

Recurrent Urinary Tract Infection: LSCMMG Treatment Pathway (Adults)

Version 1.3 – November 2025

Introduction

VERSION CONTROL		
Version	Date	Amendments made
1.0	November 2020	New guideline.
1.1	December 2023	Reference to legacy formularies added.
1.2	April 2024	Pathway was updated following discussions with the local AMR group. Nitrofurantoin safety information added.
1.3	November 2025	Pathway updated in line with NG112 (2024) update and discussions with the AMR task and finish group relating to RCGP TARGET treatment flow chart. Minor amendments to title, footer and formatting.

This document provides a summary of the treatment pathway for recurrent UTI.

[NG112](#) remains the primary reference source when assessing and treating recurrent UTI.
Use in conjunction with [local antimicrobial formularies](#) and the [L&SC Medicines Formulary](#).

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Recurrent Urinary Tract Infection: LSCMMG Treatment Pathway (Adults)

Adult with recurrent UTIs (excluding catheterised patients)

≥ 3 symptomatic lower UTIs in 12 months

or

≥ 2 symptomatic lower UTIs in 6 months

Note: 2 to 3 positive cultures are required before diagnosing a recurrent UTI

Condition for referral?
See box 1

Yes

Refer to specialist

Advised commence prophylactic antibiotics?

No

Offer advice on conservative measures:

1. Counselling and behavioural modification (fluid intake and hygiene)
2. Some people may wish to try D-mannose or cranberry products
3. The patient may consider keeping a diary of potential triggers

Continuing symptoms

Is the underlying cause known?

No

Yes

Yes

Options:

- Consider **vaginal oestrogens** for those experiencing perimenopause or menopause, or who have already experienced menopause, if appropriate
- **OR** consider **single-dose** antibiotic prophylaxis following exposure to an identifiable trigger, if appropriate
- **OR** consider **methenamine hippurate** as an alternative to daily antibiotic prophylaxis, if appropriate
- If the above measures have failed or are not appropriate, consider a trial of **daily antibiotic prophylaxis**. Refer to [local antimicrobial formularies](#) and the [L&SC Medicines Formulary](#). Consider any further investigations (for example, ultrasound) that may be needed to identify an underlying cause.

Acute UTI

Advise the patient to seek medical help if symptoms of an acute UTI develop.

Conduct C+S and restart original prophylaxis once resolved if sensitivity to the agent remains.

Review at six months

Any breakthrough UTIs within six-months?

No

Yes

Consider stopping at six-months and monitor for recurrence

Refer to specialist (if not recently investigated)

Box 1 Conditions for referral

1. **Pregnancy** All recurrent UTIs in pregnancy should be discussed with the obstetrics team
2. **All men**, and trans women and non-binary people with a male genitourinary system
3. **Recurrent upper UTI**
4. **Recurrent lower UTI** when cause unknown
5. **Suspected cancer**
6. **Gender reassignment** involving alteration of urethra
7. **Frank haematuria** (even in the context of confirmed UTI)
8. **Neurological disease** e.g. spinal cord injury
9. **Pneumaturia or faecaluria**
10. **Proteus** on repeat urine cultures
11. **Suspected stones**
12. **Obstructive symptoms**, or structural/functional abnormality causing > 200ml residual urine on bladder scan

Further information

Nitrofurantoin safety information

The Medicines and Healthcare products Regulatory Agency (MHRA) has issued a reminder about the risks of pulmonary and hepatic adverse reactions associated with Nitrofurantoin. This follows a fatality report of a patient who developed acute pulmonary damage and respiratory failure after a 10-day course of Nitrofurantoin for urinary-tract infection treatment.

Key points from the MHRA advice are:

- Healthcare professionals should increase vigilance for acute pulmonary reactions in the first week of treatment.
- Patients on long-term therapy, especially the elderly, should be closely monitored for new or worsening respiratory symptoms.
- Treatment should be discontinued immediately if new or worsening symptoms of pulmonary damage occur.
- Caution should be exercised when prescribing to patients with pulmonary disease which may mask the signs and symptoms of adverse reactions.
- Healthcare professionals should be vigilant for signs and symptoms of hepatic dysfunction, especially with long-term therapy, and periodically monitor for signs and changes in biochemical tests that would indicate hepatitis or liver injury.
- Caution should be used when prescribing to patients with hepatic dysfunction which may mask the signs and symptoms of adverse reactions.

Patients and their carers are advised to seek immediate medical advice if symptoms of pulmonary or hepatic adverse reactions develop.

The local antimicrobial stewardship committee have recommended that the following baseline test should be completed before commencing nitrofurantoin long-term and repeated three-six monthly thereafter:

LFTs,
Renal function,
Oxygen saturation,
Chest x-ray,
Dyspnoea (using the mMRC dyspnoea score)