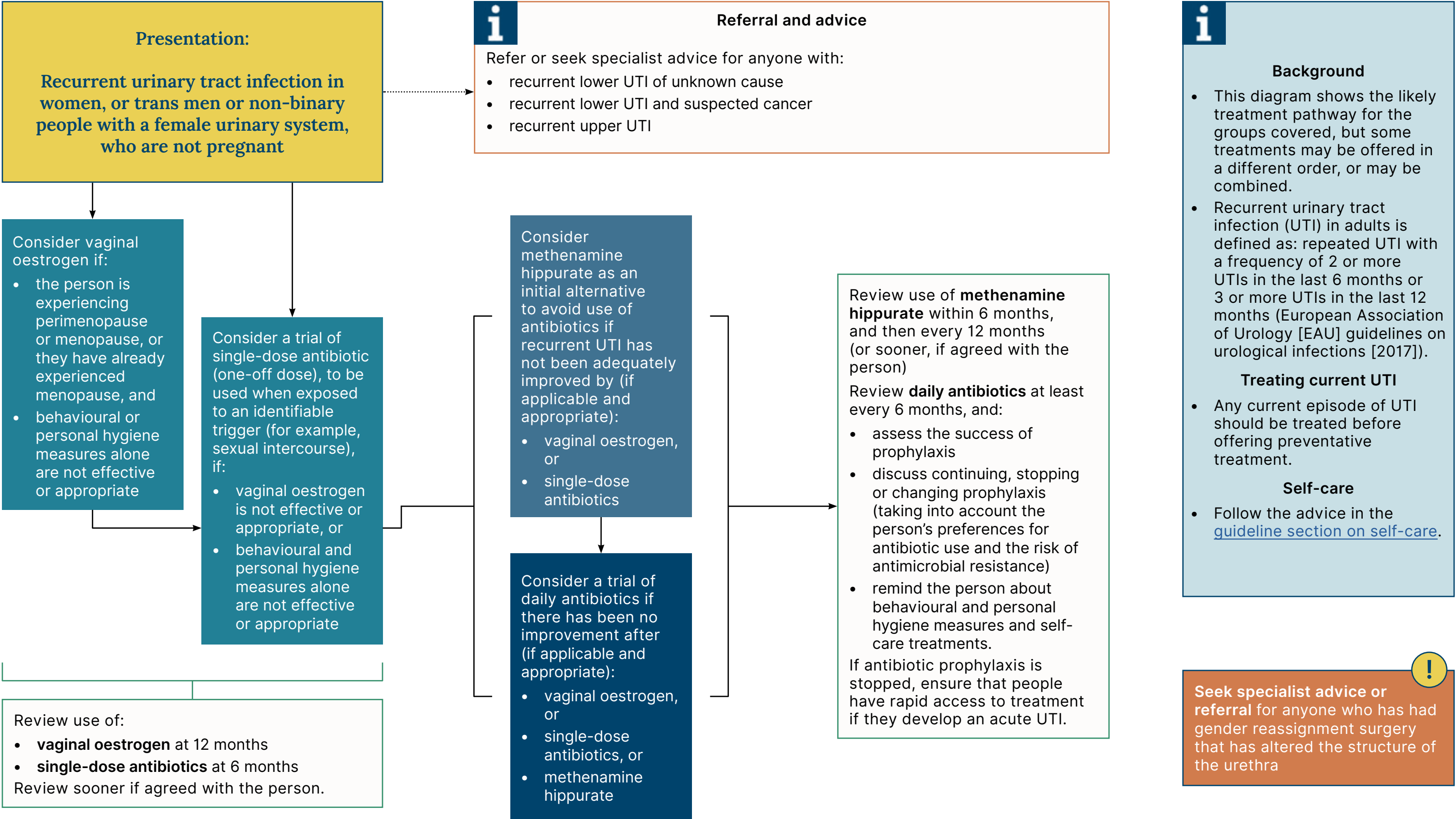


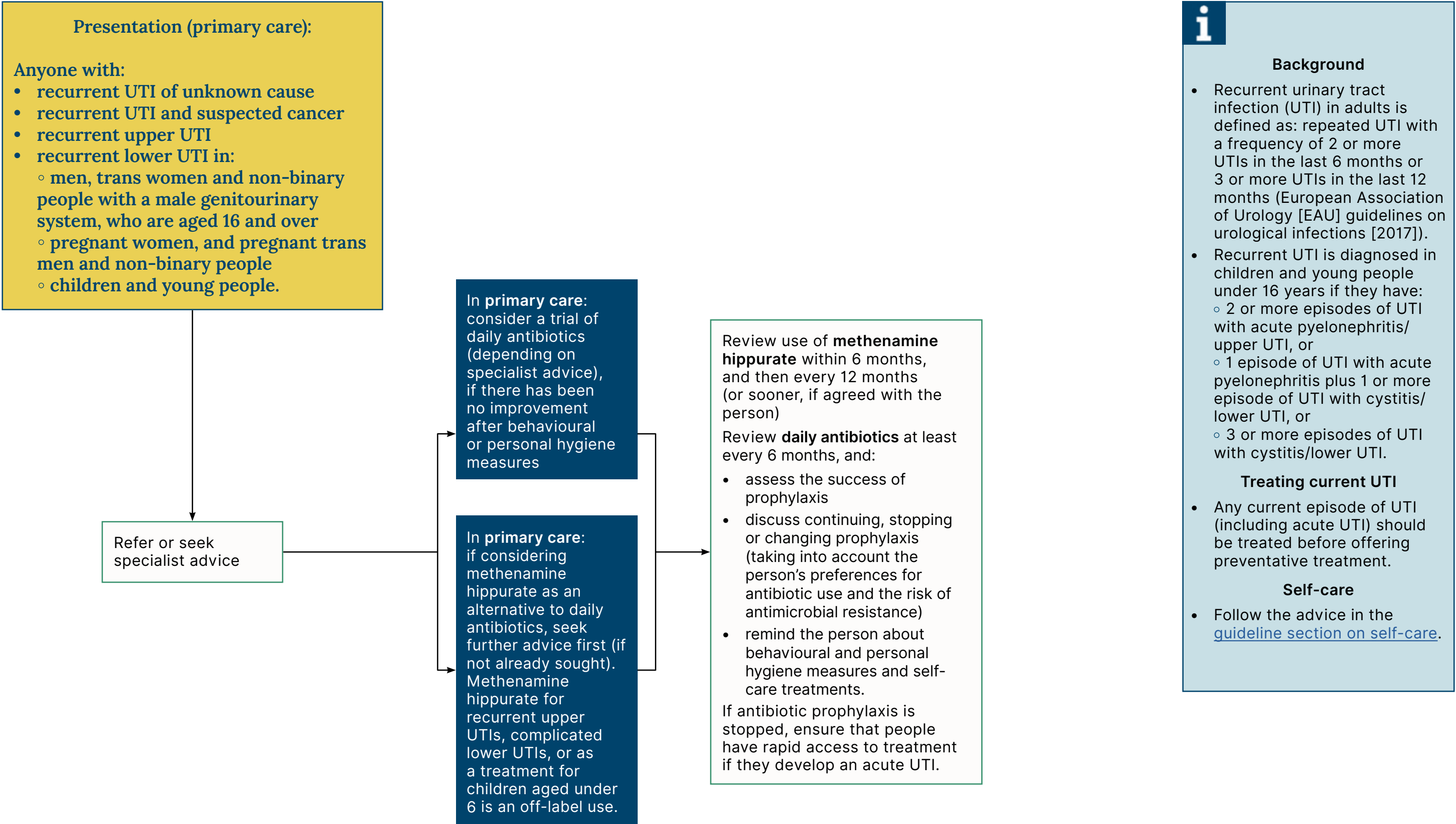
Prevention of recurrent UTI in women, or trans men or non-binary people with a female urinary system, who are not pregnant

Recurrent UTI: antimicrobial prescribing



Prevention of recurrent UTI in people who need specialist referral or advice

Recurrent UTI: antimicrobial prescribing



Recurrent UTI: antimicrobial prescribing

Choice of antibiotic or antiseptic for people aged 16 years and over	
Prophylaxis	Dosage
Antiseptic prophylaxis	
Methenamine hippurate	1 g twice a day
First-choice antibiotics	
Trimethoprim	200 mg single dose when exposed to a trigger, or 100 mg nightly
Nitrofurantoin (if eGFR 45 ml/min or more)	100 mg single dose when exposed to a trigger, or 50 to 100 mg nightly
Second-choice antibiotics	
Amoxicillin	500 mg single dose when exposed to a trigger, or 250 mg nightly
Cefalexin	500 mg single dose when exposed to a trigger, or 125 mg nightly

Choice of antibiotic or antiseptic for children and young people under 16 years	
Prophylaxis	Dosage
Children under 3 months: refer to paediatric specialist	
Antiseptic prophylaxis for children aged 6 and over (with specialist advice only):	
Methenamine hippurate	6 to 12 years: 500 mg twice a day 12 to 15 years: 1 g twice a day
Children aged 3 months and over (with specialist advice only): first-choice antibiotics	
Trimethoprim	3 to 5 months: 2 mg/kg nightly (maximum 100 mg per dose) or 12.5 mg nightly 6 months to 5 years: 2 mg/kg nightly (maximum 100 mg per dose) or 25 mg nightly 6 to 11 years: 2 mg/kg nightly (maximum 100 mg per dose) or 50 mg nightly 12 to 15 years: 100 mg nightly
Nitrofurantoin (if eGFR 45 ml/min or more)	3 months to 11 years: 1 mg/kg nightly 12 to 15 years: 50 to 100 mg nightly
Children aged 3 months and over (with specialist advice only): second-choice antibiotics	
Cefalexin	3 months to 15 years: 12.5 mg/kg nightly (maximum 125 mg per dose)
Amoxicillin	3 to 11 months: 62.5 mg nightly 1 to 4 years, 125 mg nightly 5 to 15 years: 250 mg nightly

Choose antibiotics according to recent culture and susceptibility results where possible, with rotational use based on local policies.
Select a different antibiotic for prophylaxis if treating an acute UTI.

Notes
For methenamine hippurate : off-label use of methenamine hippurate for preventing recurrent upper UTIs and complicated lower UTIs. See NICE's information on prescribing medicines .
For all antibiotics : see BNF or BNF for children for appropriate use and dosing in specific populations, for example, hepatic impairment, renal impairment, pregnancy, or breastfeeding. If 2 or more antibiotics are appropriate, choose the antibiotic with the lowest acquisition cost.
For children and young people under 16 years : the age bands apply to children of average size and, in practice, the prescriber should use the age bands in conjunction with other factors such as the severity of the condition and the child's size in relation to the average size of children of the same age.
For trimethoprim : teratogenic risk in first trimester of pregnancy (folate antagonist). Manufacturers advise this is contraindicated in pregnancy (see BNF information on trimethoprim or BNFC information on trimethoprim and the summary of product characteristics for trimethoprim).
For nitrofurantoin : See the MHRA advice on monitoring for pulmonary and hepatic adverse reactions to nitrofurantoin . Avoid at term in pregnancy as it may produce neonatal haemolysis (see BNF information on nitrofurantoin or BNFC information on nitrofurantoin). Off-label use of nitrofurantoin for preventing recurrent upper UTIs or complicated lower UTIs. See NICE's information on prescribing medicines .
For amoxicillin : off-label use of amoxicillin for preventing recurrent UTIs. See NICE's information on prescribing medicines .
For cefalexin : off-label use of cefalexin for preventing recurrent UTIs. See NICE's information on prescribing medicines .