

# Urinary Tract Infections

Urinalysis with +nitrites, +bacteria, WBC >5 AND <15-20 squamous cells

Symptoms?

Systemic symptoms?

Pregnant or pending GU procedure?

Complicated?

Candidate for outpatient treatment?

Ill appearing, elderly, vomiting, septic?

Consider CT scan/ultrasound

No treatment.

**DX:**  
**Asymptomatic Bacteruria**

Treat with antibiotics.

Cipro 500 mg BID x10-14d  
OR  
Cefpodoxime 200 mg BID x10-14d

**DX: Urinary tract infection/ Cystitis**

Nitrofurantoin 100 mg BID x5d  
OR  
Bactrim DS 1 tab BID x3d  
OR  
Cephalexin 250mg QID x5d  
OR  
Fosfomycin 3g PO x 1 dose

Ceftriaxone 1g IV in ED  
AND  
Appropriate outpatient course.

Ceftriaxone 1g in ED  
AND  
Admit

**DX: Pyelonephritis**

- Can treat pyelonephritis outpatient if none of the following are true:
- Age <60
  - No comorbid conditions, **esp. diabetes or immunocompromise**
  - Must be able to tolerate PO intake.
  - **MUST NOT BE PREGNANT.**
  - No concurrent nephrolithiasis or obstruction.
  - Case by case consideration.

- General Considerations:
- Cater your antibiotic choice with the antibiogram at your facility
  - **LOOK FOR PREVIOUS CULTURES**
  - Order a culture if your facility does not immediately reflex urinalysis to culture as indicated.

- UTIs are considered complicated if ANY of the following are true:
- **MALE PATIENT**
  - Symptoms ongoing for more than 7 days
  - **DIABETIC**
  - Recently diagnosed UTI within 1 month
  - Over the age of 65
  - Women using spermicides or diaphragm
  - Relapse (failure of treatment within one month)
  - **PREGNANT**