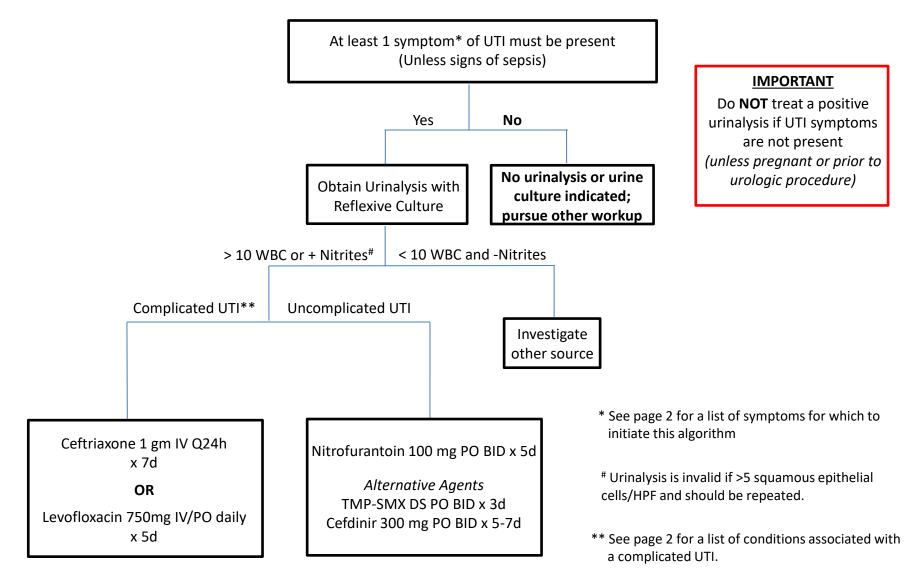


Empiric UTI Treatment

Not intended for patients with septic shock



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

*Signs and Symptoms of UTI

Increased spasticity

Fever > 38.5C[◊]

Rigors ◊ If spinal cord injury:

New sensation of unease Hypotension unrelated to medications ◊

Acute hematuria unrelated to injury Dysreflexia

New urinary frequency, urgency, or dysuria

Suprapubic pain or tenderness Costovertebral angle or flank pain Altered mental status or lethargy unexplained by other causes/injury

^oSpecifically in patients with a catheter

**Characteristics of Complicated UTI

Suprapubic catheter Male gender

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

- 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.

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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.
- 4. Frazee BW, Enriquez K, Ng V, Alter H. Abnormal Urinalysis Results Are Common, Regardless of Specimen Collection Technique in women without urinary tract infections. The Journal of Emergency Medicine. 2015;48(6): 706-711.
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