

Urinary Tract Infection - Adults
Empiric Treatment Algorithm
OutPatient

* Oral Therapy *

Most likely organism:
E. coli - 70%

AVOID
Ciprofloxacin or
Levofloxacin Due
to ↑ Resistance!
* Moxi NOT Indicated
Due To Insufficient
Urine Concentrations

If no response after
min 48h, evaluate for
another source of
infection/ inflammation,
or "missing" coverage
(e.g. *P. mirabilis*, *Ps. aeruginosa*)

Uncomplicated *Symptomatic* UTI

Complicated UTI

e.g. Indwelling Catheter, Kidney Stones, Prostatic Hypertrophy, Obstruction, Neurologic Deficit which affects Flow/UT defenses, Spinal Cord Injury, etc.

- *P. mirabilis* also a concern

Nitrofurantoin (i.e. Macrobid®) 100mg po bid x 7 days*
*NOTE: Ineffective if systemic infection or Clcr <50mL/min

Alternatives:

- TMP-SMX (Septra®) i DS po bid x 3 days
- Trimethoprim (Proloprim®) 100mg po bid x 3 days (i.e. if sulfa allergy)
- Amoxicillin 250mg po tid x 7 days
- Cephalexin 250mg po qid x 7 days

Order Urine for C&S Prior
(D/C or change catheter after 1st dose)

- Amoxicillin/Clavulanate (Clavulin®) 500mg po q8h x 10 days
- Cefprozil (Cefzil®) or Cefuroxime (Ceftin®) 500mg po q12h x 10 days (2nd gen cephalosporin)

Levo or Cipro ONLY IF resistant/anaphylactic allergy to above agents

Recurrent Symptoms/Relapse

- Recurrence within 1-2 weeks after treatment; usually same organism

- Retreat with previous agent for longer duration (e.g. if relapse with 3 - 10 days therapy, treat for 14 days)

Consider Prophylaxis* if >2 Symptomatic UTIs/year

Nitrofurantoin 50mg po hs or post-coital x 6 months

Alternatives: (Once daily or post-coital x 6 months)

- Trimethoprim (Proloprim®) 100mg po
- TMP-SMX (Septra®) 1 single strength po
- Cephalexin (Keflex®) 250mg po

* **DO NOT prophylax** if urologic abnormalities; asymptomatic elderly, or chronic urinary catheter present *

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