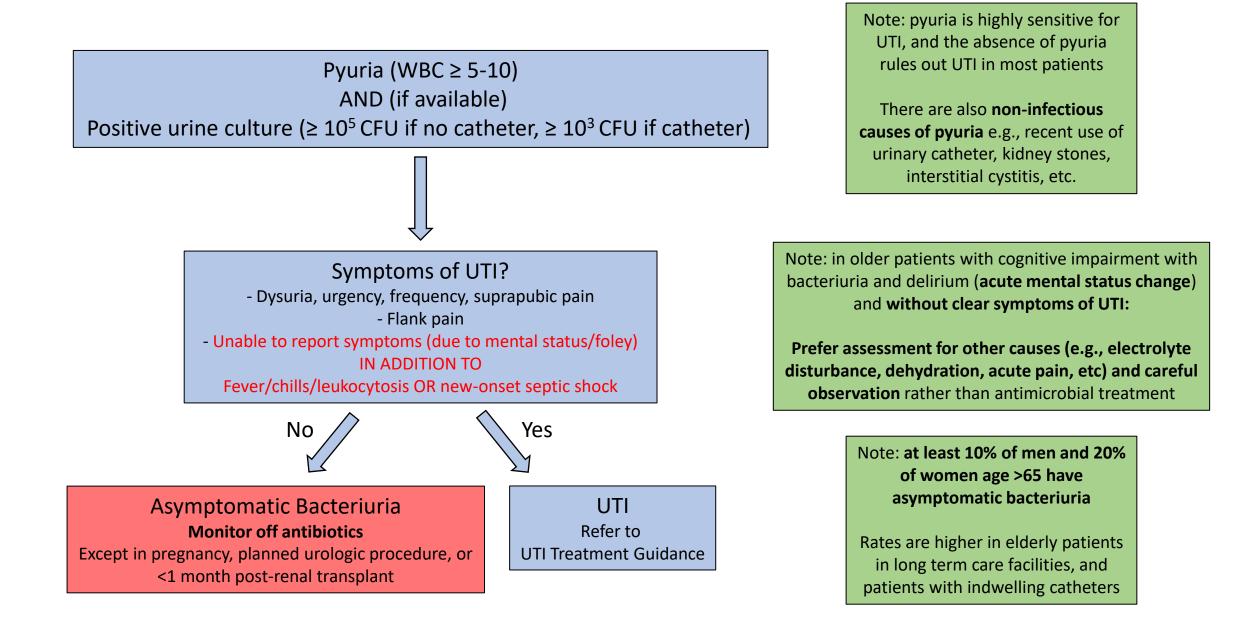
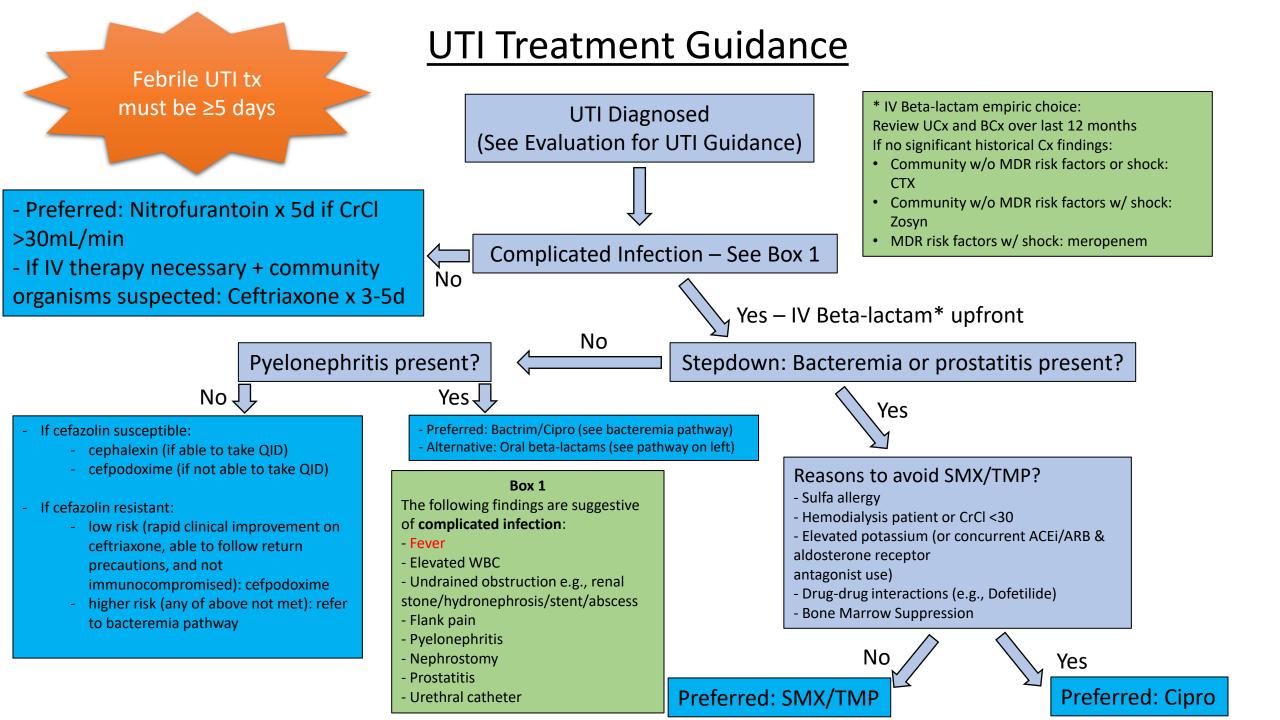
## **UTI Evaluation Guidance**





## **UTI Treatment Guidance**

Antimicrobial	Comments	Duration of Therapy	
		Uncomplicated Cystitis	Uncomplicated Pyelonephritis
Nitrofurantoin (Macrobid®) monohydrate/macrocrystals	<ul> <li>Do not use for pyelonephritis</li> <li>Do not use in patients with systemic symptoms/bacteremia</li> </ul>	5 days	Do Not Use
Dose: 100 mg twice daily	<ul> <li>Avoid use in 1<sup>st</sup> trimester of pregnancy and at term (38 to 42 weeks' gestation)</li> <li>Avoid in eGFR ≤30 mL/min/1.73 m<sup>2</sup></li> </ul>		
Trimethoprim-sulfamethoxazole	<ul> <li>Avoid in sulfa allergy</li> <li>Avoid empiric use if resistance &gt;20%</li> </ul>	3 days	7 to 14 days
Dose: 160/800 mg twice daily	<ul> <li>Avoid in 1<sup>st</sup> and 3<sup>rd</sup> trimester of pregnancy</li> <li>Alternative oral agent for concurrent prostatitis</li> </ul>		No evidence to suggest 7d inferior to 14d
<b>Ciprofloxacin</b> Dose: 250 to 500 mg	Use alternative for uncomplicated cystitis due to adverse effects (FDA 2016)	3 days	Ciprofloxacin 500 mg: 7 days
twice daily	<ul> <li>Avoid empiric use due to increased <i>E. coli</i> resistance (&gt;10%)</li> </ul>		Levofloxacin 750 mg: 5 days
Levofloxacin Dose: 500 mg to 750 mg once daily	<ul> <li>Avoid use in pregnancy</li> <li>Preferred oral agent for concurrent prostatitis</li> </ul>		
<ul> <li>Oral β-lactam agents</li> <li>Amoxicillin</li> <li>Amoxicillin/clavulanate</li> </ul>	<ul> <li>Generally inferior efficacy compared with other UTI antimicrobials – use with caution</li> <li>Avoid in bacteremia</li> </ul>	3 to 7 days	10 to 14 days
<ul><li>Cefpodoxime</li><li>Cephalexin</li></ul>	<ul> <li>Reserve amoxicillin for ampicillin-susceptible Enterococcus</li> <li>Consider for oral stepdown therapy</li> </ul>		
IV β-lactam agents • Ceftriaxone	For empiric use in patients with history of MDR pathogens (except ceftriaxone)	3 days	7 days
<ul><li>Cefepime</li><li>Piperacillin/Tazobactam</li><li>Ertapenem</li></ul>	<ul> <li>For targeted use in patients with isolated MDR pathogen (except ceftriaxone)</li> <li>Prefer ceftriaxone empiric if no MDR hx</li> </ul>		
Meropenem	<ul> <li>Prefer cefepime for ampC-producers</li> <li>Reserve carbapenems for ESBL-producers</li> </ul>		

Bacteremia Duration of Therapy Recent literature suggests 7 days of therapy is adequate for patients with uncomplicated bacteremia from UTIs\* due to E. coli, K. pneumoniae, and Proteus. The literature does not support this shortened duration for other organisms/sources of infection at this time. The batient must be hemodynamically stable and afebrile for at least 48 hours to be eligible.

<sup>c</sup>Uncomplicated bacteremia from UTI if: No uncontrolled focus (e.g. undrained abscess, stone, stent, hydronephrosis, prostatitis) No complicated host factors (prosthetic valves, significant immunosuppressive condition) No positive repeat blood cultures Urethral catheters (if applicable) were emoved/exchanged