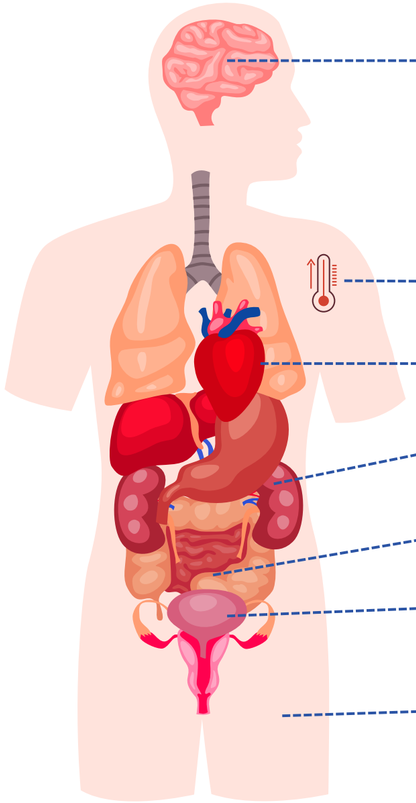
SHOULD THIS PATIENT BE EVALUATED FOR A URINARY TRACT INFECTION?*

Signs/Symptoms of UTI



- New onset mental status changes with leukocytosis (>10,000 cells/mm^3), hypotension (< 90 SBP), or ≥ 2 SIRS criteria)
- Fever^ or rigors
- Autonomic dysreflexia^^
- Costovertebral angle/flank pain or tenderness
- Suprapubic pain or tenderness
- Urgency, frequency, dysuria^^^ or acute hematuria
- Increased spasticity^^

^Fever in age 65+: >37.8C, Fever in age 18-64: >38.0C

^^In patients with spinal cord injury

^^^Without indwelling catheter present

Does the patient have any UTI signs/symptoms *without alternate explanation*?

YES

-Send UA and, if positive, send Urine Culture**
-Document indication for sending urine culture
-Start empiric therapy (see reverse side)

NO

DO NOT send urine testing

*Symptom-based screening may not be reliable in the in the setting of urinary diversion. Additionally, please use your clinical judgement in patients with severe sepsis/septic shock or with baseline cognitive or functional impairment with new functional decline or falls who are hemodynamically unstable without alternative etiology.

**Urine culture alone is appropriate for febrile neutropenia and ASB screening for pregnancy or prior to urologic procedures.

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EMPIRIC THERAPY BASED ON CLASSICATION OF URINARY TRACT INFECTION

Empiric choices should take into account previous cultures, antibiotic allergies, local antibiotic susceptibilities, and severity of illness. If urine culture is negative & patient was on antibiotics at the time of culture & patient has symptoms (see graphic on the reverse side), it may be appropriate to treat.

Category		Preferred Empiric Therapy**	Alternatives
Asymptomatic Bacteriuria* Defined as having **none** of the UTI signs/symptoms listed on reverse side		Treatment indicated during pregnancy and prior to urologic procedures	
Uncomplicated UTI Infection limited to the bladder in male or female patients not meeting criteria for complicated UTI		5 days Nitrofurantoin 3 days Trimethoprim-sulfamethoxazole ≤ 5 days IV beta-lactam transitioned to any oral agent	1 dose Fosfomycin ≤ 7 days exclusively oral beta-lactam
Complicated UTI^	With infection extending beyond the bladder Includes pyelonephritis, bacteremia, and signs of systemic infection (e.g., fever, severe sepsis), may or may not have a catheter	Ceftriaxone 7 days duration is appropriate for most patients with rapid clinical improvement	Tailor oral stepdown to culture results
	Catheter Associated UTI (CA-UTI) No evidence of infection extending beyond the bladder indwelling Foley, suprapubic catheter, or intermittent straight catheter present	Ceftriaxone, Nitrofurantoin, Trimethoprim-sulfamethoxazole, or IV beta-lactam transitioned to any oral agent 7 days duration is appropriate for most patients with rapid clinical improvement	

**Refer to reverse side for conditions when symptom based screening may not be appropriate*
***Preferred therapies should reflect local antibiogram data for E.coli >80% susceptible*
^Without known prior resistance or shock

Follow culture results and de-escalate therapy based on final results and sensitivities.
For each antibiotic: Document indication and planned duration for all patients.
For more detail about these guidelines, please see the Guidelines for Treatment of UTIs published by HMS.