Government of Western Australia
Department of Health

Pharmacist initiated treatment of urinary tract infections program

WA Supplementary Information for Pharmacists

Escherichia coli (*E. coli*) is the causative organism in ~95% of all uncomplicated community-acquired urinary tract infections. In WA, *E. coli* urine culture susceptibility surveillance results show nitrofurantoin should remain effective >90% of the time. Trimethoprim is likely to be <80% effective. The susceptibility for the chosen empirical antibiotic should be above 80%.

Nitrofurantoin should be considered as the first line antibiotic in this UTI program and, subject to the information below, trimethoprim the second line choice.

Please note that **cefalexin is excluded** from this program due to local resistance patterns. The current Structured Administration and Supply Arrangement (SASA) does not permit the supply of cefalexin without a valid prescription.

In situations where nitrofurantoin is contraindicated, trimethoprim can be considered in most parts of WA, except for the Kimberley and Pilbara where the susceptibility to trimethoprim drops below 70%. Where neither nitrofurantoin nor trimethoprim is appropriate, the patient should be referred to a medical practitioner for management.

Urinalysis

While the program does not mandate the use of urinalysis by dipstick in the SASA, urinalysis may assist with confirmation of a patient's diagnosis. The use of urinalysis is strongly advocated for by infectious diseases physicians, clinical microbiologists, and other doctors. It is routinely performed by many health practitioners as a bedside test.

Where practical, a pharmacist should consider utilising urinalysis as part of the diagnostic assessment. If urinalysis is performed, results should be included in the service summary. Positive nitrites and leukocyte esterase on urinalysis is indicative of a UTI. Negative nitrites and/or leukocyte esterase with symptoms should be referred for further assessment.

Any glucose found on urinalysis requires urgent referral to a medical practitioner. Trace amounts of blood can be present on urinalysis from inflammation, but stronger positive results require further assessment. The presence of protein and bilirubin on urinalysis also requires follow-up with a medical practitioner.

The patient's presenting symptoms should be prioritised during the assessment as the probability of cystitis is greater than 90% when at least two primary symptoms of cystitis are present in the

absence of vaginal discharge. However, where there is any doubt regarding the diagnosis, the patient should be referred to a medical practitioner for further assessment.

Referral to medical practitioners

Presentations to healthcare for acute issues, such as UTI, are important opportunities to engage patients in preventative healthcare, such as screening, and education.

Pharmacists should highlight the importance of having a regular GP to all program participants as a part of follow-up care advice. Those patients without a regular GP should be encouraged and assisted to find a GP. Further advice on how and why to find a GP is available at HealthyWA – GPs.

Where possible, the patient should be actively encouraged to provide the service summary to their GP and have the episode of care recorded within their personal medical record.

This document can be made available in alternative formats on request for a person with disability.