

Guidelines for Management of Suspected Urinary Tract Infections (UTIs) Emergency Department Pathway, Providence Health Care (January 2012)

FOR SEVERE OR LIFE-THREATENING INFECTIONS, REFER TO PHC SEPSIS PATHWAY

FOR PATIENTS FROM RESIDENTIAL CARE REFER TO PHC RESIDENTIAL UTI PATHWAY

UNCOMPLICATED UTI

- Non-Pregnant
- No complicating factors (See Complicated UTI Box for definitions)

UNCOMPLICATED CYSTITIS

- Classic symptoms of UTI
- No vaginal symptoms/discharge
- Urinalysis and Urine C&S optional but should be obtained if UTI is recurrent
- Oral Antibiotics:
 - nitrofurantoin long acting (MACROBID) 100 mg PO BID x 5 days (DO NOT use if CrCl below 40 mL/min) *OR*
 - TMP/SMX DS 1 tablet PO BID x 3 days^{1,2}

¹ Do NOT use if patient has received TMP/SMX in the last 3 months
² *E.coli* resistance to TMP/SMX at PHC is 31%

UNCOMPLICATED PYELONEPHRITIS

- Urinalysis and Urine C&S Required
- Initial Antibiotics in ED:
 - ceftriaXONE 1g IV x 1 dose *OR*
 - gentamicin 6 mg/kg IV (ideal body weight, but DO NOT use if CrCl below 30 mL/min) x 1 dose
- Step-down Oral Antibiotics
 - ciprofloxacin 500 mg PO BID x 7 days¹ *OR*
 - TMP/SMX DS 1 tablet PO BID x 14 days^{1,2}
- Instruct patient to return to ED or follow-up with family physician if no improvement after 48 hrs

¹ *E.coli* resistance at PHC to TMP/SMX 31% & ciprofloxacin 34%
² Can be shortened to 10 days if there is a rapid response to treatment

Pregnant Patients

- Urinalysis and Urine C&S Required
- CYSTITIS**
- Oral Antibiotics:
 - nitrofurantoin long acting (MACROBID) 100 mg PO BID x 7 days (Do NOT use in women at term, 36 to 42 weeks GA or if CrCl below 40 mL/min) *OR*
 - cefixime 400 mg PO daily x 7 days
 - TMP/SMX DS 1 tablet PO BID x 7 days (Do NOT use in 1st *OR* 3rd Trimester)
- PYELONEPHRITIS**
- Consider admission due to increased frequency of complications
 - ceftriaXONE 1g IV to initiate therapy

COMPLICATED UTI

- Non-Pregnant
- Presence of Complicating Factors:**
 - Male
 - Recent Instrumentation/Catheterization
 - Structural/Functional urologic abnormality or nephrolithiasis
 - Immunosuppression
 - Diabetes
 - Symptom duration over 7 days
 - Recurrent UTI (over 3 per year or 2 in 6 months)

COMPLICATED CYSTITIS

- Classic symptoms of UTI
- No vaginal symptoms/discharge
- Urinalysis and Urine C&S Required
- Consider giving ceftriaXONE² 1g IV x 1 dose in ED
- Oral Antibiotics:
 - ciprofloxacin 500 mg PO BID x 7d¹ *OR*
 - cefixime 400 mg PO daily x 7 days²
 - amoxicillin/clavulanate 875 mg PO BID x 7 days
- Instruct patient to return to ED or follow-up with family physician if no improvement after 48 hrs

¹ *E.coli* resistance at PHC to ciprofloxacin 34%
² Does NOT cover *Enterococcus* spp.

D. COMPLICATED PYELONEPHRITIS

- Urinalysis and Urine C & S Required
- Consider Blood Cultures
- Consider Admission or Observation
- Initial Antibiotic in ED:
 - ceftriaXONE¹ 1g IV x 1 dose *OR*
 - gentamicin 6 mg/kg IV (ideal body weight, but DO NOT use if CrCl below 30 mL/min) x 1 dose
- Patients discharged from ED should return for daily IV antibiotics until urine C&S results available in order to transition to oral antibiotics

¹ Does not cover *Enterococcus* spp.

References

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