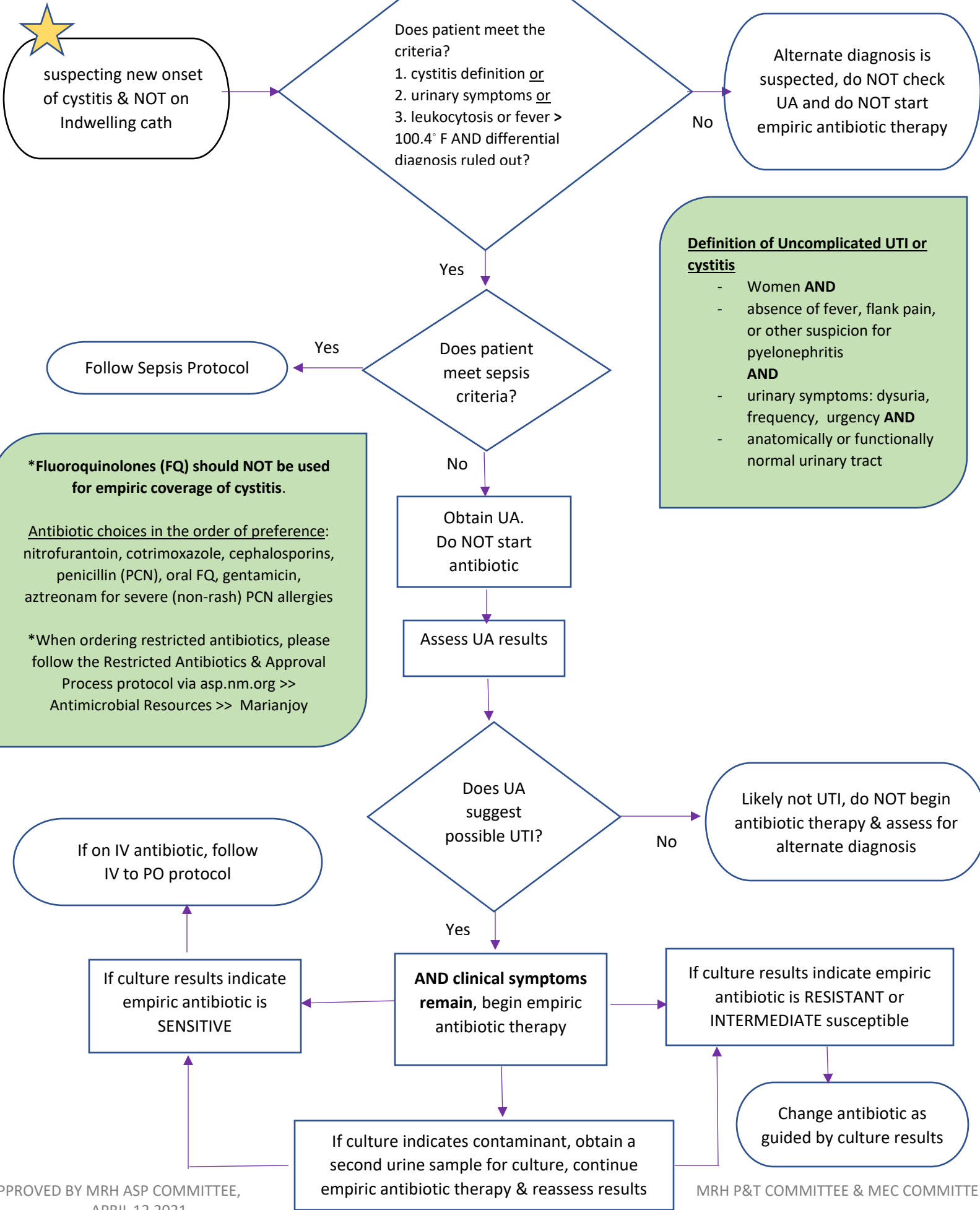


MRH UTI Decision Tree – Uncomplicated or Cystitis

IDSA Uncomplicated Cystitis & Pyelonephritis



★
suspecting new onset of cystitis & NOT on Indwelling cath

Does patient meet the criteria?
1. cystitis definition or
2. urinary symptoms or
3. leukocytosis or fever > 100.4° F AND differential diagnosis ruled out?

Alternate diagnosis is suspected, do NOT check UA and do NOT start empiric antibiotic therapy

Definition of Uncomplicated UTI or cystitis

- Women **AND**
- absence of fever, flank pain, or other suspicion for pyelonephritis **AND**
- urinary symptoms: dysuria, frequency, urgency **AND**
- anatomically or functionally normal urinary tract

***Fluoroquinolones (FQ) should NOT be used for empiric coverage of cystitis.**

Antibiotic choices in the order of preference:
nitrofurantoin, cotrimoxazole, cephalosporins, penicillin (PCN), oral FQ, gentamicin, aztreonam for severe (non-rash) PCN allergies

*When ordering restricted antibiotics, please follow the Restricted Antibiotics & Approval Process protocol via asp.nm.org >> Antimicrobial Resources >> Marianjoy

Follow Sepsis Protocol

Obtain UA. Do NOT start antibiotic

Assess UA results

Does UA suggest possible UTI?

Likely not UTI, do NOT begin antibiotic therapy & assess for alternate diagnosis

AND clinical symptoms remain, begin empiric antibiotic therapy

If culture results indicate empiric antibiotic is SENSITIVE

If culture results indicate empiric antibiotic is RESISTANT or INTERMEDIATE susceptible

Change antibiotic as guided by culture results

If culture indicates contaminant, obtain a second urine sample for culture, continue empiric antibiotic therapy & reassess results

If on IV antibiotic, follow IV to PO protocol