Urosepsis: Treatment Overview

<table>
<tr><td rowspan="2">Read L → R</td><td colspan="2">Appropriate regimen = 1 +/- 2</td></tr>
<tr><td>1: Gram negatives</td><td>2: Enterococci</td></tr>
<tr><td>No urinary catheter or urological stents</td><td rowspan="2">Gentamicin IV* as per gentamicin dosage guidelines</td><td>Not routinely required</td></tr>
<tr><td>Urinary catheter or urological stents</td><td>Amoxicillin IV 1g 8 hourly

If penicillin allergic: Vancomycin IV as per vancomycin dosage guidelines</td></tr>
<tr><td>Urosepsis in context of recurrent UTI</td><td colspan="2">High risk of highly antimicrobial-resistant gram negative organisms. Base antimicrobial choice on reported susceptibilities for most resistant gram negative isolate found.</td></tr>
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*Patients with acute or chronic impairment of renal function and an eGFR <20 ml/min and those with decompensated alcoholic liver disease are at increased risk of adverse events with gentamicin. IV temocillin (see here for dosing guidance) is a beta-lactam antimicrobial with a comparable breadth of gram negative cover which can replace gentamicin in these patient populations, **provided they do not have a history of penicillin allergy.**

Gentamicin must not be administered to patients with myasthenia gravis as it can precipitate a myasthenic crisis.

Review gentamicin at 72 hours as per 'IV Gentamicin Review after 72 hours of Treatment' algorithm (N.B. links within the document are only active if accessing via NHS network).