

INFECTION	KEY POINTS	MEDICINE	DOSES		LENGTH	
<p><b>Lower urinary tract infection</b></p> <p><b>NICE</b></p> <p>Public Health England</p> <p>Last updated: Oct 2018</p>	<p>Advise paracetamol or ibuprofen for pain.</p> <p><b>Non-pregnant women:</b> back up antibiotic (to use if no improvement in 48 hours or symptoms worsen at any time) or immediate antibiotic.</p> <p><b>Pregnant women, men, children or young people:</b> immediate antibiotic.</p> <p>When considering antibiotics, take account of severity of symptoms, risk of complications, previous urine culture and susceptibility results, previous antibiotic use which may have led to resistant bacteria and local antimicrobial resistance data.</p> <p><i>For detailed information click on the visual summary. See also the NICE guideline on <a href="#">urinary tract infection in under 16s: diagnosis and management</a> and the Public Health England <a href="#">urinary tract infection: diagnostic tools for primary care</a>.</i></p>	<p><b>Non-pregnant women first choice:</b> nitrofurantoin (if eGFR ≥45 ml/minute) <b>OR</b> trimethoprim (if low risk of resistance)</p>	<p>100mg m/r BD (or if unavailable 50mg QDS)</p> <p>200mg BD</p>	-	3 days	
		<p><b>Non-pregnant women second choice:</b> nitrofurantoin (if eGFR ≥45 ml/minute) <b>OR</b> pivmecillinam (a penicillin) <b>OR</b> fosfomycin</p>	<p>100mg m/r BD (or if unavailable 50mg QDS)</p> <p>400mg initial dose, then 200mg TDS</p> <p>3g single dose sachet</p>	-	3 days 3 days single dose	
		<p><b>Pregnant women first choice:</b> nitrofurantoin (avoid at term) – if eGFR ≥45 ml/minute</p>	<p>100mg m/r BD (or if unavailable 50mg QDS)</p>	-	7 days	
		<p><b>Pregnant women second choice:</b> amoxicillin (only if culture results available and susceptible) <b>OR</b> cefalexin</p>	<p>500mg TDS</p> <p>500mg BD</p>	-	7 days	
		<p><b>Treatment of asymptomatic bacteriuria in pregnant women:</b> choose from nitrofurantoin (avoid at term), amoxicillin or cefalexin based on recent culture and susceptibility results</p>				
		<p><b>Men first choice:</b> trimethoprim <b>OR</b> nitrofurantoin (if eGFR ≥45 ml/minute)</p>	<p>200mg BD</p> <p>100mg m/r BD (or if unavailable 50mg QDS)</p>	-	7 days	
		<p><b>Men second choice:</b> consider alternative diagnoses basing antibiotic choice on recent culture and susceptibility results</p>				