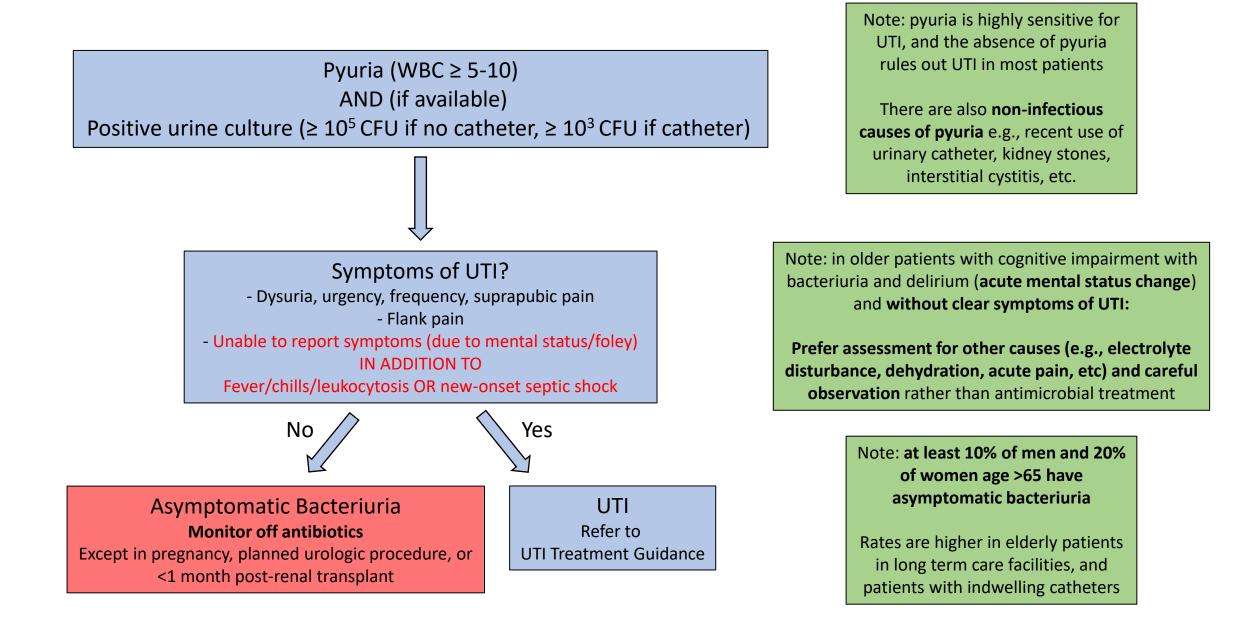
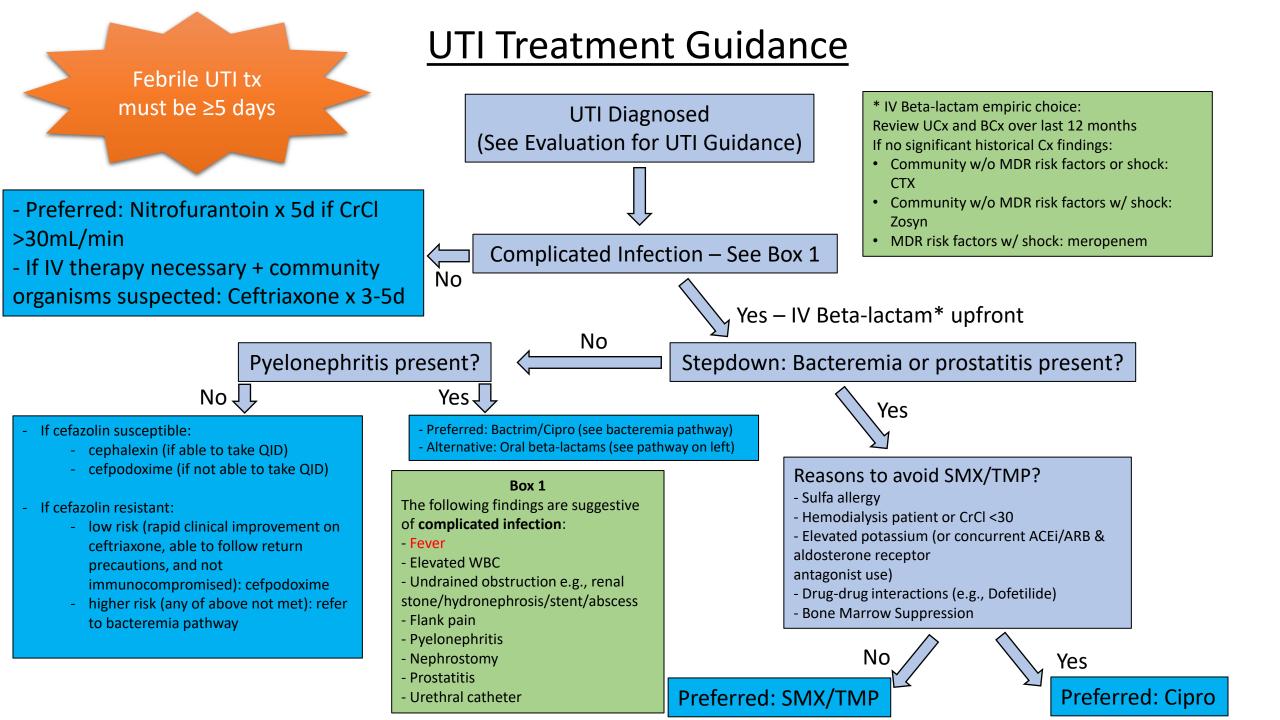
UTI Evaluation Guidance





UTI Treatment Guidance

Antimicrobial	Comments	Duration of Therapy	
		Uncomplicated Cystitis	Uncomplicated Pyelonephritis
Nitrofurantoin (Macrobid®) monohydrate/macrocrystals	 Do not use for pyelonephritis Do not use in patients with systemic symptoms/bacteremia 	5 days	Do Not Use
Dose: 100 mg twice daily	 Avoid use in 1st trimester of pregnancy and at term (38 to 42 weeks' gestation) Avoid in eGFR ≤30 mL/min/1.73 m² 		
Trimethoprim-sulfamethoxazole	 Avoid in sulfa allergy Avoid empiric use if resistance >20% 	3 days	7 to 14 days
Dose: 160/800 mg twice daily	 Avoid in 1st and 3rd trimester of pregnancy Alternative oral agent for concurrent prostatitis 		No evidence to suggest 7d inferior to 14d
Ciprofloxacin 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	 Avoid empiric use due to increased <i>E. coli</i> resistance (>10%) 		Levofloxacin 750 mg: 5 days
Levofloxacin Dose: 500 mg to 750 mg once daily	 Avoid use in pregnancy Preferred oral agent for concurrent prostatitis 		
 Oral β-lactam agents Amoxicillin Amoxicillin/clavulanate 	 Generally inferior efficacy compared with other UTI antimicrobials – use with caution Avoid in bacteremia 	3 to 7 days	10 to 14 days
CefpodoximeCephalexin	 Reserve amoxicillin for ampicillin-susceptible Enterococcus Consider for oral stepdown therapy 		
IV β-lactam agents • Ceftriaxone	For empiric use in patients with history of MDR pathogens (except ceftriaxone)	3 days	7 days
CefepimePiperacillin/TazobactamErtapenem	 For targeted use in patients with isolated MDR pathogen (except ceftriaxone) Prefer ceftriaxone empiric if no MDR hx 		
Meropenem	 Prefer cefepime for ampC-producers Reserve carbapenems for ESBL-producers 		

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.

^cUncomplicated 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