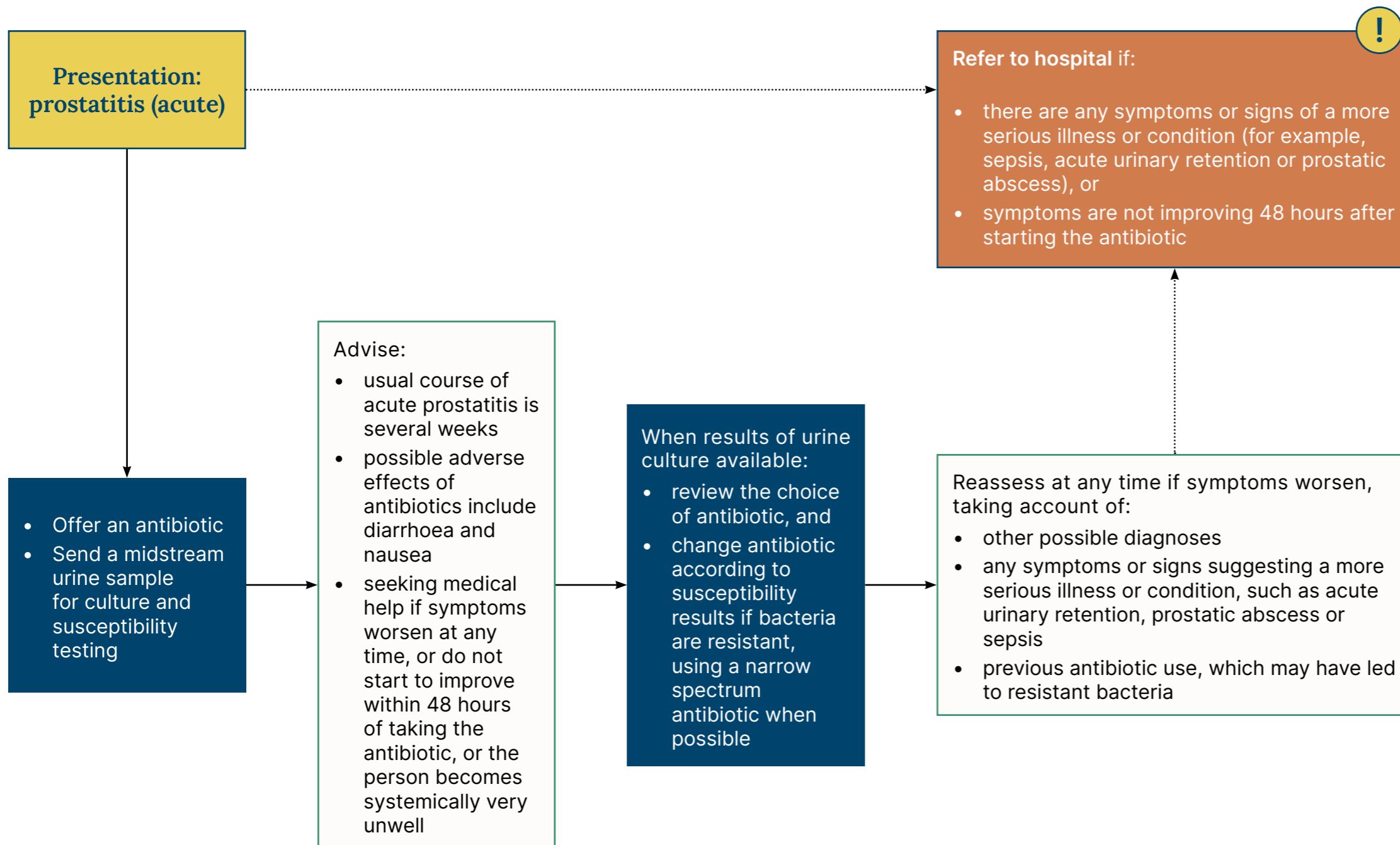


# Prostatitis (acute): antimicrobial prescribing



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### Background

Acute prostatitis:

- is a bacterial infection needing antibiotics
- can occur spontaneously or after medical procedures
- can last several weeks
- can lead to acute urinary retention and prostatic abscess

### Self-care






- Advise paracetamol (with or without a low-dose weak opioid, such as codeine) for pain, or ibuprofen if preferred and suitable
- Advise drinking enough fluids to avoid dehydration

### Antibiotics

- When prescribing antibiotics, take account of severity of symptoms, risk of complications or treatment failure, previous urine culture and susceptibility results, previous antibiotic use which may have led to resistant bacteria, and local antimicrobial resistance data
- Give oral antibiotics first-line if people can take oral medicines, and the severity of their condition does not require intravenous antibiotics
- Review intravenous antibiotics by 48 hours and consider stepping down to oral antibiotics where possible

# Prostatitis (acute): antimicrobial prescribing

## Choice of antibiotic for adults aged 18 years and over


Antibiotic	Dosage and course length
First-choice oral antibiotics (guided by susceptibilities when available)	
Ciprofloxacin 	500 mg twice a day for 14 days then review
Ofloxacin 	200 mg twice a day for 14 days then review
Alternative first-choice oral antibiotic if a fluoroquinolone antibiotic is not appropriate (seek specialist advice; guided by susceptibilities when available)	
Trimethoprim	200 mg twice a day for 14 days then review
Second-choice oral antibiotics (after discussion with a specialist)	
Levofloxacin 	500 mg once a day for 14 days then review
Co-trimoxazole	960 mg twice a day for 14 days then review
First-choice intravenous antibiotics (if unable to take oral antibiotics or severely unwell: guided by susceptibilities when available). Antibiotics may be combined if sepsis is a concern	
Ciprofloxacin 	400 mg twice or three times a day
Levofloxacin 	500 mg once a day
Cefuroxime	1.5 g three or four times a day
Ceftriaxone	2 g once a day
Gentamicin	Initially 5 to 7 mg/kg once a day, subsequent doses adjusted according to serum gentamicin concentration
Amikacin	Initially 15 mg/kg once a day (maximum per dose 1.5 g once a day), subsequent doses adjusted according to serum amikacin concentration (maximum 15 g per course)
Second-choice intravenous antibiotics: consult local microbiologist	

### Notes

For **all antibiotics**: see [BNF](#) for appropriate use and dosing in specific populations, for example, hepatic impairment and renal impairment, and administering intravenous antibiotics. Check previous urine culture and **susceptibility results** and antibiotic prescribing, and choose antibiotics accordingly.

For **oral antibiotics**: review treatment after 14 days and either stop or continue for a further 14 days if needed (based on history, symptoms, clinical examination, urine and blood tests).

For **intravenous antibiotics**: review by 48 hours and consider switching to oral antibiotics where possible for a total of 14 days, then review.

 **Warning**: for **ciprofloxacin**, **ofloxacin** and **levofloxacin**, see the [MHRA January 2024 advice for restrictions and precautions for using fluoroquinolone antibiotics](#) because of the risk of disabling and potentially long-lasting or irreversible side effects.

For **co-trimoxazole**: only consider when there is bacteriological evidence of sensitivity and good reasons to prefer this combination to a single antibiotic (see [BNF information on co-trimoxazole](#)).

For **gentamicin** and **amikacin**: therapeutic drug monitoring and assessment of renal function is required for adjusting doses (see [BNF information on gentamicin](#) and [BNF information on amikacin](#)).