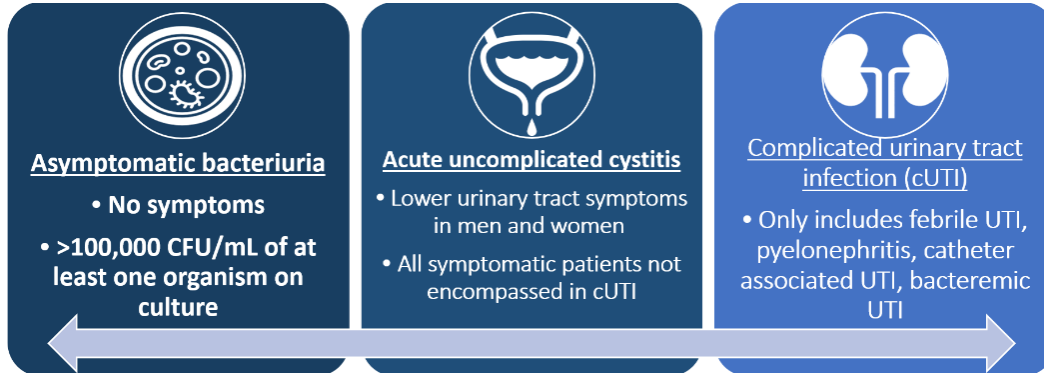




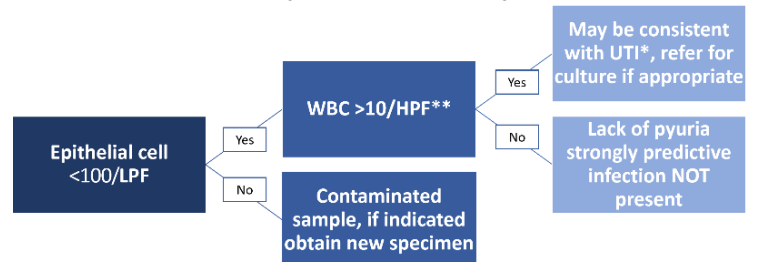
Executive Summary on Management of Ambulatory Urinary Tract Infections



Urinalysis and urine cultures for UTI Evaluation

- Only obtain when symptoms of UTI exist (Dysuria, frequency or urgency, suprapubic or CVA tenderness)
- **Do not screen** for or treat positive urine cultures in patients without symptoms.
 - Exceptions: pregnant persons, kidney transplant within 30 days, and those with planned urologic surgery with risk of mucosal bleeding

Interpretation of urinalysis



* UA should be interpreted in combination with clinical findings, **Pyuria may not be present in severely immunocompromised (i.e. neutropenia)

Recommendations for Management of Uncomplicated UTI

First-line agents:

- Nitrofurantoin monohydrate/microcrystal 100mg BID x 5 days
 - Do not use if CrCL <30

Second-line agents (in order of preference):

- Trimethoprim-sulfamethoxazole 160/800mg (one DS tablet) BID x 3 days
OR
- Cephalexin 500mg BID x 5-7 days
OR
- Fosfomycin tromethamine 3g x single dose

Recommended Regimens for Management of Complicated UTI

First-line agents:

- Levofloxacin* 750mg daily x 5-7 days
OR
- Trimethoprim/sulfamethoxazole 160/800mg (one DS tablet) BID x 7 days

Second-line agents:

- Amoxicillin-clavulanate 875/125mg BID x 7 days PLUS Ceftriaxone 1g IM x 1 dose

Most cUTI will be managed inpatient; stable patients can be managed outpatient. Empiric therapy should be guided by recent treatment and urine culture data if available. If fluoroquinolone prescribed in last 12 months, or history of resistance use an alternative agent until culture available. Adjust therapy as needed based on urine culture results.

*Ciprofloxacin 500mg BID is an alternative

Recommended Regimens for Management of Asymptomatic Bacteriuria in Specific Populations

Pregnancy

- Nitrofurantoin monohydrate/microcrystal 100mg BID x 5 days
OR
- Cephalexin 500mg BID x 7 days
OR
- Fosfomycin tromethamine 3g x single dose

Note: Trimethoprim/sulfamethoxazole and fluoroquinolones are contraindicated in pregnancy

Impending urologic procedure

- Dose should be given **30-60 minutes prior to procedure x 1 dose** (See pre-op recommendations for dosing and selection)