**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 x 109/L), or hypotension (SBP < 90mmHg), or > 2 SIRS criteria**
5. **Fever > 38O C or Rigors**
6. **Acute hematuria**
7. **Increased spasticity or autonomic dysreflexia in a spinal cord injury patient**

**YES**

**NO**

**Do *NOT* send urine for testing**

**Send UA and, if positive, send Urine Culture\*\***

**Document indication for sending urine culture**

**Start empiric therapy (see reverse side)**

**\*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.**

**EMPIRIC THERAPY BASED ON CLASSIFICATION OF URINARY TRACT INFECTION**

**Empiric 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** | **Fosfomycin****IV or Oral Beta-Lactam (e.g. Cephalexin or Cefpodoxime)** | **Nitrofurantoin x 5 days (avoid in CrCl < 30 mL/min) Fosfomycin x 1 dose****TMP/SMX x 3 days****IV or Oral Beta-Lactam x 3-7 days** |
| ***COMPLICATED LOWER UTI (CYSTITIS)\*\*\******Male, urinary catheter present or within last 48 hours, anatomic abnormality or obstruction, significant co-morbidities** | **Nitrofurantoin, Fosfomycin,****or TMP/SMX, Oral Beta-Lactam or****IV Beta-Lactam, Severe PCN or Cephalosporin Allergy: Aztreonam** |  | **Nitrofurantoin x 7 days (avoid in CrCl < 30 mL/min) Fosfomycin (q48h) x 3-5 doses****TMP/SMX x 7 days****Oral Beta-Lactam, IV Beta-Lactam, or Aztreonam x 7 days** |
| ***UNCOMPLICATED PYELONEPHRITIS*** | **TMP/SMX,****Fluoroquinolones,****or Beta-Lactams** |  | **IV Beta-Lactam Therapy followed by Oral Beta-Lactam or Oral TMP/SMX therapy : 7-14 days****IV Beta-Lactam Therapy x 7 days TMP/SMX x 7-14 days Fluoroquinolones x 5-7 days** |
| ***COMPLICATED PYELONEPHRITIS, UTI WITH BACTEREMIA & SEPSIS*** | **Defer to Individual Institutions** |  | **Complicated Pyelonephritis : 7-14 days****UTI with Bacteremia : 7-14 days****[Shorter courses of therapy (7 days) with a fluoroquinolone or IV beta-lactam can be considered in patients with uncomplicated bacteremia secondary to pyelonephritis or cystits/lower UTI and have rapid clinical response to therapy.]** |

**\*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.**