

Identify and assess the correct patient

AMB score ≥ 5 , NEWS Score
Physical examination and document severity

Arrange Investigations

Urine dipstick / FBC, U/E, LFTs, CRP, Blood cultures and full confusion screen, PSA, ECG, CXR if indicated, \pm US KUB \pm AXR \pm CTKUB for stones or poorly responsive pyelonephritis ? Renal abscess

Uncomplicated UTI (cystitis)

- In females , age <65 , $>2-3$ symptoms e.g. dysuria, frequency, haematuria or backache-empirical antibiotics for 3 days could be tried
- Males with symptoms investigate
- No signs of acute illness or sepsis
- Not recurrent UTI
- No recent antibiotics for UTI

Complicated UTI (? Pyelonephritis)

- Unwell (temp ≥ 38 , HR ≥ 100 , R/R ≥ 20), high inflammatory markers \pm AKI
- Not confused/ normal mobility
- Partially treated or recent poor response to Oral antibiotics
- Recurrent UTI but willing for discharge
- Uncomplicated UTI not resolving

Complicated UTI (? Pyelonephritis)

- Unwell (temp ≥ 38 , HR ≥ 100 , R/R ≥ 20), very high inflammatory markers \pm AKI
- Confused and dehydrated
- Partially treated or poor response to Oral antibiotics
- Recurrent UTI clinically unwell
- Not suitable for discharge

- Discharge home/ care home with oral Pivmecillinam 400mg PO stat, then 200mg 8 TDS . (monitor GFR) or Nitrofurantoin 100mg 6hourly or 3-5 days for females 5-7 days for males
- follow if necessary in Ambulatory Unit in 7 days with repeat bloods if needed
- If no response, symptoms not resolving or raised inflammatory markers follow step 2

- **Keep in DAU for IV antibiotics** \pm IV fluids and observation \pm potential discharge later.
- **Commence Gentamicin 5mg/kg Once daily if contraindicated Piperacillin/ Tazobactram 4.5gm X TDS or Aztreonam 2gm X TDS**
- **D/w Microbiologist for duration and suitable oral alternative antibiotics**
- **D/W Urology for follow up or long term antibiotics \pm further investigations**

- **Admit for IV antibiotics 5-10 days \pm IV fluids**
- **Commence Gentamicin 5mg/kg Once daily if contraindicated Piperacillin/ Tazobactram 4.5gm X TDS or Aztreonam 2gm X TDS**
- **D/w Microbiologist for suitable oral alternative and duration**
- **Consider Urological review \pm follow up**