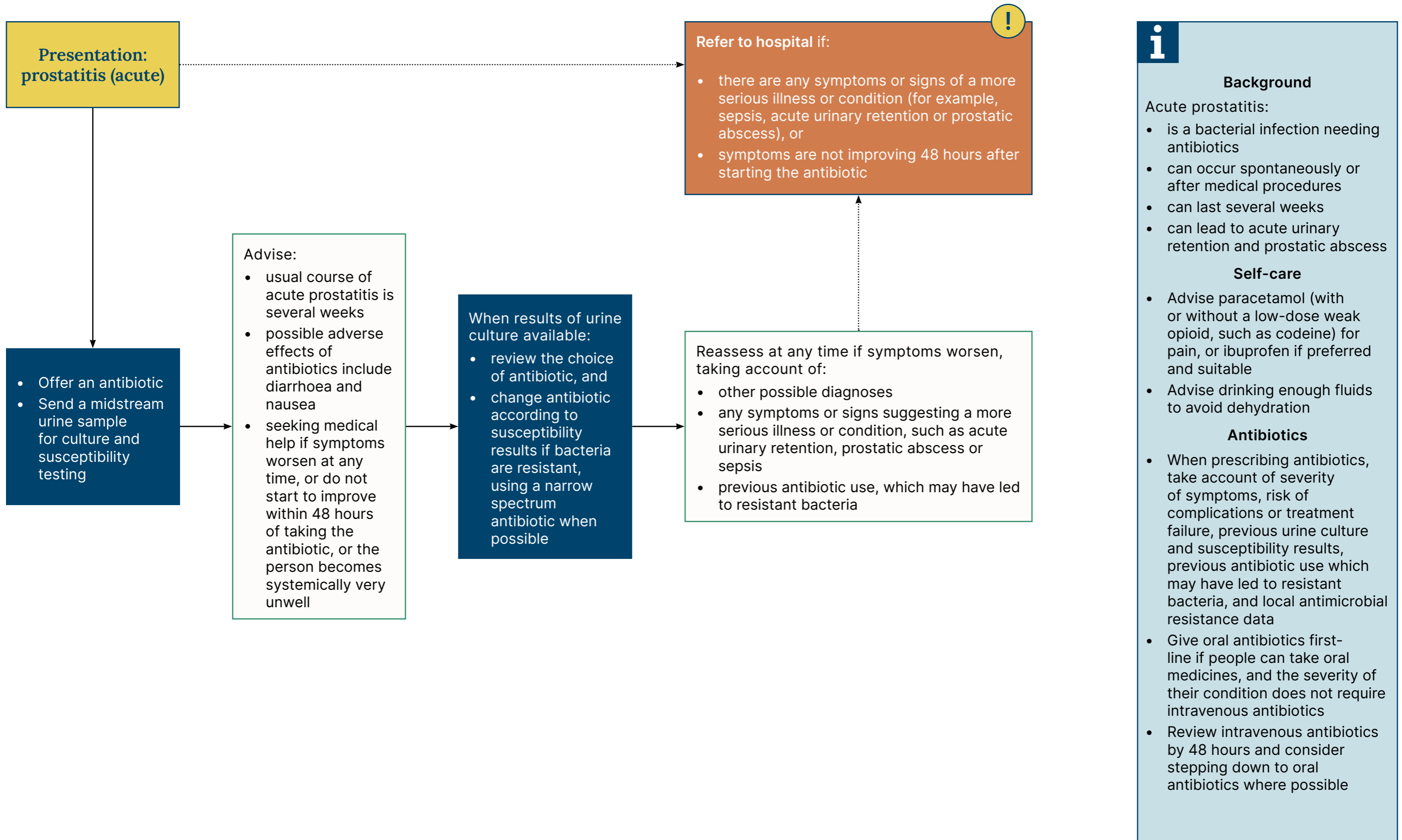







Prostatitis (acute): antimicrobial prescribing



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](#)).