

UTI IN OLDER PERSONS

UNCOMPLICATED BACTERIAL CYSTITIS	NITROFURANTOIN OR TMP/SMX	3-7 DAYS
PYELONEFRITIS OR COMPLICATED UTI	FLUOROQUINOLONES, 2 O 3 GEN CEPHALOSPORINS OR GENTAMICIN	7-14 DAYS
RECURRENT UTI ELDERLY WOMEN	LONG TERM PROPHYLACTIC ANTIBIOTICS: TMP/SMX(40MG/200MG), TRIMETHOPRIM-(100MG), NITROFURANTOIN(100MG)	6MO
RECURRENT UTI ELDERLY WOMEN	LONG TERM PROPHYLACTIC ANTIBIOTICS: NITROFURANTOIN(50MG)	1 YR
RECURRENT UTI ELDERLY MEN	MEDICAL OR QX TTMT0	
UTI IN PATIENTS W/ CHRONIC INDWELLING CATH	SYSTEMIC ANTIBIOTIC THERAPY	

CYSTITIS NO COMPLICADA 1ST LINE

NITROFURANTOIN	100	PO BID X 5 DAYS (3-7 DAYS)
FOSFOMYCIN	3G SACHET	PO X 1 DOSE
TMP/SMX	160/800MG	PO BID X 3D (3-7 DAYS)
PIVMECILINAM	400 MG	BID X 3D

CYSTITIS NO COMPLICADA, 2ND LINE

CIPROFLOXACINA	500MG	PO BID X 3D
LEVOFLOXACINA	500MG	PO QD X 3D
CEFPODOXIME	100 MG	PO BID X5D

UTI PREGNANT WOMEN

CEFALEXIN	500 MG	BO 2-3X A DAY FOR 7-10 DAYS
CEFUROXIME	750 MG-1.5G	IV 3-4X A DAY

ANTIBIOTICS

Choice of antibiotic: adults aged 18 years and over	
Antibiotic	Dosage and course length
First-choice oral antibiotic (guided by susceptibility when available)	
Ciprofloxacin (consider safety issues)	200 mg twice a day for 14 days then review
Clonazepam (consider safety issues)	200 mg twice a day for 14 days then review
Alternative first-choice oral antibiotic (if a fluoroquinolone antibiotic is not appropriate (check specialist advice, guided by susceptibility when available))	
Trimethoprim	200 mg twice a day for 14 days then review
Second-choice oral antibiotic (after discussion with a specialist)	
Levofloxacin (consider safety issues)	500 mg once a day for 14 days then review
Co-trimoxazole	160 mg twice a day for 14 days then review
First-choice intravenous antibiotic (if unable to take oral antibiotics or severely unwell: guided by susceptibility when available). Antibiotic may be combined if appropriate	
Ciprofloxacin (consider safety issues)	400 mg twice or three times a day
Levofloxacin (consider safety issues)	500 mg once a day
Colistimethate	1.5 g three or four times a day
Colistimethate	2 g once a day
Gentamicin	Initially 5 to 7 mg/kg once a day, subsequent doses adjusted according to serum gentamicin concentration
Amikacin	Initially 15 mg/kg once a day (maximum per dose 1.5 g once a day), subsequent doses adjusted according to serum amikacin concentration (maximum 15 g per course)
Second-choice intravenous antibiotic: consult local microbiologist	
1 See BNF for appropriate use and dosing in specific populations, for example, hepatic impairment and renal impairment, and administering intravenous antibiotics. 2 Check serum urea and creatinine levels and adjust dosing accordingly. 3 See BNF for contraindications and precautions for using fluoroquinolone antibiotics due to very rare reports of disabling and potentially long-lasting or permanent side effects affecting musculoskeletal and nervous systems. Warnings include: stopping treatment at first signs of serious adverse reaction (such as tendonitis), amoxicillin with special caution in people over 60 years and avoiding co-administration with a corticosteroid (March 2019). 4 Review treatment after 14 days and either stop or continue for a further 14 days if needed (based on history, symptoms, clinical examination, urine and blood tests). 5 Only consider when there is bacteriological evidence of sensitivity and good reasons to prefer this combination to a single antibiotic (BNF, August 2018). 6 Review intravenous antibiotics by 48 hours and consider switching to oral antibiotics where possible for a total of 14 days, then review. 7 Therapeutic drug monitoring and assessment of renal function is required (BNF, August 2018).	



PYELONEFRITIS

Empiric antibiotic regimens for pyelonephritis					
Outpatient Empiric Treatment					
Ciprofloxacin*	500 mg	Oral	Twice daily	7 d	
Levofloxacin	750 mg	Oral	Once daily	5-7 d	
Cefpodoxime	200 mg	Oral	Twice daily	10-14 d	
TMP-SMX	160-800 mg (double strength)	Oral	Twice daily	10-14 d	
Ceftriaxone	1 g	Intramuscularly or intravenously	Once		
Gentamycin	5 mg/kg	Intramuscularly or intravenously	Once		
Ciprofloxacin	400 mg	Intravenously	Once		
Inpatient Empiric Treatment					
Ciprofloxacin	400 mg	Intravenously	Every 12 h		
Levofloxacin	500 mg	Intravenously	Every 24 h		
Ceftriaxone	1 g	Intravenously	Every 24 h		+/- aminoglycoside (eg, gentamicin)
Gentamicin	5 mg/kg	Intravenously	Every 24 h		+/- ampicillin 2 g intravenously every 4 hours
Tobramycin	5 mg/kg	Intravenously	Every 24 h		+/- ampicillin 2 g intravenously every 4 hours
Piperacillin/tazobactam	3.375 g	Intravenously	Every 6 h		+/- aminoglycoside (eg, gentamicin)
Meropenem	2 g	Intravenously	Every 8 h		

* Consider initial dose of parenteral agent if fluoroquinolone resistance is >10%, or if using second-line agent (beta lactam such as cefpodoxime or TMP-SMX).

C

By **gabs0413**
cheatography.com/gabs0413/

Not published yet.
Last updated 7th August, 2022.
Page 2 of 2.

Sponsored by **CrosswordCheats.com**
Learn to solve cryptic crosswords!
<http://crosswordcheats.com>