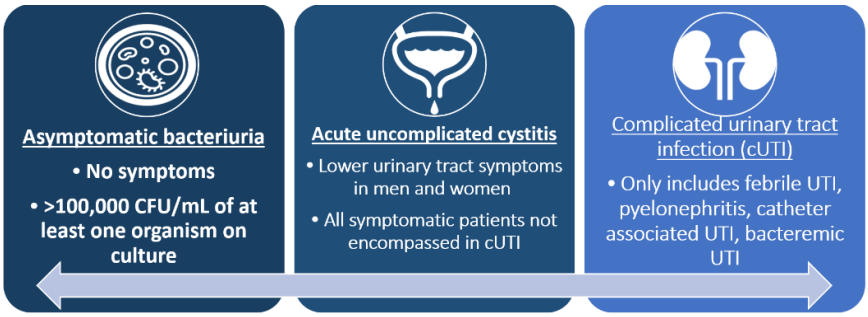
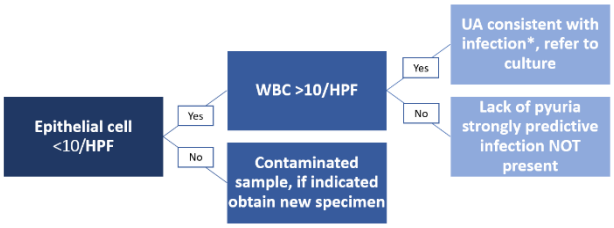
Nebraska Medicine
SERIOUS MEDICINE. EXTRAORDINARY CARE.

# Summary of Guidance on Management of Complicated UTI




*Urinalysis should be correlated with clinical findings

**Table 1: Recommended Empiric Regimens for Management of cUTI** (in order of preference)

| **Urinalysis (UA) and urine cultures for UTI Evaluation** | |
|---|---|
| • Only obtain when symptoms of UTI exist (Dysuria, frequency or urgency, suprapubic, CVA tenderness or febrile patients unable to provide history)<br>• **Do not screen** for or treat positive urine cultures in patients without symptoms.<br>• **Presence of pyuria does not diagnose a UTI, but absence of pyruria can rule out** | |
| **cUTI without sepsis** | |
| • Levofloxacin 750mg PO q 24 hours<br>  ○ Avoid if patient has had exposure to fluoroquinolone in the past 12 months<br>• Trimethoprim/sulfamethoxazole 1 DS tablet PO BID<br>• Ceftriaxone 2g IV q 24 hours | **Avoid antibiotics to which a patient has had previous urine isolate resistance in the previous 6 months** |
| **Sepsis without shock secondary to cUTI** | |
| • **Standard patient without history of UTI with resistant organism**<br>  ○ Ceftriaxone 2g IV q 24 hours<br>• **Patient with history of *Pseudomonas aeruginosa* in urine over the last 6 months**<br>  ○ Cefepime 1g IV q 6 hours<br>  ○ Piperacillin/tazobactam 4.5g q8 hours<br>• **Patient with history of urinary organism producing Extended Spectrum Beta-lactamase**<br>  ○ Ertapenem 1g IV q 24 hours | |
| **Septic shock secondary to cUTI** (requires vasopressor) | |
| • **Patient without *Pseudomonas aeruginosa* urine culture isolates in past 6 months:**<br>  ○ Ceftriaxone 2g IV q 24 hours + amikacin 15mg/kg IV q 24 hours (discontinue aminoglycoside when susceptibility results return OR shock resolves)<br>  ○ Ertapenem 1g IV q 24 hours<br>• **Patient with history of *Pseudomonas aeruginosa* in the last 6 months:**<br>  ○ Meropenem 500mg IV q 6 hours | |

**Table 2: Recommended Definitive Oral Regimens for Management of cUTI** (in order of preference)

| **Clinically improving, bacterial susceptibilities returned** | | |
|---|---|---|
| • Levofloxacin 750mg PO q 24 hours<br>• Trimethoprim/sulfamethoxazole 1DS tablet PO BID<br>• Cephalexin 1g PO TID | • Amoxicillin 1g PO TID<br>• Amoxicillin/clavulanate 875/125mg PO BID | **Choose antibiotic to which bacteria is susceptible** |

**Table 3: Duration of therapy for Management of cUTI**

| **Clinically improving** | **Not clinically improved** |
|---|---|
| • Fluoroquinolone: 5 days<br>• Other agents: 7 days<br>• **If bacteremia:** Treat with 7 days of active antimicrobial | • Review antibiotic susceptibility, clinically evaluate for renal parenchymal involvement (i.e. Renal abscess).<br>• Consider ID consult |

Developed November 2025 by Mackenzie Keintz, MD