



Antimicrobial	Dose	Contraindications and precautions [9,10]
<p><u>First line</u></p> <p>Nitrofurantoin*</p>	100mg every 6 hours for 5 days	<p><u>Contraindications</u></p> <ul style="list-style-type: none"> • Previous serious adverse reaction to nitrofurantoin • Renal impairment (CrCl < 60mL/min) • Glucose-6-phosphate dehydrogenase (G6PD), enolase, or glutathione peroxidase deficiency (may lead to haemolytic anaemia) • Anuria or oliguria • Avoid in breastfeeding if infant is < 4 weeks old or has G6PD deficiency <p><u>Precautions</u></p> <ul style="list-style-type: none"> • Risk of polyneuropathy increases in renal failure (often accompanied by diabetes, electrolyte imbalance and vitamin B deficiency) • Medicines that alkalinise (e.g. antacids, urinary alkalinisers) reduce efficacy • Medicines that acidify (e.g. probenecid) may reduce excretion of nitrofurantoin leading to toxicity
<p><u>Second line</u></p> <p>Trimethoprim*</p> <p>Although ≈ 20% of <i>E. coli</i> urine isolates from adults in the community are resistant to trimethoprim, it continues to be recommended as empirical therapy for acute cystitis as the risk of adverse outcomes from treatment failure is low.</p> <p>Where nitrofurantoin is contraindicated and the patient is located in the Kimberley or Pilbara region, the patient should be referred to a medical practitioner.</p>	300mg daily (at night) for 3 nights	<p><u>Contraindications</u></p> <ul style="list-style-type: none"> • Previous serious adverse reaction to trimethoprim-containing medicines • Megaloblastic anaemia due to folate deficiency • Other severe blood disorders • Renal impairment (CrCl < 15mL/min) • Porphyria • Pregnancy (potential for folate depletion with this antibiotic) <p><u>Precautions</u></p> <ul style="list-style-type: none"> • Hepatic impairment • Dose adjustment should be considered for creatinine clearance of 15-30mL/min • Hyperkalaemia – Trimethoprim causes retention of potassium. Concomitant renal impairment, potassium supplements, and other medicines that cause potassium retention may increase the risk of hyperkalaemia (average onset 4-5 days, therefore less likely with 3-day course) • May worsen folate deficiency and blood dyscrasias

*In Western Australia, the first line antibiotic treatment recommendation is nitrofurantoin and the second line recommendation is trimethoprim. This is due to local resistance patterns and antibiogram data. |

**Anatomical characteristics | #e.g., from Southeast Asia and South Asia, particularly if they received medical care or treatment with antibiotics in that region. |

Criteria	Inclusion	Exclusion (requires referral)
Cystitis	<ul style="list-style-type: none"> Uncomplicated 	<ul style="list-style-type: none"> Complicated
Sex (biological)**	<ul style="list-style-type: none"> Female 	<ul style="list-style-type: none"> Male
Age	<ul style="list-style-type: none"> 18-65 years 	<ul style="list-style-type: none"> <18 years >65 years
Pregnancy status	<ul style="list-style-type: none"> Not pregnant 	<ul style="list-style-type: none"> Pregnant Postpartum (commonly 4-6 weeks after birth)
Symptoms	Presenting with 2 or more symptoms of cystitis: <ul style="list-style-type: none"> Dysuria Urinary frequency Urinary urgency Suprapubic pain 	<ul style="list-style-type: none"> Presenting with only 1 symptom of cystitis Fever (>38°C) Chills Nausea Vomiting Back/side pain Vaginal itch and/or discharge (consider appropriateness of thrush or bacterial vaginosis treatment or refer to medical practitioner)
UTI history		<ul style="list-style-type: none"> Recurrent UTI: <ul style="list-style-type: none"> 2 or more UTIs in previous 6 months (including current presentation) 3 or more UTIs in previous 12 months Reoccurrence of UTI symptoms within 2 weeks of completing appropriate antimicrobial treatment Any other prior non-responsiveness to UTI treatment Multidrug resistant infection within the previous 3 months
Medicines		<ul style="list-style-type: none"> Antimicrobial use within the previous 3 months Frequent antimicrobial use Intrauterine device in situ Immunosuppressant medicines Medicines that increase the risk of UTI e.g. SGLT2 inhibitors
Other relevant medical history		<ul style="list-style-type: none"> Any STI risk Immunocompromise History of: <ul style="list-style-type: none"> urinary tract obstruction pyelonephritis urinary tract abnormality urolithiasis urinary catheterisation (last 48 hours) nephrostomy tube ureteral stent renal disease or impairment spinal cord injury asplenia Diabetes Any overseas travel within the previous 3 months Overseas travel within the previous 6 months in regions with high prevalence of antibiotic resistance# Recent inpatient of a hospital (within 4 weeks) or other health care facility (within 3 months) or frequent or long-term care facility resident

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