



Recurrent UTI - structured review checklist 2

TARGET

For patients on continuous antibiotic prophylaxis

Keep Antibiotics Working

Who this this review for

- women, trans men and non-binary people with a female urinary system,
- who are not pregnant,
- currently on antibiotic prophylaxis*
- not under the care of urology

Use this checklist in conjunction with the [TARGET 'How to..?' booklet](#) for recurrent urinary tract infection (UTI) to support the clinical review of regimen for recurrent UTI.

*Please refer to the first checklist for patients who are not currently on continuous antibiotic prophylaxis.

Aims

- to identify modifiable risk factors and suggest interventions to reduce the frequency of further episodes of UTI.
- to prompt consideration and trial of infection prevention and antibiotic-sparing strategies that reduce the patient's exposure to antibiotics and thereby reduce the risk of antibiotic resistance and future treatment failure.

Pre-Review considerations

For patients with acute infection at the time of consultation, ask the patient to provide a urine specimen for culture and follow NICE guidance for the management of acute UTI.

Refer or seek specialist advice on further investigation and management for rUTI in:

- men, and trans women and non-binary people with a male genitourinary system, aged 16 and over
- people with recurrent upper UTI or complicated lower UTI
- people with recurrent lower UTI when the underlying cause is unknown
- pregnant women, and pregnant trans men and non-binary people
- children and young people aged under 16 years, in line with NICE's guideline on urinary tract infection in under 16s
- people with suspected cancer, in line with NICE's guideline on suspected cancer: recognition and referral
- anyone who has had gender reassignment surgery that involved structural alteration of the urethra.

The Review process

*Please refer to the first checklist for patients who are not on antibiotic prophylaxis. **Review of daily antibiotic prophylaxis**

- A** NICE recommends review within 6 months, with the review to include:
- assessing the success of prophylaxis
 - discussion of continuing, stopping or changing prophylaxis
 - a reminder about behavioural and personal hygiene measures and self-care treatments
 - the severity and frequency of previous symptoms
 - the risk of developing complications, including antimicrobial resistance
- B** If antibiotic prophylaxis is stopped, ensure that people have rapid access to effective treatment if they have an acute UTI.
- C** If no breakthrough UTIs on continuous antibiotic prophylaxis:
- Offer a trial off antibiotics.
 - Provide a stand-by course of antibiotics based on recent urine culture and susceptibility results.
 - Provide a urine sample bottle and testing instructions.
 - Provide a diary for recording of symptoms and trigger events.
 - Schedule a review within 6 months, or earlier as agreed with the person.
- D** If several breakthrough UTIs in the last 6 months whilst on continuous antibiotic prophylaxis:
- Stop current antibiotic prophylaxis regime
 - Consider alternative options as below
 - Consider referral to urology where appropriate
 - Consider providing a stand-by course of antibiotics, based on recent urine culture and susceptibility results, where appropriate alternatives have been tried and are not effective

Behavioural and personal hygiene measures to be discussed at every review

Note: these interventions are of uncertain benefit but should be offered to patients to use for a trial period. Refer and seek specialist advice according to the criteria in the first section of this document.

- 1.1 Toileting hygiene** – recommend wiping from front to back (to avoid transfer of bacteria from the anus to the urethra) and avoidance of vaginal douching.
- 1.2 Single-use materials** – when cleaning the perineal area, recommend single-use toilet paper or disposable non-scented water-based wipes. Wash cloths or flannels should be laundered between use.
- 1.3 Perineal cleaning** – when cleaning the perineal area, recommend patients use water only and avoiding harsh or scented cleaning products as these can irritate the vulva and urethra.
- 1.4 Habitual urination** – encourage patients not to wait when they need to urinate, but to go when needed.
- 1.5 Post-coital urination** – encourage passing of urine after sexual intercourse to remove potential pathogens from the urethra.
- 1.6 Hydration** – confirm patient consumes sufficient fluid (6-8 cups of non-caffeinated fluid per day) to stay hydrated.
- 1.7 Avoid the use of contraceptive diaphragm and spermicide** (present in some condoms)
- 1.8 Diary** – consider use of a diary to record symptom onset dates and potential trigger events.
- 1.9 Leaflet** – share the TARGET Treat your infection UTI Patient [Leaflet](#)

Alternative Option 1: Self-care with over-the-counter treatments – discuss if not previously trialled

Note: Effectiveness varies, but people may wish to try. Inform patient of sugar content. Refer and seek specialist advice according to the criteria in the first section of this document.

- 2.1 D-mannose** – consider a trial of D-mannose (2 grams in 200mL once daily)
- 2.2 Cranberry products** – consider a trial of cranberry products (e.g. capsules).

Alternative Option 2: Vaginal oestrogen (off-label use) to be discussed with appropriate patients

Note: for women, and trans men and non-binary people with a female urinary system, who are experiencing perimenopause or menopause, or who have already experienced menopause. Refer and seek specialist advice according to the criteria in the first section of this document.

- 3.1** Discuss vaginal oestrogen for recurrent UTI using a shared decision-making approach (People with a personal history of breast cancer, consider vaginal oestrogen if genitourinary symptoms have continued despite trying non-hormonal treatments for recurrent UTI. [NICE 2024 [NG23](#)])
- 3.2** Include the following:
- other possible benefits of treatment, including for related symptoms such as vaginal dryness
 - that serious side effects are very rare
 - that vaginal oestrogen is absorbed locally and is unlikely to have a significant effect throughout the body
 - treatment options (for example, a cream, gel, tablet, pessary or ring).
 - explain that the information leaflet may contain topical HRT information, but this is not necessarily applicable.
- 3.3** Schedule a review within 12 months, or earlier if agreed with the person.

Alternative Option 3: Single-dose antibiotic prophylaxis

Consider a trial only if behavioural and personal hygiene measures, and vaginal oestrogen, are not effective (they should still be continued if appropriate) or not appropriate and a trigger is identifiable. Refer and seek specialist advice according to the criteria in the first section of this document.

- 4.1** Take account of:
- previous urine culture and susceptibility results
 - previous antibiotic use, which may have led to resistant bacteria
 - the person's preferences for antibiotic use.
- 4.2** When single-dose antibiotic prophylaxis is offered, give advice about:
- how to use the antibiotic
 - possible adverse effects of antibiotics, particularly diarrhoea and nausea
 - seeking medical help if there are symptoms of an acute UTI
- 4.3** Schedule a review within 6 months, or earlier if agreed with the person.

Alternative Option 4: Methenamine Hippurate antiseptic prophylaxis

Consider if recurrent UTI has not been adequately improved by behavioural and personal hygiene measures, vaginal oestrogen or single-dose antibiotic prophylaxis (if any of these were appropriate and applicable). Refer and seek specialist advice according to the criteria in the first section of this document.

- 5.1** Explain that:
- over-the-counter cystitis sachets that make urine more alkaline should not be used while taking methenamine hippurate because they can make methenamine less effective
 - medical help should be sought for acute UTI symptoms.
- 5.2** Schedule a review within 6 months, and then every 12 months, or earlier if agreed with the person.

Option 5: Daily antibiotic prophylaxis (swop/re-start)

Consider a trial of daily antibiotic prophylaxis based on recent urine culture and susceptibilities if all appropriate alternatives have been trialled and recurrent UTI has not been adequately improved. Refer and seek specialist advice according to the criteria in the first section of this document.

- 6.1** When swopping or re-starting a trial of daily antibiotic prophylaxis, take account of:
- any further investigations (e.g., ultrasound) that may be needed to identify an underlying cause
 - the severity and frequency of symptoms
 - the risks of long-term antibiotic use

- the risk of developing complications
- previous urine culture and susceptibility results
- previous antibiotic use, which may have led to resistant bacteria
- the person's preferences for antibiotic use.

6.2 Give advice about:



- the risk of resistance with long-term antibiotics, which means they may be less effective in future
- possible adverse effects of long-term antibiotics
- seeking medical help if there are symptoms of an acute UTI.

6.3 Schedule a review of daily antibiotic prophylaxis for recurrent UTI within 6 months. Do not add antibiotic prophylaxis to an ongoing repeat prescription template.



This checklist is based on NICE guidance [NG112](#) for urinary tract infection (recurrent): antimicrobial prescribing (updated 12 December 2024), with additional content from the authors of the How to...? guidance.