400mg 12 hourly IV**2 or** **Ciprofloxacin** 500mg 12 hourly PO**2**

Duration: Depends on severity of infection

2. See MHRA advice for restrictions and precautions for using fluroquinolone antibioitcs due to very rare reports of disabling and potentially long-lasting or irreversible side effects (Jan 2024)