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)		
1st line	Nitrofurantoin 100 BID	• Avoid only if CrCL < 30 ml/min; clincalc.com/kinetics/crcl.aspx • Avoid if suspect pyelonephritis or prostatitis • Make Day 3 switch if Proteus
	Cephalexin 500 mg PO BID (QID if severe)	• Acceptable unless severe B-lactam allergy • Low dose if CrCL low: 10-50 ml/min max does TID, <10 max dose QD • Make Day 3 switch if enterococcus, Pseudomonas
2nd line	Doxycycline 100 mg PO BID	• Moderate coverage, safe • Make Day 3 switch if Proteus, Pseudomonas, or Enterococcus
	Bactrim 1 SS po BID or Bactrim 1 DS po BID	• SS if CrCL low (10-30 ml/min); DS if CrCL nl; avoid if CrCL <10 ml/min • Moderate coverage; (>50% *E. coli* is resistant at Budd Terrace) • Interactions on warfarin, follow K level • Day 3 switch if non-susceptible
3rd line	Fosfomycin 3g po sachet single dose	• Good coverage, especially if suspect Enterococcus, Pseudomonas • Alert microbiology lab to test for susceptibility; may have poor insurance coverage
Pyelonephritis (Upper UTI) or Severe Illness (high fever, nausea/vomiting, hypotension)		
1st line	Ceftriaxone IV/IM 1 g IV/IM dose and consider transfer or 1 g QD	• Safe if mild PCN allergy (i.e., rash), cross rxn low • Patient needing other intravenous antibiotics (severe b-lactam allergy) such as aminoglycosides consider transfer and careful dosing.
2nd line	Bactrim (after ceftriaxone)	See above
	Ciprofloxacin 250 or 500 PO BID (400 IV BID) or Levofloxacin 750 PO QD and consider transfer	• Low dose if CrCl <30 ml/min • If unable to transfer and unable to tolerate Bactrim • Or severe symptoms; review culture to confirm susceptible • QTc prolonging potential in combination with anti-psychotics and anti-emetics here.

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

	Empiric Oral Therapy for **uncomplicated UTI** in Budd Terrace Resident					
Characteristic of Antibiotic	Nitrofurantoin	Cephalexin	Bactrim	Doxycycline	Amp-sulbactum	Levofloxacin
Relative Safety regarding *C. difficile*	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