Empiric UTI Treatment
*Not intended for patients with septic shock*

At least 1 symptom* of UTI must be present (Unless signs of sepsis)

- **Yes**
  - Obtain Urinalysis with Reflexive Culture
  - > 10 WBC or + Nitrites#
    - Complicated UTI**
      - Ceftriaxone 1 gm IV Q24h x 7d
      - OR
        - Levofloxacin 750mg IV/PO daily x 5d
    - Uncomplicated UTI
      - Nitrofurantoin 100 mg PO BID x 5d
      - Alternative Agents
        - TMP-SMX DS PO BID x 3d
        - Cefdinir 300 mg PO BID x 5-7d

- **No**
  - No urinalysis or urine culture indicated; pursue other workup
  - < 10 WBC and -Nitrites
    - Investigate other source

**IMPORTANT**
Do NOT treat a positive urinalysis if UTI symptoms are not present (unless pregnant or prior to urologic procedure)

* 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 antibiotics.*
**Signs and Symptoms of UTI**

Fever > 38.5°C
Rigors
Hypotension unrelated to medications
Acute hematuria unrelated to injury
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

*Specifically in patients with a catheter

**Characteristics of Complicated UTI**

- Male gender
- Ureteral obstruction
- Neurogenic bladder
- Kidney failure
- Polycystic kidneys
- Immuno-compromised state

- Suprapubic catheter
- Indwelling urinary catheter
- Ureteral stent
- Nephrostomy tube
- Pregnancy

*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.

References: