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: TMPSMX(40MG/200MG), TRIMETHOPRIM(100MG), NOTROFURANTOIN(100MG)	6MO
RECURRENT UTI ELDERLY WOMEN	LONG TERM PROPHYLACTIC ANTIBIOTICS: NITROFURANTOIN(50MG)	1 YR
RECURRENT UTI ELDERLY MEN	MEDICAL OR QX TTMTO	
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[1]	Dosage and course length
First-choice oral antibiotics (guided by susceptibilities when available)[2]	
Ciprofloxacin (consider safety issues[3])	500 mg twice a day for 14 days then review[4]
Ofloxacin (consider safety issues[3])	200 mg twice a day for 14 days then review[4]
Alternative first-choice oral antibiotic if a fluoroquinolone antibiotic is not appropriate (seek specialist advice; guided by susceptibilities when available)[2]	
Trimethoprim	200 mg twice a day for 14 days then review[4]
Second-choice oral antibiotic (after discussion with a specialist)	
Levofloxacin (consider safety issues[3])	500 mg once a day for 14 days then review[4]
Co-trimoxazole[5]	960 mg twice a day for 14 days then review[4]
First-choice intravenous antibiotics (if unable to take oral antibiotics or severely unwell: guided by susceptibilities when available). Antibiotics may be combined if sepsis a concern[2,6]	
Ciprofloxacin (consider safety issues[3])	400 mg twice or three times a day
Levofloxacin (consider safety issues[3])	500 mg once a day
Cefuroxime	1.5 g three or four times a day
Ceftriaxone	2 g once a day
Gentamicin	Initially 5 to 7 mg/kg once a day, subsequent doses adjusted according to serum gentamicin concentration[7]
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)[7]
Second-choice intravenous antibiotics - 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 previous urine culture and susceptibility results and antibiotic prescribing and choose antibiotics accordingly.
[3] See MHRA advice for restrictions and precautions for using fluoroquinolone antibiotics due to very rare reports of disabling and potentially long-lasting or irreversible side effects affecting musculoskeletal and nervous systems. Warnings include: stopping treatment at first signs of serious adverse reaction (such as tendonitis), prescribing with special caution in people over 60 years and avoiding coadministration 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).