Pharmacy First: UTI in Women

NICE NG109 | NHS England Pharmacy First PGD 1a v1.3 (Oct 2025)

DIAGNOSE: UKHSA triad. Ask about 3 key features: new dysuria | new nocturia | cloudy urine visible to naked eye. Two or more = lower UTI likely: assess PGD and supply if eligible. One feature only: consider dipstick or shared decision-making/refer. Do NOT treat based on frequency, urgency, or smell alone.

REFER NOW: Upper UTI and Red Flags

- ☐ Fever or chills in past 48 hours (even if resolved): refer to GP same day urgently
- ☐ Loin pain or tenderness (back under ribs), rigors, nausea or vomiting: refer to GP same day urgently
- ☐ Temperature 37.9 degrees Celsius or above: refer to GP same day urgently
- ☐ Pregnancy or suspected pregnancy: refer to GP or sexual health urgently
- ☐ Suspected sexually transmitted infection or abnormal vaginal discharge: refer

Sepsis: call 999.

CHECK: Exclusions Before Supply

- ☐ Age 16 to 64 only (under 16 or 65 and over: refer to GP)
- ☐ Currently breastfeeding: EXCLUDED
- ☐ Informed consent obtained and documented
- ☐ No hypersensitivity to nitrofurantoin or formulation components
- ☐ Able to absorb oral medicines and swallow capsules or tablets
- ☐ Diabetes mellitus type 1 or type 2: EXCLUDED
- ☐ Any catheter use (indwelling, suprapubic, self-catheterisation): EXCLUDED
- ☐ UTI antibiotic in past 3 months: EXCLUDED
- ☐ Recurrent UTI (2+ in 6 months or 3+ in 12 months): refer for urine culture
- ☐ Oral typhoid vaccine within past 3 days or due within next 3 days: EXCLUDED
- ☐ Care home resident or UK hospitalisation >7 days in past 6 months: EXCLUDED
- ☐ eGFR below 45 (CKD stages 3b-5): EXCLUDED
- ☐ Also exclude: prophylactic UTI antibiotics, failed previous antibiotic, nitrofurantoin resistance, complicated UTI, abroad hospitalisation past 3 months, severely immunosuppressed, porphyria/G6PD deficiency/anaemia/folate or B deficiency/peripheral neuropathy/electrolyte imbalance

Nitrofurantoin Doses (3 days, with food or milk)

Formulation	Dose	Notes
100mg MR capsules (first line)	Twice daily x 3 days	6 capsules total
50mg IR (if MR unavailable)	Four times daily x 3 days	12 tablets total

COUNSEL: Key Points

- ☐ Take with food or milk to reduce nausea
- ☐ Do NOT take OTC cystitis preparations (potassium citrate, sodium bicarbonate, sodium citrate): reduce antibacterial action
- ☐ Avoid magnesium trisilicate antacids during the course
- ☐ Urine may turn dark yellow or brown: harmless
- ☐ Improve within 48 hours: return if not improving
- ☐ Do not drive or operate machinery if dizzy or drowsy

Safety netting: Return if symptoms worsen or systemic features develop (fever, loin pain, rigors). Visible haematuria: seek medical advice if it persists after treatment. Stop and seek urgent advice if: new breathing difficulties, jaundice or dark urine, or tingling in limbs. Complete the full 3-day course.