UROLOGY INFECTION MANAGEMENT GUIDANCE

NHS Tayside

When male and female are stated within this policy, it refers to sex assigned at birth.
For patients who have had reassignment procedures seek advice as needed.

- This guidance applies to ADULT, NON PREGNANT patients ONLY. Normal renal and hepatic function is assumed – adjust doses if necessary.
- **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.
- **For all other infections refer to Hospital Antibiotic Adult or Primary Care Antibiotic Adult or Antibiotic Website**
- **Refer to MicroGuidance for 'Antibiotic Rules of Thumb' and basic microbiology information on common infections**

HOSPITAL PATIENTS: If NEWS ≥5 and INFECTION - THINK SEPSIS

- **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 clinical 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

Uncomplicated Lower UTI Consider ibuprofen 400mg tds (3 days) in <65 with non severe symptoms or delayed prescription
1st line Nitrofurantoin 100mg MR bd (3 days) Consider renal/respiratory cautions
2nd line Trimethoprim 200mg bd (3 days)

Lower UTI in CKD Refer to separate guidance document

ESBL infections Refer to separate guidance

Recurrent UTI
≥2 /in 6 month
≥3/year
Ensure simple self care advice has been followed. Obtain urine culture to guide treatment.
Patients may wish to try cranberry or d-mannose to reduce recurrence.
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.
Prophylaxis should be offered for fixed period of 3-6mths. Trimethoprim 100mg or Nitrofurantoin 50-100mg at night (or post coital). Consider renal/respiratory cautions.

RCGP **'leaflets to share with patients' resource:**

Treating Your Infection-UTI

For patients with uncomplicated lower UTI or recurrent UTIs

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.
Consider intra-vaginal oestrogen in post menopausal patients at risk of atrophic vaginitis. Review within 12 mths

UTI in Pregnancy Refer to Pregnancy and Post Natal Antibiotic Guidance

MALE

Uncatheterised Male UTI
1st line Nitrofurantoin 100mg MR bd (7 days) Consider renal/respiratory cautions
2nd line Trimethoprim 200mg bd (7 days)

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 in the last 12 months. Antimicrobial prophylaxis on specialist advice only.

Acute Bacterial Prostatitis Ofloxacin 200mg bd 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

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