

**Northwestern Medicine-West Region
Asymptomatic Bacteriuria Treatment Guideline Summary**

Basic Point: The IDSA guideline recommends avoiding treatment of UTI in most patients without specific urinary symptoms despite the presence of a positive UA or urine culture

Rationale: Avoidance of antibiotics helps decrease incidence of *C. difficile* and resistant organisms and decrease risk of antibiotic-associated adverse effects; little evidence of benefit to treating asymptomatic bacteriuria (ASB) in most patients

Exceptions: Pregnant women and patients undergoing urologic procedure expected to cross mucous membrane (would treat ASB in these patients)

Definition of symptomatic bacteriuria:

At least 1 of the following NEW ONSET signs and symptoms with NO OTHER RECOGNIZED CAUSE:

- | | |
|---------------------------|--|
| 1. Fever (>100.4 degrees) | 5. Suprapubic tenderness |
| 2. Urinary urgency | 6. Costovertebral angle pain or tenderness |
| 3. Urinary frequency | 7. Clinical deterioration |
| 4. Dysuria | |

Guidelines for Treatment of Bacteriuria

DOs	DON'Ts
If diagnosing and treating UTI, ensure urine culture ordered	Don't order urine cultures on patients unless a clinical syndrome (i.e. symptoms) of UTI is present
Re-assess initial empiric therapy of UTI during therapy:	Don't treat a positive urine culture (or UA) – treat a clinical syndrome
<ul style="list-style-type: none"> - Discontinue therapy if other diagnosis likely - De-escalate therapy based on culture results - Shorten therapy if UTI uncomplicated (3-5 days) 	Don't treat a positive culture based on symptoms that are chronic
Consider discontinuing antibiotics if:	Don't treat a positive urine culture based on symptoms that have another explanation
<ul style="list-style-type: none"> - No culture sent - Culture negative - Culture mixed/contaminated - Culture positive for non-pathogen - Organism seems responsive to incorrect antibiotic 	Don't treat based on presence of pyuria
	Don't re-culture after treating bacteriuria unless there is a clinical syndrome of UTI

NM West Region Empiric UTI Treatment Guidelines (See Order Set in Epic)

1. Uncomplicated UTI
 - a. Cefazolin IV x 3 days
 - b. Nitrofurantoin PO x 5 days (if patient's estimated CrCl > 30mL/min)
 - c. Cephalexin PO x 5 days
 - d. Bactrim PO x 3-5 days
2. IV option for Uncomplicated UTI and Severe PCN allergy (anaphylaxis or hives)
 - a. Gentamicin IV initially
 - b. Alternative is aztreonam
3. Complicated infection
 - a. Gentamicin IV (for Scr < 1.5)
 - b. Ceftriaxone IV

1. Nicolle LE, et al. IDSA guidelines for the diagnosis and treatment of asymptomatic bacteriuria in adults. *CID* 2005; 40(5):643-654.
2. Hooten TM, et al. Diagnosis, prevention, and treatment of catheter-associated urinary tract infection in adults: 2009 international clinical practice guidelines from the IDSA. *CID* 2010; 50:625-663.

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c. Aztreonam IV

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