

# **Urinary Tract Infection TREATMENT SUMMARY**



# Scope

- Uncomplicated urinary tract infection (UTI)
- Patient meets clinical inclusion criteria (as per the approved training)
- Female aged 18-65 years
- Patient has not been treated for:
  - » 1 or more UTIs in the previous 6 months OR
  - » More than 2 UTIs in the previous 12 months





### **Conditions**

- Provided by registered pharmacists who have completed training
- At a registered pharmacy with an area suitable to maintain confidentiality
- · Completion of a comprehensive clinical record of treatment
- Generation of a service summary provided to the patient or their primary health provider
- Medication (if indicated) is dispensed and labelled according to regulations and is uploaded to My Health Record

## **Exclusions**

## **BASED ON PATIENT & SYMPTOMS**

- Male
- <18 years or >65 years
- Pregnant or 4-6 weeks postpartum
- Presenting with only 1 symptom of cystitis (dysuria, urinary frequency, urinary urgency, suprapubic pain)
- Fever >38°C
- Chills
- Nausea
- Vomiting
- Back/side pain
- Vaginal itch and/or discharge

## **BASED ON PATIENT HISTORY**

- Treated for 1 or more UTIs in the previous 6 months
- Treated for more than 2 UTIs in the previous 12 months
- Reoccurrence of UTI symptoms within 2 weeks of treatment
- Prior non-responsiveness to UTI treatment
- Any multidrug resistant infection in previous 3 months

## **BASED ON MEDICATION HISTORY**

- Antimicrobial use in previous 3 months
- Frequent antimicrobial use
- Intrauterine device in situ
- Immunosuppressant medication

Medication which increases risk of UTI eg: SGLT2 inhibitors

## **OTHER**

- STI risk
- Immunocompromise
- Diabetes
- Any overseas travel within the previous 3 months or in the previous 6 months to regions with a high prevalence of antibiotic resistance (eg. South East Asia or South Asia)
- Inpatient of a hospital in the previous 4 weeks or other health care facility in the previous 3 months or frequent or long-term care facility resident
- History of: Urinary tract obstruction, pyelonephritis, urinary tract abnormality, urolithiasis, urinary catheter within the last 48 hours, nephrostomy tube, ureteral stent, renal disease or impairment, spinal cord injury, asplenia



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# FIRST LINE TREATMENT: NITROFURANTOIN

## **First Line Treatment**

Nitrofurantoin 100mg 20 capsules 100mg every 6 hours for 5 days

### **Contraindications**

- Previous serious adverse reaction
- Renal impairment (CrCl <60mL/min)</li>
- Glucose-6-phosphate dehydrogenase (G6PD), enolase or glutathione peroxidase deficiency
- Anuria or oliguria
- Avoid in breastfeeding if infant < 4 weeks old or has G6PD deficiency</li>

### **Precautions**

- · Risk of polyneuropathy increases in renal failure
- Medicines that alkalinise (eg: antacids, urinary alkalinisers) reduce efficacy
- Medicines that acidify (eg: probenecid) may reduce excretion leading to toxicity

# SECOND LINE TREATMENT: TRIMETHOPRIM

## **Second Line Treatment**

Trimethoprim 300mg 3 tablets 300mg daily for 3 nights

## **Contraindications**

- Previous serious adverse reaction to trimethoprim-containing medicines
- Megaloblastic anaemia due to folate deficiency
- Severe blood disorders
- Renal impairment (CrCl <15mL/min)</li>
- Porphyria

## **Precautions**

- Patients in the Kimberley and Pilbara regions of WA where susceptibility to trimethoprim drops to below 70%
- Hepatic impairment
- Hyperkalaemia
- May worsen folate deficiency and blood dyscrasias

#### References:

SASA Pharmacist initiated treatment of urinary tract infection
WA Department of Health Supplementary Information
ACP Training: Uncomplicated Cystitis Treatment – Pharmacist Training (Western Australia)