

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

Indication
Obstetrics - Urinary Tract Infection - Asymptomatic Bacteriuria or Cystitis
First Line Antimicrobials
N.B. Check lab results for history of resistant organisms, e.g. ESBL. If present, contact clinical microbiologist for advice.
Nitrofurantoin 50mg QDS PO (if < 36 weeks gestation)
OR
Cef-AL-exin 500mg TDS PO (if > 36 weeks gestation)
NON-immediate-onset and NON-severe Penicillin Hypersensitivity
N.B. Check lab results for history of resistant organisms, e.g. ESBL. If present, contact clinical microbiologist for advice.
Nitrofurantoin 50mg QDS PO (if < 36 weeks gestation)
OR
Cef-AL-exin 500mg TDS PO (if > 36 weeks gestation)
IMMEDIATE-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.
Nitrofurantoin 50mg QDS PO (if < 36 weeks gestation)
OR
Fosfomycin 3g STAT PO (if > 36 weeks gestation)
Comments
<ul style="list-style-type: none"> 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 oral 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
7 days
Indication
Obstetrics - Urinary Tract Infection – Pyelonephritis
First Line Antimicrobials
N.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
Gentamicin 5mg/kg once daily IV
NON-immediate-onset and NON-severe Penicillin Hypersensitivity
N.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
Gentamicin 5mg/kg once daily IV
IMMEDIATE-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.
N.B. Check lab results for GBS history.
Contact clinical microbiologist for advice.
Comments
<ul style="list-style-type: none"> Always review empiric therapy after 48 hours in conjunction with C&S results.
Duration
10 – 14 days