

## Avoid Fluoroquinolones in Uncomplicated Urinary Tract Infections

Except in rare instances, the FDA recommends avoiding the use of fluoroquinolones (e.g. ciprofloxacin, levofloxacin) for uncomplicated UTI's, bacterial sinusitis, and bacterial bronchitis.

- **Fluoroquinolones are associated with serious adverse effects:**

- Tendonitis/tendon rupture
- CNS effects
- *C. difficile* diarrhea
- Antimicrobial resistance

For most infections, the risks associated with fluoroquinolone use do not outweigh the benefits.

- **Fluoroquinolone activity against common urinary pathogens at NMH is suboptimal. The below table provides data from the 2017 NMH antibiograms for the three most common urinary pathogens:**

Organism	# urine isolates 2017	Cefazolin % susc.	Ceftriaxone % susc.	Ciprofloxacin % susc.	Nitrofurantion % Susc.	TMP/SMX % susc.
<i>Escherichia coli</i>	5986	95%	98%	85%	98%	76%
<i>Klebsiella pneumoniae</i>	1192	94%	96%	94%	46%	86%
<i>Proteus mirabilis</i>	580	92%	99%	86%	0%	83%
<b>Cum. % Susceptible</b>		<b>94%</b>	<b>97%</b>	<b>86%</b>	<b>82%</b>	<b>78%</b>

- **The table below provides alternatives to fluoroquinolones in patients who require treatment for symptomatic urinary tract infections.**

NMH Treatment Guidelines			
First line:	IV	Cefazolin 2 g every 8 hours	5-7 days
	PO	Nitrofurantoin 100 mg BID	5-7 days Contraindicated in CrCl < 30 mL/min
		Cephalexin 1 g BID	5-7 days
Second line:	PO	SMX/TMP 1 DS tab BID	3 days

Antimicrobial Stewardship Personnel are always available for questions or assistance:

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