

Inpatient Urinary Tract Infection Treatment Guidelines

Evaluate risk factors for MDR organisms:

- Broad spectrum antibiotics in the previous 90 days
- MDR pathogen isolated within the past year
- Nosocomial UTI

Initiate empiric antibiotics:

- NO MDR risk factors: ceftriaxone 1g IV daily
- MDR risk factors: cefepime 1g IV q12h OR piperacillin/tazobactam 3.375g IV q6h

Adjust antibiotics based on culture susceptibilities:

- De-escalate when appropriate.
- ESBL: meropenem 1g IV q8h
- Enterobacter/Citrobacter: cefepime 1g IV q12h
- Enterococcus faecalis: ampicillin 2g IV q4h (if susceptible), otherwise vancomycin (pharmacy to dose)
- Enterococcus faecium (VRE): linezolid 600 mg PO/IV
- Contact PharmD for additional oral options or PCN allergy

Determine duration of treatment

- MDR risk factors or *complicated UTI: 7 days
- No MDR risk factors & uncomplicated UTI: 3 days

*UTI is complicated when symptoms extend beyond the bladder including

- Fever
- Chills, rigors, significant fatigue, or malaise
- Flank pain
- Costovertebral angle tenderness
- Pelvic or perineal pain in males