

## Urosepsis: Treatment Overview

Read L → R	Appropriate regimen = 1 +/- 2	
	1: Gram negatives	2: Enterococci
No urinary catheter or urological stents	<b>Gentamicin IV*</b> as per gentamicin dosage guidelines	Not routinely required
Urinary catheter or urological stents		<b>Amoxicillin IV</b> 1g 8 hourly  <b><i>If penicillin allergic: Vancomycin IV</i></b> as per vancomycin dosage guidelines
Urosepsis in context of recurrent UTI	<b>High risk of highly antimicrobial-resistant gram negative organisms. Base antimicrobial choice on reported susceptibilities for most resistant gram negative isolate found.</b>	

\*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 (adjusted to renal function) 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).