

Key

- "Must do" actions for GP's / (Triaged by RSS)
- Recommendations for Primary Care
- Red flag / urgent referral
- Routine referral
- Public health intervention
- Audio-visual aids for patients and GP
- Click icon for clinical evidence

Lifestyle advice popup

Make every contact count:
Smoking status = smoker?
Alcohol consumption = >14 units/wk ♀ ♂
BMI / physical inactivity / diet = BMI ≥30,
<150 mins PA/wk
Mental wellbeing = Signs of stress / anxiety

Patient has symptoms e.g. LUTS, urethral burning during and independent of micturation, pain during ejaculation, rectal and/or penile pain

Urine dip stick and send mid stream urine to lab. STD risk (Chlamydia, Gonorrhoea eg: urine or swab) assessment/screen. Start treatment whilst awaiting results

Antibiotics
Ciprofloxacin 500mg BD 14/7 then review or Ofloxacin 200mg BD 14/7, then review or if Fluoroquinolone unsuitable
Trimethoprim 200mg BD 14/7 the review
2nd choice: refer to – NICE/PHE guidance prostatitis after discussion with specialist*

If voiding LUTS
Prescribe 6 weeks of alpha blocker (Tamsulosin 400mcg M/R capsules)

± NSAIDs/Paracetamol

Persistent

Offer Pain Relief
Amitriptyline 10mg nocte then up to 50mg nocte OR
Gabapentin 100-300mg nocte then up to ≤ 600mg TDS OR
Duloxetine 30mg nocte then up to 30mg QDS

Infection
Further course of antibiotics

Sexual Symptoms
Counselling
Management/treatment of any STI's and refer to GUM clinic

If no improvement in symptoms after total 4 weeks antibiotics →

Refer to urology

* 2nd choice after discussion with specialist may include to prescribe Levofloxacin 500mg OD 14/7 OR Co-Trimoxazole 960mg BD 14/7