

UTI ORDER SET EXAMPLE

GEN ADULT Urinary Tract infection

NOTE FOR UTI: *** Empiric therapy selection should take into account recent previous cultures***

- **Asymptomatic bacteriuria:** In most circumstances, **should not be treated**, regardless of pyuria, bacterial density, or isolation of resistant organisms. Treatment is recommended in the following circumstance: pregnancy and prior to urologic procedures.
- **Uncomplicated cystitis:** Non-pregnant female without obstruction, catheters, flank pain, or co-morbid conditions except well-controlled diabetes mellitus.
- **Complicated Lower UTI WITHOUT Sepsis or Bacteremia:** Male, urinary catheter present or removal within the last 48 hrs, recent GU instrumentation, anatomic abnormality or obstruction, pregnancy or other significant co-morbid conditions such as uncontrolled diabetes or immunosuppression.

Uncomplicated Cystitis (Single Response)

Nitrofurantoin is contraindicated if CrCl < 50mL/min. Due to the cost of fosfomycin, nitrofurantoin is preferred if not contraindicated. Adjust **cephalexin** and **sulfamethoxazole-trimethoprim** dose based on renal function

- PREFERRED: nitrofurantoin (MACROBID) capsule (Do NOT use if CrCl<50) 100 mg, Oral, 2 TIME DAILY for 5 Days
- PREFERRED: fosfomycin (MONUROL) packet 3 g, Oral, ONCE for 1 Doses, for 1 Doses
- ALTERNATIVE: cephalexin (KEFLEX) capsule 500 mg, Oral, EVERY 12 HOURS SCHEDULED for 7 Days
- ALTERNATIVE: sulfamethoxazole-trimethoprim DS (BACTIRM DS) tablet 1 tablet, Oral, EVERY 12 HOURS SCHEDULED for 3 Days

Complicated Lower Urinary tract infection without Sepsis or Bacteremia (Single Response)

Treatment duration:

Non-Catheter Associated: depends on patient characteristic and clinical response, 7 days usually appropriate

Catheter Associated:

- Prompt resolution of symptoms: 7 days
- Delayed response to therapy: 10-14 days
- Women <65 y/o without upper tract symptoms after catheter removal: 3 days

Adjust **cephalexin**, **sulfamethoxazole-trimethoprim**, **cefazolin**, **aztreonam**, and **piperacillin-tazobactam** dose based on renal function

Oral Regimens (Single Response)

- PREFERRED: nitrofurantoin (MACROBID) capsule (Do NOT use if CrCl<50) 100 mg, Oral, 2 TIME DAILY for 5 Days
- PREFERRED: fosfomycin (MONUROL) packet 3 g, Oral, ONCE for 1 Doses, for 1 Doses
- ALTERNATIVE: cephalexin (KEFLEX) capsule 500 mg, Oral, EVERY 12 HOURS SCHEDULED for 7 Days
- ALTERNATIVE: (if susceptibility confirmed) sulfamethoxazole-trimethoprim DS (BACTIRM DS) tablet 1 tablet, Oral, EVERY 12 HOURS SCHEDULED for 3 Days

IV options if patients cannot take PO medications (Single Response)

- PREFERRED: cefazolin (ANCEF) IV 1 g, Intravenous, EVERY 8 HOURS SCHEDULED
- ALTERNATIVE (In patients with anaphylactic PCN/Cephalosporin allergy): aztreonam (AZCTAM) IV 1 g, Intravenous, EVERY 8 HOURS SCHEDULED

History of resistant Gram-negative bacteria OR Not responding to PO antibiotics (Single Response)

- PREFERRED: piperacillin-tazobactam (ZOSYN) IV 4.5 g, Intravenous, EVERY 8 HOURS SCHEDULED
- ALTERNATIVE (In patients with anaphylactic PCN/Cephalosporin allergy): aztreonam (AZCTAM) IV 1 g, Intravenous, EVERY 8 HOURS SCHEDULED