

# Prostatitis (acute): antimicrobial prescribing

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Acute prostatitis



- Send a midstream urine sample for culture and susceptibility testing
- Offer an antibiotic
- Consider paracetamol (with or without a weak opioid, such as codeine) or, if preferred and suitable, an NSAID for pain

#### Advise:

- usual course of acute prostatitis is several weeks
- possible adverse effects of antibiotics include diarrhoea and nausea
- seeking medical help if symptoms worsen at any time, or do not start to improve within 48 hours of taking the antibiotic, or the person becomes systemically very unwell
- adequate intake of fluids



#### When results of urine culture available:

- review the choice of antibiotic, and
- change antibiotic according to susceptibility results if bacteria are resistant, using narrow spectrum antibiotics when possible

#### Reassess at any time if symptoms worsen rapidly or significantly, taking account of:

- other possible diagnoses
- any symptoms and signs suggesting a more serious illness or condition, such as acute urinary retention, prostatic abscess or sepsis
- previous antibiotic use, which may have led to resistant bacteria



#### Refer to hospital if:

- severe systemic infection, or
- acute urinary retention, or
- suspected prostatic abscess, or
- symptoms not improving 48 hours after starting the antibiotic



#### Background

- Acute prostatitis is a bacterial infection needing treatment with antibiotics
- Acute prostatitis can occur spontaneously or after medical procedures
- Acute prostatitis can last several weeks
- Complications include acute urinary retention and prostatic abscess



#### 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
- 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

NICE uses 'offer' when there is more certainty of benefit and 'consider' when evidence of benefit is less clear.

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

Antibiotic <sup>1</sup>	Dosage and course length <sup>2</sup>
First choice oral antibiotic (guided by susceptibilities when available) <sup>3</sup>	
Ciprofloxacin	500 mg twice a day for 14 days then review <sup>4</sup>
Ofloxacin	200 mg twice a day for 14 days then review <sup>4</sup>
Alternative first choice oral antibiotic for adults unable to take a quinolone (guided by susceptibilities when available) <sup>3</sup>	
Trimethoprim	200 mg twice a day for 14 days then review <sup>4</sup>
Second choice oral antibiotic (after discussion with a specialist)	
Levofloxacin	500 mg once a day for 14 days then review <sup>4</sup>
Co-trimoxazole <sup>5</sup>	960 mg twice a day for 14 days then review <sup>4</sup>
Intravenous antibiotic (if unable to take oral antibiotics or severely unwell: guided by susceptibilities when available). Antibiotics may be combined if sepsis a concern <sup>3,6</sup>	
Ciprofloxacin	500 mg twice a day
Levofloxacin	500 mg once a day
Cefuroxime	750 mg or 1.5 g three or four times a day
Ceftriaxone	2 g once a day
Piperacillin with tazobactam	4.5 g three times a day
Gentamicin	5 mg/kg once a day
Amikacin	15 mg/kg once a day
<p><sup>1</sup> See <a href="#">BNF</a> for appropriate use and dosing in specific populations, for example, hepatic impairment and renal impairment.</p> <p><sup>2</sup> Consider oral antibiotics first line where appropriate.</p> <p><sup>3</sup> Check previous urine culture and susceptibility results and antibiotic prescribing for this indication and choose antibiotics accordingly.</p> <p><sup>4</sup> Review treatment after 14 days and either stop antibiotics or continue for a further 14 days if needed (based on history, symptoms, recent examination, urine or blood tests).</p> <p><sup>5</sup> Only use when there is bacteriological evidence of sensitivity and good reasons to prefer this antibiotic (BNF, April 2018).</p> <p><sup>6</sup> Review intravenous antibiotics by 48 hours and consider switching to oral antibiotics where possible for a total of 14 days, then review.</p>	

When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.