

The Steward

December 2025

NEW SHC UTI Guidelines

Changes in the definitions & treatment of urinary tract infections (UTI) per the new IDSA UTI guidelines

	Old Guidelines	New Guidelines
Asymptomatic Bacteriuria (ASB)	Non-Pregnant: asymptomatic & any colony count.	Non-Pregnant: asymptomatic & any colony count. Pregnant: not-high risk & < 100k cfu/mL
Uncomplicated UTI	Premenopausal, adult, non-pregnant females	No systemic involvement in <u>any adult patient</u> population including men & pregnancy
Complicated UTI (cUTI)	Male, elderly, diabetic, immuno-suppressed, recurrence, pregnant, urologic abnormalities	UTI beyond the bladder in any adult patient population: fever, CAUTI, pyelonephritis, bacteremia

Updated SHC UTI Treatment

Category	Antibiotic	Duration (d)
ASB	No treatment for most patients, including elderly w/AMS. For exceptions, see below.*	0
Uncomplicated UTI	Nitrofurantoin or cephalexin If ceftriaxone, limit to 1-2 d, then transition to PO	5
cUTI including pyelonephritis and bacteremia	Ceftriaxone	7
History of ESBL in prior 6 mo.	Ertapenem If ICU & Shock: Meropenem	7

ASB Exceptions: Consider treatment in GU instrumentation/surgery, kidney transplant in prior 3 mo, severe neutropenia, pregnant w/ single organism \geq 100k cfu/mL

Provider Tip

- Confusion or weakness alone in elderly is not UTI. Consider watchful waiting.
- In patients with stone removal or stent replacement, duration of therapy starts on day of procedure

Nursing Tip

- DO NOT call providers for foul smelling urine or changes in color/sedimentation w/o presence of UTI symptoms (dysuria, frequency, flank pain, fever)*
- Collect specimen using midstream clean-catch urine. If catheter being replaced, collect from new catheter.

Pharmacist Tip

- Clarify if ceftriaxone duration > 2 d for uncomplicated cystitis
- ESBL coverage is NOT indicated if history is >6 months prior & more recent cultures are susceptible or negative

Bacteremia

Uncomplicated Gram Negative bacteremia from a urinary source can be de-escalated to a PO antibiotic for a total duration of 7 d. See [GN Bacteremia](#) 
[Urinary Source](#)

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Antimicrobial Stewardship through Urine Cultures Symptom-Free Pee: Let it be!



STOP

- Stop treating asymptomatic bacteriuria (ASB); it is NOT an infection.
- Stop testing foul-smelling, dark, or cloudy urine in the absence of UTI symptoms.
- For exceptions, see special considerations.

WAIT

- Wait and rehydrate patients who develop changes in mental status, behavior, or function without UTI symptoms.

GO

- Go to Urine Analysis and Urine Culture if typical signs and symptoms of UTI are present.
- UTI symptoms include urinary urgency, urinary frequency, and/or pain upon urination.

SPECIAL CONSIDERATIONS REQUIRING TREATMENT OF ASB

- GU instrumentation/surgery,
- Kidney transplant in the last 3 months,
- Severe neutropenia, or
- Pregnant w/ urine culture containing single organism \geq 100k cfu/mL

Contact Us

- System ASP Physician Chair: Norihiro.Yogo@sharp.com
- System ASP Pharm: Louis.Lteif@sharp.com
- SGH ASP Pharm: Marie.Yu@sharp.com
- SMH ASP Pharm: Logan.Vasina@sharp.com
- SMH ASP Pharm: Harrison.Phan@sharp.com
- SCV ASP Pharm: Vi.Khosho@sharp.com
- SCO ASP Pharm: Laura.Vanwechel@sharp.com
- SMB ASP Pharm: Kathleen.Andonian@sharp.com