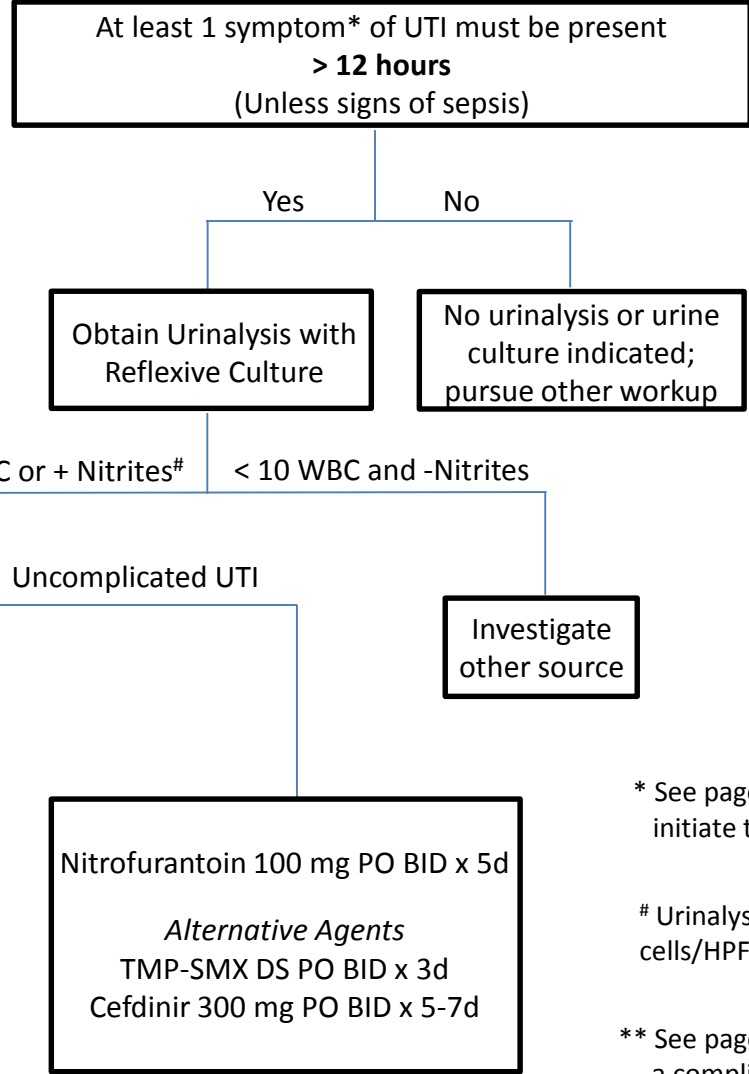


Empiric UTI Treatment

Not intended for patients with septic shock



* See page 2 for a list of symptoms for which to initiate this algorithm

Urinalysis is invalid if >5 squamous epithelial cells/HPF and should be repeated.

** See page 2 for a list of conditions associated with a complicated UTI.

If culture negative or <100,000 cfu/mL, discontinue abx.

*Signs and Symptoms of UTI

Fever > 38.5C [◇]	<u>If spinal cord injury:</u>
Rigors [◇]	New sensation of unease
Hypotension unrelated to medications [◇]	Dysreflexia
Acute hematuria unrelated to injury	Increased spasticity
New urinary frequency	
Suprapubic pain or dysuria	
Altered mental status or lethargy	
unexplained by other causes/injury	

[◇]Specifically in patients with a foley

**Characteristics of Complicated UTI

Male gender	Suprapubic catheter
Ureteral obstruction	Indwelling urinary catheter [^]
Neurogenic bladder	Ureteral stent
Kidney failure	Nephrostomy tube
Polycystic kidneys	Pregnancy
Immunocompromised state	

[^]Includes patients with UTI symptoms whose foley was removed within the last 48 hours (consider replacing foley)

Antibiotic notes:

- Nitrofurantoin should not be used if CrCl < 30 mL/min.
- Adjust TMP-SMX to SS tablet if CrCl < 30 mL/min. Not for dialysis patients.
- Decrease cefdinir to 300 mg daily if CrCl < 30 mL/min.
- Reduce Levofloxacin dose to 750 mg q 48h if CrCl < 50 mL/min.
- Consider the antibiotic rotation eliminated class when choosing antibiotics on 10N.

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3. Giesen LG, Cousins G, Dimitrov BD, Laar F, Fahey T. Predicting acute uncomplicated urinary tract infection in women: a systematic review of the diagnostic accuracy of symptoms and signs. *BMC Family Practice*. 2010;11:78.
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6. Nicolle LE, Gupta K, Bradley SF, et al. Clinical Practice Guidelines for the Management of Asymptomatic bacteriuria: 2019 Update by the Infectious Diseases Society of America [published online ahead of print March 21, 2019]. *Clinical Infectious Diseases*. doi: 10.1093/cid/ciy1121.