UROLOGY INFECTION MANAGEMENT GUIDANCE

NHS Tayside

- This guidance applies to ADULT, NON PREGNANT patients ONLY.
- STOP and think before you prescribe antibiotics. Does your patient actually have an infection that requires treatment?
- Always check if there are any previous available culture results and sensitivities.
- Normal renal and hepatic function is assumed – adjust doses if necessary.
- For all other infections refer to Hospital Antibiotic Man or Primary Care Antibiotic Man or Antibiotic Website
- Refer to MicroMan for 'Antibiotic Rules of Thumb' and basic microbiology information on common infections

HOSPITAL PATIENTS: If NEWS ≥5 and INFECTION - THINK SEPSIS and for hospital patients complete SEPSIS 6 bundle within 1 hour

- Always document the indication and planned duration for antibiotics in the medical notes and on medicine chart. Review IV antibiotics daily – refer to IVOST criteria

COMPLICATED INFECTIONS

Pyelonephritis/ Urosepsis/ Complicated UTI	*Primary Care:*	Co-trimoxazole 960mg bd or Co-amoxiclav 625mg tds (7 days)
	Secondary Care:	Amoxicillin IV 1g tds + Gentamicin IV (Total IV/PO 7 days)
	If penicillin allergic: Co-trimoxazole IV 960mg bd + Gentamicin IV	
	Step down for all patients: Co-trimoxazole PO 960mg bd or as per sensitivities	
	Some patients may need an extended course on specialist advice. Refer to separate guidance in patients with renal impairment. For ESBL infections treat as per sensitivities.	

CATHETERISED or OLDER PATIENTS

Advice leaflet for older adults

UTI in OLDER ADULTS	Follow national guidance document to assess patient.
Catheter Associated UTI (CaUTI)	Follow national guidance document to assess patient. Do not treat unless dinical signs/symptoms of infection. If definite infection treat as per complicated UTI above. Local advice is to remove and replace catheter (if still required) within 24-72 hours of starting antibiotic treatment.
Recurrent CaUTI	Do not use antimicrobial prophylaxis. A 3 month trial of methenamine 1g bd may be considered on urology advice where underlying factors have been managed appropriately.
Intermittent Self Catheterisation (ISC)	Follow local guidance document to assess patient. Do not use prophylaxis.
Prophylaxis for Urinary Catheter Insertion/Change	NOT routinely required

FEMALE

RCGP 'leaflets to share with patients' resource:

Treating Your Infection - UTI

For women with uncomplicated lower UTI or recurrent UTIs

Uncomplicated Lower UTI	1st line Nitrofurantoin 100mg MR bd or 50mg qds (3 days). Consider renal/respiratory cautions.
	2nd line Trimethoprim 200mg bd (3 days)
	Consider delayed/back up prescription and symptom relief in women with non severe symptoms.
Lower UTI in CKD	Refer to separate guidance document
ESBL infections	Refer to separate guidance
Recurrent UTI	Ensure simple self care advice has been followed.
≥2 /in 6 month	Some women may wish to try cranberry or d-mannose to reduce recurrence.
≥3/year	Methenamine 1g bd may be considered – no evidence of benefit if renal tract abnormalities or neuropathic bladder.
	Consider a prescription for 'stand-by' antibiotic prior to considering prophylaxis.
	If antibiotic prophylaxis considered follow national advice on counselling prior to initiation, review after 3-6 months with a view to stopping at 6 months. Trimethoprim 100mg or Nitrofurantoin 50-100mg at night (or post coital). Consider renal/respiratory cautions.

Rotation of antimicrobials to address issues of resistance is not recommended.
Do not use pivmecillinam or fosfomycin for prophylaxis.
If patient develops a UTI on prophylaxis do not restart prophylactic antibiotic if resistant.

UTI in Pregnancy Refer to Pregnancy and Post Natal Antibiotic Woman

MALE

Uncomplicated Lower UTI	1st line Nitrofurantoin 100mg MR bd or 50mg qds (7 days). Consider renal/respiratory cautions.
	2nd line Trimethoprim 200mg bd (7 days)
Lower UTI in CKD	Refer to separate guidance document
ESBL infections	Refer to separate guidance
Recurrent UTI	Treat as above. Refer to Urology if 2 or more culture positive UTIs in the last 6 months or 3 or more in the last 12 months. Antimicrobial prophylaxis on specialist advice only.
Acute Bacterial Prostatitis	Ofloxacin 400mg od or Ciprofloxacin 500mg bd (28 days). Refer to quinolone warnings.
	Trimethoprim 200mg bd if high CDI risk (28 days)
	If IV required: Amoxicillin IV 1g tds + Gentamicin IV then step down as per oral options above to complete 28 day course. Quinolones and trimethoprim reach good levels in prostatic tissue. 28 day course required to reduce risk of chronic disease. Refer to urology if patient has recurrence after a full 28 day course of quinolone to advise on prevention & management of chronic prostatitis.
Epididymo-orchitis	Refer to separate guidance document

SKIN INFECTIONS

Wound infection Post urological surgery	***Clean surgery:*** (e.g. nephrectomy)	Flucloxacillin 1g qds (7 days)
		If penicillin allergic: Co-trimoxazole 960mg bd
	Clean contaminated surgery: (bowel or GU tract entered)	Co-trimoxazole 960mg bd + Metronidazole 400mg tds (7 days)
	Contaminated/Dirty surgery: (acute inflammation or contamination of wound or presence of pus)	Co-trimoxazole 960mg bd + Metronidazole 400mg tds (7 days)
Fournier's Gangrene	Refer to cellulitis guidance	

Developed by: Urology, Microbiology, Pharmacy
Approved by AMG: Feb 2019
Review: Feb 2022