

Kijabe OPD Guidelines

Urinary Tract Infection

Key Facts:

- Almost half of all women report at least one UTI sometime during their lifetime (1)
- It is essential to distinguish between simple and complicated and/or upper UTI's
- All UTI's in men and pregnant women should be considered to be complicated.

Simple lower urinary tract infections:

- Non pregnant women with the following symptoms:
 - Dysuria
 - Frequency
 - Urgency
 - Suprapubic pain
 - Hematuria (cloudy or foul-smelling more common)

Complicated/Upper urinary tract infections:

- All men and all pregnant women.
- Any patient with the following symptoms in addition to those of a lower urinary tract infection:
 - High fever,
 - Constitutional symptoms
 - Flank pain

Investigations:

- **Urinary Dipstick** – Nitrates and leucocytes are an indicator of possible UTI (2)
- **Urine culture** – To be considered in recurrent or complicated UTI's

Urine Microscopy should not be routinely performed for presumed UTI

Management

- Exclude possibility of pregnancy
- Consider STI as alternative diagnosis (*See STI guideline*)
- Consider if requires consultant review (See box below)
- Commence antibiotics as per table below (3)

	Lower UTI female	Upper UTI female	UTI Male	UTI Pregnancy
First line	Nitrofurantoin 100 mg BD for 5 days	Ciprofloxacin 500 mg BD for 7 days	Ciprofloxacin 500 mg BD for 2 weeks	Nitrofurantoin 100 mg BD for 5 days *
Second line	Ciprofloxacin 500 mg BD for 3 days	<i>Discuss with consultant</i>	Levofloxacin 250 mg OD for 10 days	Cephalexin 500 mg BD for 7-14 days

* *except last 4 weeks of pregnancy*

Consultant review if any of the following:

- UTI in pregnancy
- Recurrent UTI
- Systemically unwell
- Concern re pyelonephritis
- Failed first and second line antibiotics.
- Age less than 16

References:

1. Foxman B; Epidemiology of urinary tract infections: incidence, morbidity, and economic costs. Dis Mon. 2003 Feb;49(2):53-70.
2. Walter LJM Devill et al; The urine dipstick test useful to rule out infections. A meta-analysis of the accuracy, June 2004
3. MOH guidelines 2014