

Table 1. Empiric therapy of choice

Recommendations based on Antibiogram and National Guidelines		
UTI and Cystitis (Lower UTI), uncomplicated or complicated (stones, catheter in place)		
<b>1<sup>st</sup> line</b>	Nitrofurantoin 100 BID	<ul style="list-style-type: none"> <li>Avoid only if CrCL &lt; 30 ml/min; <a href="http://clinical.com/kinetics/crcl.aspx">clinical.com/kinetics/crcl.aspx</a></li> <li>Avoid if suspect pyelonephritis or prostatitis</li> <li>Make Day 3 switch if Proteus</li> </ul>
	Cephalexin 500 mg PO BID (QID if severe)	<ul style="list-style-type: none"> <li>Acceptable unless severe B-lactam allergy</li> <li>Low dose if CrCL low: 10-50 ml/min max does TID, &lt;10 max dose QD</li> <li>Make Day 3 switch if enterococcus, Pseudomonas</li> </ul>
<b>2<sup>nd</sup> line</b>	Doxycycline 100 mg PO BID	<ul style="list-style-type: none"> <li>Moderate coverage, safe</li> <li>Make Day 3 switch if Proteus, Pseudomonas, or Enterococcus</li> </ul>
	Bactrim 1 SS po BID or Bactrim 1 DS po BID	<ul style="list-style-type: none"> <li>SS if CrCL low (10-30 ml/min); DS if CrCL nl; avoid if CrCL &lt;10 ml/min</li> <li>Moderate coverage; (&gt;50% <i>E. coli</i> is resistant at Budd Terrace)</li> <li>Interactions on warfarin, follow K level</li> <li>Day 3 switch if non-susceptible</li> </ul>
<b>3<sup>rd</sup> line</b>	Fosfomycin 3g po sachet single dose	<ul style="list-style-type: none"> <li>Good coverage, especially if suspect Enterococcus, Pseudomonas</li> <li>Alert microbiology lab to test for susceptibility; may have poor insurance coverage</li> </ul>
Pyelonephritis (Upper UTI) or Severe Illness (high fever, nausea/vomiting, hypotension)		
<b>1<sup>st</sup> line</b>	Ceftriaxone IV/IM 1 g IV/IM dose and consider transfer or 1 g QD	<ul style="list-style-type: none"> <li>Safe if mild PCN allergy (i.e., rash), cross rxn low</li> <li>Patient needing other intravenous antibiotics (severe b-lactam allergy) such as aminoglycosides consider transfer and careful dosing.</li> </ul>
<b>2<sup>nd</sup> line</b>	Bactrim (after ceftriaxone)	See above
	Ciprofloxacin 250 or 500 PO BID (400 IV BID) or Levofloxacin 750 PO QD and consider transfer	<ul style="list-style-type: none"> <li>Low dose if CrCl &lt;30 ml/min</li> <li>If unable to transfer and unable to tolerate Bactrim</li> <li>Or severe symptoms; review culture to confirm susceptible</li> <li>QTc prolonging potential in combination with anti-psychotics and anti-emetics here.</li> </ul>

Table 2. Estimated percentage of all Pathogens causing UTI that are Susceptible to select antibiotics and safety in terms of *C. difficile* risk, and tolerability

Characteristic of Antibiotic	Empiric Oral Therapy for <b>uncomplicated UTI</b> in Budd Terrace Resident					
	Nitrofurantoin	Cephalexin	Bactrim	Doxycycline	Amp-sulbactam	Levofloxacin
Relative Safety regarding <i>C. difficile</i>	Safe	Mod Safe	Safe	Safe	Mod Safe	Not Safe
Tolerability	Good in most patients; Only avoid if CrCl <30 ml/min		Avoid warfarin Renal dosing			Avoid use for uncomplicated UTI; o.k. if @risk for Pseudomonas Danger of QT prolongation