

OTHER URINARY TRACT INFECTIONS

CATHETER ASSOCIATED UTI

ASYMPTOMATIC

EMPIRIC THERAPY
NOT PROVEN

- > Clean, intermittent self-catheterization: consider treating 10-14 days
- > Indwelling catheter: change catheter, reculture in 7 days and treat if symptomatic
- > Narrow therapy on day 2

SYMPTOMATIC

CHANGE CATHETER
AND TREAT AS
PYELONEPHRITIS FOR
14 DAYS

PYELONEPHRITIS (upper UTI)

MILD

7-14 DAYS

CEFIXIME 400 mg
po daily x 10-14 d

AMOX/CLAV 875 mg*
po bid x 10-14 d
(if enterococcus
suspected)

CIPRO 500 po bid*
CIPRO 1g XL po daily
x 7 days
(preferred over
TMP/SMX)

TMP/SMX 1 DS
po bid x 14 days

* Adjust based on C&S
(significant resistance)

MOD-SEVERE

10-14 DAYS TOTAL

CEFTRIAXONE 1-2 g IV q24h

ADD AMPICILLIN 1-2 g IV q24h
(if enterococcus suspected)

GENTAMICIN 5-7 mg/kg IV q24h
or CIPROFLOXACIN 400 mg IV q12h
(if beta lactam allergy)

ERTAPENEM 1 g IV q24h
(if ESBL organisms)

CEFTAZIDIME 2 g IV q8h
+ TOBRAMYCIN 2 mg/kg IV q8h
(if Pseudomonas)

PIP/TAZO 3.375 mg IV q6h
or MEROPENEM 500 mg IV q6h
(if hemodynamically unstable)
ADD GENTAMICIN
(if septic shock; recent abx;
ESBL, AmpC, carbapenemase GNB)

afebrile > 48h and
able to take po therapy

STEP DOWN TO ORAL

PROSTATITIS

ACUTE BACTERIAL

CIPROFLOXACIN
500-750 mg po bid

CIPROFLOXACIN
400 mg po bid

TMP/SMX
1 DS po bid

x 2-4 weeks
(treat for 4 weeks if pt
symptomatic at 2 wks)

IF IV USE NEEDED:
AMP + GENT OR
PIP/TAZO

ERTAPENEM

CHRONIC BACTERIAL

symptoms > 3 months

TREAT AS ACUTE
BACTERIAL
PROSTATITIS but for
4-6 WEEKS