Louth: Antimicrobial Guidelines - Louth Hospitals: Antimicrobial Guidelines: Obstetrics - Urinary Tract Infections

dication	
bstetrics - Urinary Tract Infection - Asymptomatic Bacteriuria or Cystitis	
irst Line Antimicrobials	
I.B. Check lab results for history of resistant organisms, e.g. ESBL. If present, contact clinical microbiologist for advice.	
litrofurantoin 50mg QDS PO (if < 36 weeks gestation)	
DR	
Cef-AL-exin 500mg TDS PO (if > 36 weeks gestation)	
ION-immediate-onset and NON-severe Penicillin Hypersensitivity	
I.B. Check lab results for history of resistant organisms, e.g. ESBL. If present, contact clinical microbiologist for advice.	
litrofurantoin 50mg QDS PO (if < 36 weeks gestation)	
in a second s	
Cef-AL-exin 500mg TDS PO (if > 36 weeks gestation)	
MMEDIATE-onset or SEVERE Penicillin Hypersensitivity	
N.B. Ask patient about the nature of their <u>penicillin hypersensitivity</u> .	
N.B. Check lab results for history of resistant organisms, e.g. ESBL. If present, contact clinical microbiologist for advice.	
litrofurantoin 50mg QDS PO (if < 36 weeks gestation)	
DR	
Fosfomycin 3g STAT PO (if > 36 weeks gestation)	
Comments	
Avoid nitrofurantoin if > 36 weeks gestation or if delivery is imminent.	
If pyelonephritis / systemic infection suspected, refer to the guideline on pyelonephritis / systemic infection . Nitrofurantoin, cef-AL-exin and	doral
fosfomycin are not appropriate treatment options for pyelonephritis / systemic infection.	
Always review empiric therapy after 48 hours in conjunction with C&S results.	
A repeat urine sample must be sent after treatment is complete.	
Duration	
days	
ndication	
Distetrics - Urinary Tract Infection – Pyelonephritis	
irst Line Antimicrobials	
I.B. Check lab results for history of resistant organisms, e.g. ESBL. If present, contact clinical microbiologist for advice.	
Cef-TRI-axone 2g daily IV (if no history of ESBL)	
/- if severe	
Sentamicin 5mg/kg once daily IV	
ON-immediate-onset and NON-severe Penicillin Hypersensitivity	
I.B. Check lab results for history of resistant organisms, e.g. ESBL. If present, contact clinical microbiologist for advice.	
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 <i>A</i>- if severe <u>Sentamicin</u> 5mg/kg once daily IV <u>MMEDIATE-onset or SEVERE Penicillin Hypersensitivity</u> <u>I.B. Ask patient about the nature of their penicillin hypersensitivity</u>. <u>I.B. Check lab results for history of resistant organisms, e.g. ESBL.</u> <u>I.B. Check lab results for GBS history.</u> Contact clinical microbiologist for advice. 	
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Cef-TRI-axone 2g daily IV (if no history of ESBL) /- if severe Sentamicin 5mg/kg once daily IV MMEDIATE-onset or SEVERE Penicillin Hypersensitivity N.B. Ask patient about the nature of their penicillin hypersensitivity N.B. Check lab results for history of resistant organisms, e.g. ESBL. N.B. Check lab results for GBS history. Contact clinical microbiologist for advice. Comments Always review empiric therapy after 48 hours in conjunction with C&S results. Duration I0 – 14 days	

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