

Nitrofurantoin - medication shortage

Fact Sheet – for hospitals and acute care facilities

This **Fact Sheet** is intended as a guide only and does not equate to expert opinion. Interpretation of recommendations should always be taken in context with the patient's current condition and formal clinical review.



**There is currently an Australia-wide shortage of
nitrofurantoin**

If your patient is currently prescribed **nitrofurantoin**, please review
and consider the following:

Is nitrofurantoin **required** for
the indication?

Nitrofurantoin is indicated for acute cystitis or, in some circumstances, prevention of recurrent urinary tract infections (UTIs).

It is not recommended for pyelonephritis as it does not achieve adequate therapeutic concentrations to treat this condition.

Antibiotics are not normally required for asymptomatic bacteriuria. They may be considered in pregnant women or in patients undergoing urological procedures.

Can nitrofurantoin be **ceased**?

The recommended duration of therapy for acute cystitis is 5 days for women and 7 days for men.

If prescribed for asymptomatic bacteriuria or for the prevention of recurrent urinary tract infections, review its necessity, and cease if appropriate.

If nitrofurantoin is still recommended for the indication:

The choice of antibiotic will vary depending on patient factors such as antibiotic allergies or drug interactions.

**Empiric therapy for acute
cystitis or prevention of
recurrent UTI**

Trimethoprim or cefalexin may be appropriate.

Consider the patient's pregnancy status if prescribing trimethoprim, and penicillin allergy status if prescribing cefalexin (not appropriate if patient has a severe penicillin allergy). Refer to the Therapeutic Guidelines: Antibiotic for dosing recommendations.

Directed therapy

Review susceptibilities of the isolate, there are often suitable alternatives.

In some cases you may need to consult infectious diseases or clinical microbiology to discuss alternatives.