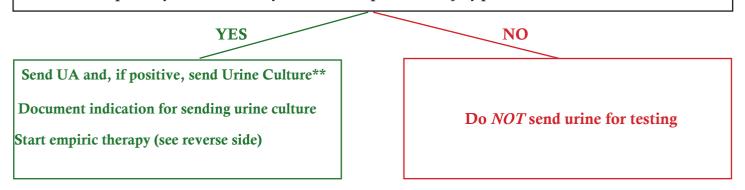
SHOULD THIS PATIENT BE EVALUATED FOR A URINARY TRACT INFECTION?*

Does the patient have any of the following without alternate explanation?

- 1. Urgency, frequency, dysuria
- 2. Suprapubic pain or tenderness
- 3. Costovertebral pain or tenderness
- 4. New onset mental status changes with leukocytosis (WBC > 10×10^9 /L), or hypotension (SBP < 90 mmHg), or > 2 SIRS criteria
- 5. Fever $> 38^{\circ}$ C or Rigors
- 6. Acute hematuria
- 7. Increased spasticity or autonomic dysreflexia in a spinal cord injury patient



^{*}Symptom-based screening may not be reliable in the setting of renal transplants or urinary diversion.

Additionally, please use your clinical judgement in patients with severe sepsis/septic shock or with baseline cognitive or functional impairment with new functional decline or falls who are hemodynamically unstable without alternative etiology.

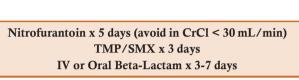
** Urine culture alone is appropriate for febrile neutropenia and ASB screening for pregnancy or prior to urologic procedures.

APV RASED ON CLASSIFICATION OF

Lin intermit based on classification of Univariative Cities					
piric choices should take into account previous cultures, antibiotic allergies, local antibiotic susceptibilities, and severity of illness. If urine culture is negative & patient was on antibiotics at the time of culture & patient has symptoms (1-7 on the reverse side), it may be appropriate to treat.					
PATIENT CATEGORY	PREFERRED**	ALTERNATIVES	DURATION		
ASYMPTOMATIC BACTERIURIA* Defined as having NONE of the symptoms (1-7) listed on reverse side	Treatment indicated during pregnancy and prior to urologic procedures				
UNCOMPLICATED LOWER UTI (CYSTITIS)***	Nitrofurantoin or TMP/SMX	Oral Beta-Lactam (e.g. Cephalexin or Cefpodoxime)	Nitrofurantoin x 5 days (avoid in CrCl < 30 mL/min) TMP/SMX x 3 days IV or Oral Beta-Lactam x 3-7 days		
COMPLICATED LOWER UTI	Nitrofurantoin, or				

UNCOMPLICATED LOWER UTI (CYSTITIS)***	Nitrofurantoi or TMP/SMX
COMPLICATED LOWER UTI	Nitrofurantoin,
(CYSTITIS)***	TMP/SMX, O

ral



Oral Beta-Lactam, IV Beta-Lactam, or

Aztreonam x 7 days

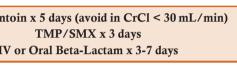
IV Beta-Lactam Therapy followed by Oral Beta-

Lactam or Oral TMP/SMX therapy: 7-14 days

TMP/SMX x 7-14 days

IV Beta-Lactam Therapy x 7 days

Beta-Lactam or Male, urinary catheter present or IV Beta-Lactam, within last 48 hours, anatomic Severe PCN or abnormality or obstruction, Cephalosporin significant co-morbidities Allergy: Aztreonam



UNCOMPLICATED TMP/SMX, **PYELONEPHRITIS** Fluoroquinolones, or Beta-Lactams

COMPLICATED

PYELONEPHRITIS, UTI WITH

BACTEREMIA & SEPSIS

Fluoroquinolones x 5-7 days Complicated Pyelonephritis: 7-14 days Defer to UTI with Bacteremia: 7-14 days Individual [Shorter courses of therapy (7 days) with a fluoroguinolone or IV

Nitrofurantoin x 7 days (avoid in CrCl < 30 mL/min) TMP/SMX x 7 days

beta-lactam can be considered in patients with uncomplicated bacteremia secondary to pyelonephritis or cystits/lower UTI and have rapid clinical response to therapy.]

Institutions

*refer to reverse side for conditions when symptom based screening may not be appropriate

preferred therapies should reflect local antibiogram data for E.coli >80% susceptible * excludes patients with sepsis and bacteremia

Follow culture results and de-escalate therapy based on final results and sensitivities. FOR EACH ANTIBIOTIC: DOCUMENT INDICATION AND PLANNED DURATION FOR ALL PATIENTS.