



Loin pain with/without radiation and renal angle tenderness, urinary symptoms of infection +/- fever, FWT leucocytosis and/or nitrates

EXCLUSION CRITERIA

ABSOLUTE	RELATIVE
<ul style="list-style-type: none"> • Known renal tract abnormality • Known or worsening renal failure • Septicaemia/Haemodynamic compromise • Immunocompromised • Pregnancy 	<ul style="list-style-type: none"> • Previous ureteric calculi • Recent urological instrumentation or surgery (discuss with urology) • Male gender – atypical presentation, consider other diagnoses

KEY CONSIDERATIONS DURING SSU ADMISSION

- Investigations
 - UEC – ensure normal or no change from baseline
 - FBE, CRP – to monitor progress
 - MSU – send prior to antibiotic administration
 - Renal imaging not mandated, consider if worsening renal function or concern regarding obstruction
- Analgesia – paracetamol 1 g QID/NSAID 400 mg TDS/Oxycodone 5-10 mg TDS prn
- Antibiotics
- Gentamicin 5 mg/kg IV daily, maximum 400 mg dose, infused over 40 min + Amoxicillin 2g IV 6/24
- **Or** Ceftriaxone 1g IV daily

REFERRAL CRITERIA

- Proven ureteric calculi or abscess on imaging (Urology)
- Ongoing fever or septic symptoms or signs (medical)
- Worsening renal failure
- Intractable pain

DISCHARGE CRITERIA

- Resolution of pain, fever and infective symptoms
- Oral antibiotic tolerated

DISCHARGE REQUIREMENTS

- Prescriptions for antibiotic and analgesia
- Presumptive treatment with **oral Trimethoprim 300 mg nocte for 3 days** while awaiting MSU results (alternative antibiotic choices include sensitivities identified on previous UTIs or Augmentin Duo Forte (875/125) BD oral for 5 days.
- LMO review with letter to check MSU result within 48 hours
- Medical certificate