SHS + UHN ASP ANTIMICROBIAL STEWARDSHIP PROGRAM

Urinary Tract Infection

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

- Enterobacteriacea *(E. coli, P.mirabilis, K. pneumoniae), Enterococcus* spp, *S. saphrophyticus*

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