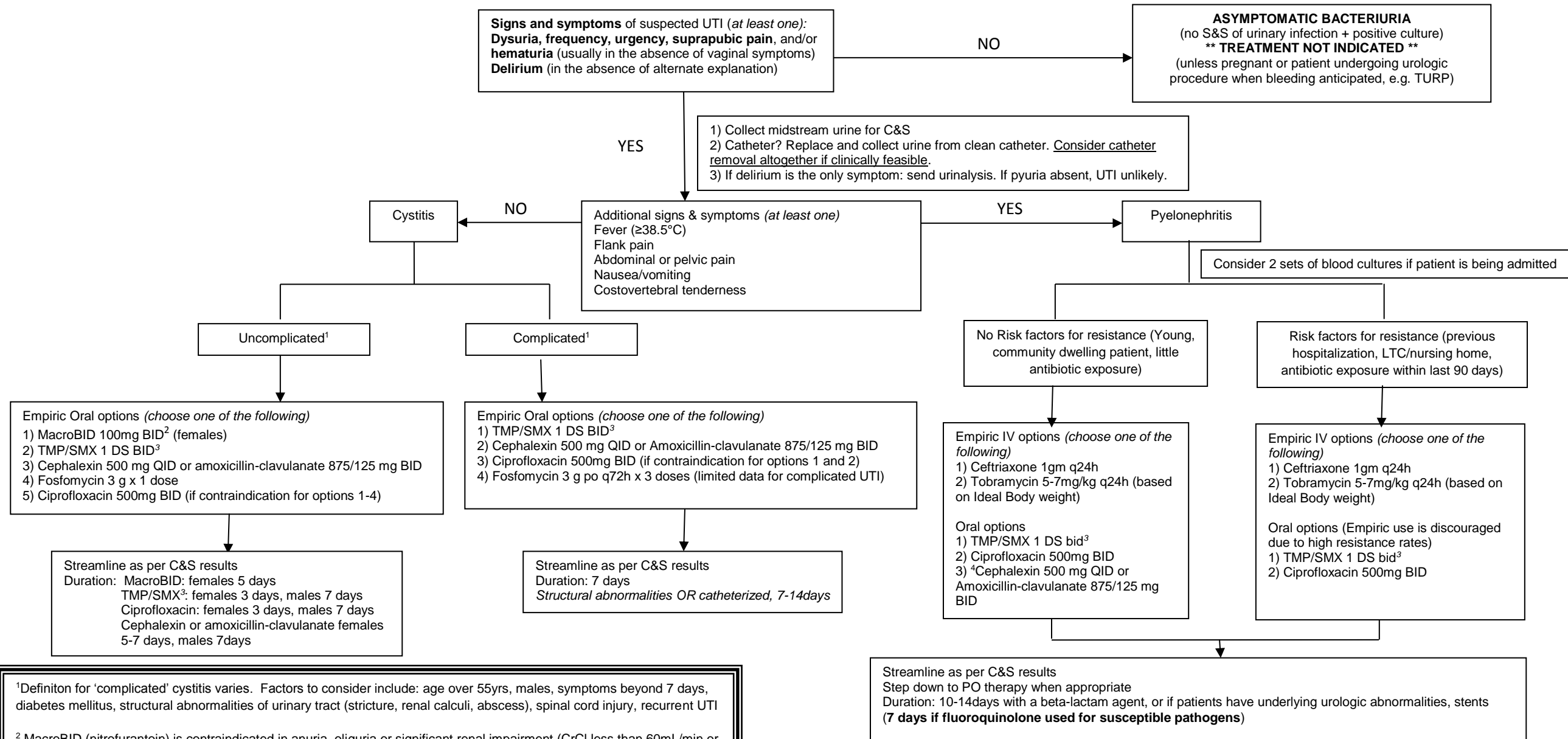


# Algorithm for Urinary Tract Infections in Adult Patients



<sup>1</sup>Definiton for 'complicated' cystitis varies. Factors to consider include: age over 55yrs, males, symptoms beyond 7 days, diabetes mellitus, structural abnormalities of urinary tract (stricture, renal calculi, abscess), spinal cord injury, recurrent UTI

<sup>2</sup> MacroBID (nitrofurantoin) is contraindicated in anuria, oliguria or significant renal impairment (CrCl less than 60mL/min or clinically significant elevated serum creatinine); consider alternatives if pregnant >35 weeks

<sup>3</sup> Consider alternatives in first trimester and >34 weeks

<sup>4</sup> Oral beta lactams have higher relapse rates and inferior efficacy compared to fluoroquinolones/TMP-SMX\*\*\* All antibiotics listed other than ceftriaxone need to be dosed according to renal function \*\*\*

First line target therapy for documented sensitive organisms:

- Use nitrofurantoin whenever possible (consider alternatives in males)
- TMP/SMX if nitrofurantoin resistant or complicated UTI
- Use ciprofloxacin only if no alternative agent available. Note: >20% of urinary pathogens resistant to fluoroquinolones!

LTC patients have >40% ciprofloxacin and ~30% sepra resistant E.coli isolates