

EMPIRIC CHOICE

- ✦ **Asymptomatic bacteriuria** – no treatment (except in pregnancy, prior to invasive urological procedures or within 6 months of renal transplant (see [FAQ page](#)))
- ✦ **Uncomplicated UTI (cystitis)** – refer to Toronto Central [LHIN guidelines](#)
- ✦ **Complicated UTI/Pyelonephritis** – refer to Toronto Central [LHIN guidelines](#)
- ✦ **Sepsis from Urinary source and risk factors for multi-drug resistant organism** – piperacillin-tazobactam + gentamicin/tobramycin 5 mg/kg IV x1 dose (alternative: meropenem monotherapy)

ALTERNATIVES FOR ALLERGIES

- ✦ Select an option from the suggested list by moving down through choices and consider ID consult if cannot use 1st-3rd line regimen

TOP FIVE ORGANISMS

- ✦ Enterobacteriaceae (*E. coli*, *P. mirabilis*, *K. pneumoniae*), *Enterococcus* spp, *S. saprophyticus*

CURRENT RESISTANCE ISSUES

- ✦ Urinary isolates of *E. coli* resistance to ciprofloxacin exceeds or approaches 20% (range 18% - 58%) across UHN/SHS limiting its usefulness as an empiric choice
- ✦ Fosfomycin 3g PO single dose is an alternative option in cases of cystitis caused by MDR pathogens

IMMUNOCOMPROMISED HOST CONSIDERATION

- ✦ Within 6 months of kidney transplant, treat asymptomatic bacteriuria as pyelonephritis. Consider consulting ICH ID.

ADDITIONAL DIAGNOSTIC AND THERAPEUTIC COMMENTS

- ✦ The addition of ampicillin should be based on a) prior known urine colonization with enterococcus, b) clinical stability of patient – add in treatment of septic patients until culture results available