

Urosepsis: Treatment Overview

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

*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 therapy at 48-72 hours as per '[Review of Gentamicin after 48-72 Hours](#)' guidance.