

Sharp Healthcare Treatment Guidelines for Urinary Tract Infections

Indication	Inpatient Therapy	Transition to Outpatient Therapy	Total Duration
Asymptomatic bacteriuria/ Cystitis in pregnancy	NO antibiotics for asymptomatic bacteriuria unless pregnant, require GU instrumentation, kidney transplant in last 3 months, or severe neutropenia <u>Cystitis or bacteriuria in pregnancy</u> 1 st line: Cephalexin 500mg PO QID x7 days 2 nd line: Macrobid 100mg PO BID x7 days (caution 1 st /3 rd trimester) OR Cefuroxime 500mg PO BID x7 days 3 rd line: Bactrim DS 1 tab PO BID x7 days (caution 1 st /3 rd trimester and only if susceptible)		
Pyelonephritis in pregnancy	Ceftriaxone 2g IV q24h until afebrile for 48h 2 nd line: Tobramycin per pharmacy + Ampicillin 2g IV Q6h until afebrile for 48h	Cefuroxime 500 mg PO BID OR Augmentin 875/125mg BID (caution using near term in pregnant women)	10 days or up to 14 days if very ill or abscess
Candiduria	Treatment of candiduria is not recommended in most cases. Exchange or remove catheter if present		
Uncomplicated cystitis	Nitrofurantoin 100mg PO BID x5 days OR Cephalexin 500mg PO TID-QID x 5days 2 nd line: Augmentin 875/125mg PO BID x5 days OR Fosfomycin 3g PO x1 (for ESBL) 3 rd line: Levofloxacin 500mg daily/Cipro 500mg PO BID x3 days, OR Bactrim DS 1 tab PO BID x3 days		
Complicated cystitis	Ceftriaxone 2g IV q24h If improving, step down to PO	Cefuroxime 500mg PO BID OR Augmentin 875/125mg PO BID	5-7 days total
	2 nd line: Levofloxacin 750 mg daily/Cipro 500mg BID x 3-5 days OR Fosfomycin 3g PO q48h x 3 doses (ESBL) 3 rd line: Bactrim DS 1 tab PO BID x5-7 days OR Cephalexin 1000 mg PO TID x 7 days		
Uncomplicated pyelonephritis	Ceftriaxone 2g IV OR Tobramycin 7mg/kg q24h If improving, step down to PO. If not improving by day 3, r/o abscess	Cefuroxime 500 mg PO BID OR Augmentin 875/125mg BID	7 days total
	2 nd line: Levofloxacin 750 mg OR Cipro 500mg BID x5-7 days total 3 rd line: Bactrim DS 1 tab BID x7 days OR Cephalexin 1000 mg TID x 10 days total		
CAUTI	<u>Exchange catheter. Consider discontinuation if possible</u>		
<i>Uncomplicated, non-septic</i>	See "complicated cystitis" above		
<i>Severely ill; improved ≤72h</i>	Evaluate risk for resistant organisms. Otherwise, see pyelonephritis above		
<i>Severely ill for >72h</i>	Evaluate risk for resistant organisms. Consider urologic evaluation as indicated See pyelonephritis above. Treat for 10-14 days		

The above recommendations are based on available literature and national guidelines. They are not intended to replace physician clinical judgment based on patient-specific factors. Last updated 08/2024