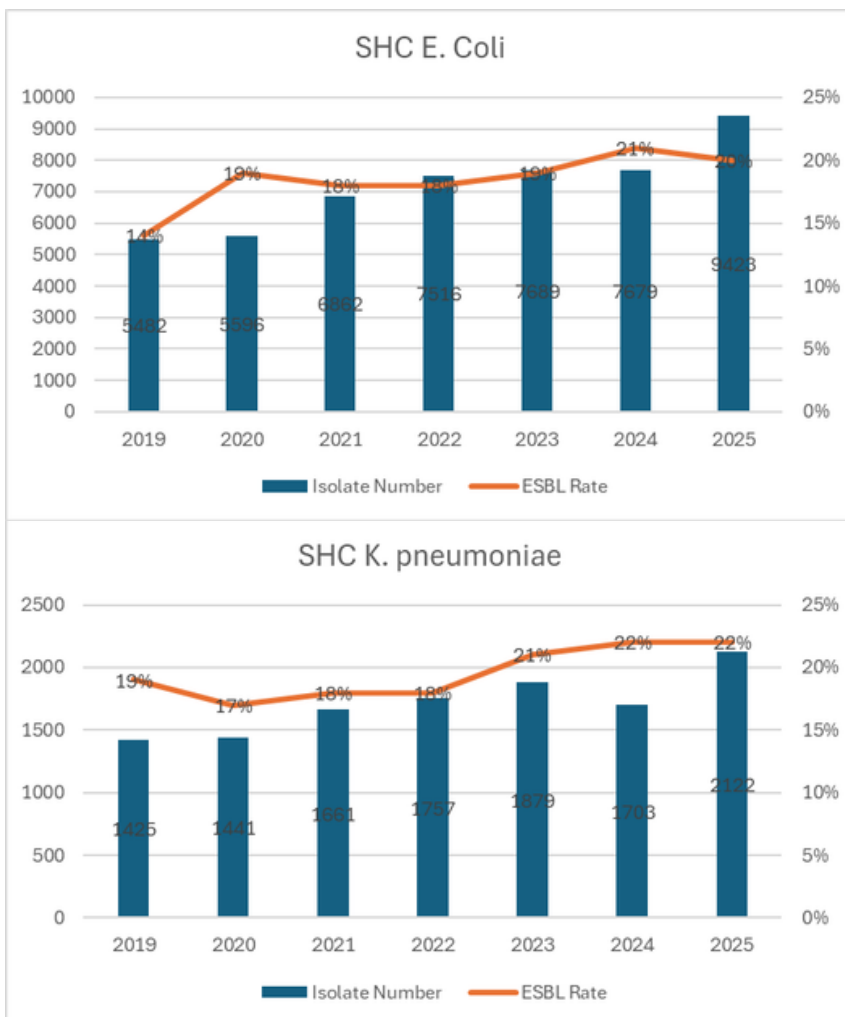


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October 2026

SHC Antibigrams Support Ceftriaxone De-escalation for UTI's



Around 80% of E. coli and K. pneumo isolates are not ESBLs and thus retain excellent susceptibility to non-carbapenem beta-lactams

- Ceftriaxone use promotes ESBL development to a greater extent than cefazolin.
- Data shows that 70-90% of the time, cefazolin and other oral beta-lactams retain susceptibilities and should be utilized once susceptibilities confirmed.

When to consider a carbapenem?

- Patients with sepsis +/- shock AND history of ESBL in the past 6-12 months

IDSA prefers the following agents for uncomplicated cystitis due to ESBL E. coli:

- Nitrofurantoin
- Fosfomycin
- Single-dose aminoglycoside
- TMP/SMX

Did you know??

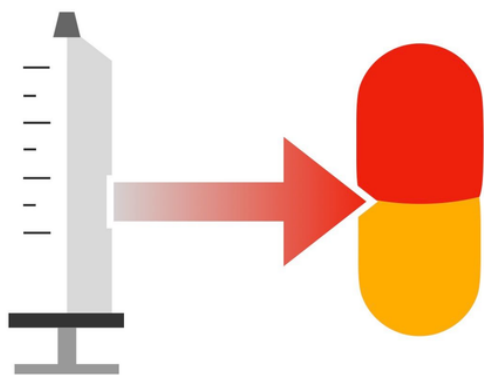
- 3rd gen cephalosporins (e.g. ceftriaxone) were found to have the strongest association between antibiotic use and Hospital-onset C. difficile Infection.
- The risk is 3X greater versus 1st gen cephalosporins (e.g. cefazolin)

To see your hospital specific antibiogram, see [LINK](#)

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UTI Management Continued...



Stop the Drip: IV to Oral Switch!

- Most inpatients started on IV antibiotics for uncomplicated UTI can be switched to PO by day 2-3.
- Oral agents with high bioavailability reach urinary concentrations far above the MIC of common uropathogens.

Benefits of Oral Switch:

- Equal efficacy
 - Oral step-down matches IV cure rates once patients are stable
- Shorter stay
 - Removes the IV-only reason to keep a patient in the hospital
- Less risk of line adverse events
 - Avoids phlebitis, catheter infection and thrombosis (which can occur in up to 69% of patients)!
- Lower cost
 - Cuts drug preparation, nursing time and OPAT follow-up

Switch when all these are true:

- Afebrile 24 hours and hemodynamically stable
- Symptoms improving
- Tolerating oral intake with intact gut absorption
- Isolate susceptible to an oral agent
- Source controlled: no obstruction, abscess or undrained collection

Common oral step-down agents:

- Amoxicillin/ Amoxicillin-clavulanate
- Cefuroxime
- Cefpodoxime
- Cephalexin
- Ciprofloxacin/Levofloxacin
- SMX/TMP

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