

## UTI IN OLDER PERSONS

UNCOMPLICATED BACTERIAL CYSTITIS	NITROFURANTOIN OR TMP/SMX	3-7 DAYS
PYELONEFRITIS OR COMPLICATED UTI	FLUROQUINOLONES, 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
<b>First choice oral antibiotic (guided by susceptibilities when available)</b>	
Ciprofloxacin (levofloxacin)	500 mg twice a day for 14 days then review <sup>1</sup>
Clonazepam (levofloxacin)	500 mg twice a day for 14 days then review <sup>1</sup>
<b>Alternative first choice oral antibiotic if a fluoroquinolone antibiotic is not appropriate (check specialist advice guided by susceptibilities when available)</b>	
Trimethoprim	200 mg twice a day for 14 days then review <sup>1</sup>
<b>Second choice oral antibiotic (after discussion with a specialist)</b>	
Amoxicillin (amoxicillin)	500 mg once a day for 14 days then review <sup>1</sup>
Co-trimoxazole	160 mg twice a day for 14 days then review <sup>1</sup>
<b>First choice intravenous antibiotic (if unable to take oral antibiotic or severely unwell) (guided by susceptibilities when available). Antibiotic may be combined if appropriate</b>	
Ciprofloxacin (levofloxacin)	400 mg twice or three times a day
Amoxicillin (amoxicillin)	500 mg once a day
Clonazepam	1.5 g three or four times a day
Colistin	2 g once a day
Gentamicin	Initially 5 to 7 mg/kg once a day, subsequent doses adjusted according to serum gentamicin concentration
Vancomycin	Initially 15 mg/kg once a day (maximum per dose 2 g once a day), subsequent doses adjusted according to serum vancomycin concentration (maximum 15 g per course) <sup>2</sup>
<b>Second choice intravenous antibiotic - consult local microbiologist</b>	

<sup>1</sup> See BNF for appropriate use and dosing in specific populations, for example, hepatic impairment and renal impairment, and administering intravenous antibiotics.  
<sup>2</sup> Check serum vancomycin and susceptibility results and antibiotic prescribing and disease antibiotic accordingly.  
<sup>3</sup> See BNF for use 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 if any signs of serious adverse reaction such as tendonitis, myalgia with special caution in people over 60 years and avoiding coadministration with a corticosteroid (March 2019).  
<sup>4</sup> Review treatment after 24 days and either stop or continue for a further 14 days if needed. Based on history, symptoms, clinical examination, urine and blood tests.  
<sup>5</sup> Only consider when there is bacteriological evidence of sensitivity and good reasons to prefer this combination to a single antibiotic (BNF August 2018).  
<sup>6</sup> Review intravenous antibiotic by 48 hours and consider switching to oral antibiotic where possible for a total of 14 days then review.  
<sup>7</sup> Therapeutic drug monitoring and assessment of renal function is required (BNF, August 2018).



## PYELONEFRITIS

Empiric antibiotic regimens for pyelonephritis				
<b>Outpatient Empiric Treatment</b>				
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	
<b>Inpatient Empiric Treatment</b>				
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)
Mergemem	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).



By **gabs0413**  
[cheatography.com/gabs0413/](https://cheatography.com/gabs0413/)

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