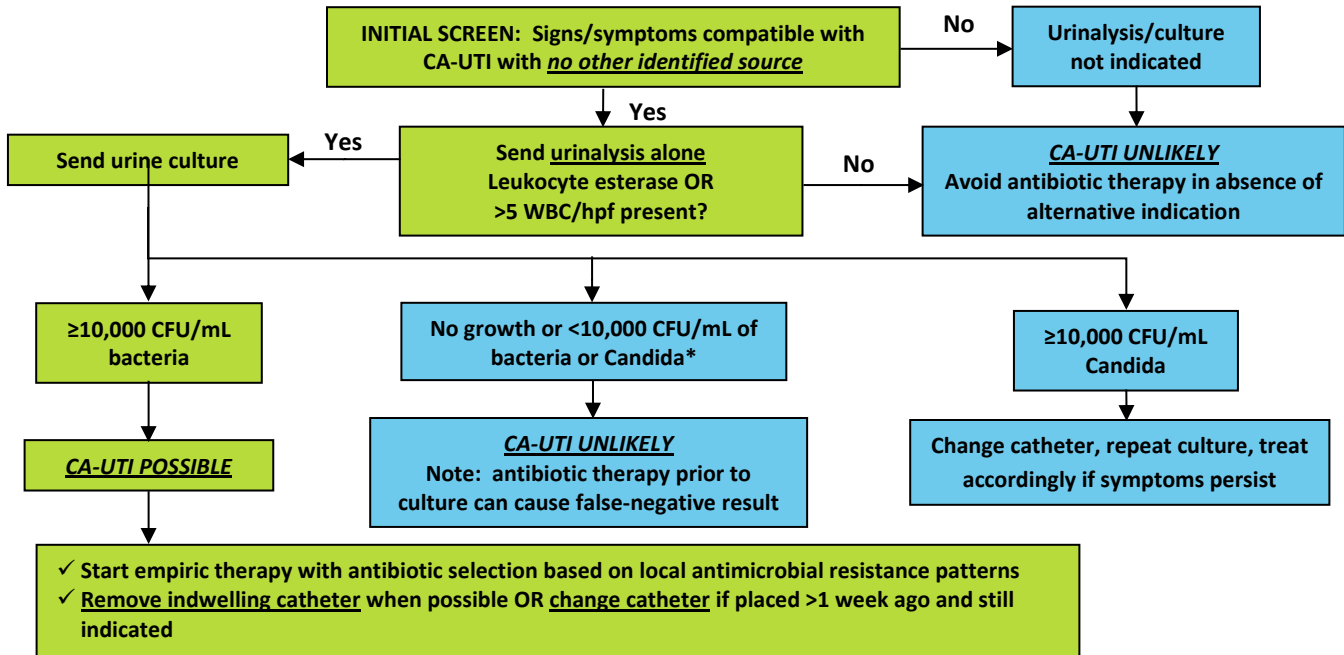


Guideline for the Management of Catheter-Associated Urinary Tract Infection (CA-UTI) and Bacteriuria in Non-Pregnant Adults

<p>Key Points to Optimize Antibiotic Use for CA-UTI</p> <ul style="list-style-type: none"> Do not obtain urinalysis or culture unless signs and symptoms compatible with CA-UTI are present Do not treat pyuria (>5 WBC/hpf) and/or bacteriuria in the absence of signs or symptoms of infection Use the narrowest spectrum antibiotic possible based on culture results as below Treat for the shortest recommended duration of therapy as below 	<p>Signs and Symptoms Compatible with CA-UTI</p> <ul style="list-style-type: none"> New onset / worsening fever Rigors Altered mental status Flank pain Costovertebral angle tenderness Acute hematuria Pelvic discomfort Malaise / lethargy <p>If catheter removed: dysuria, frequency, urgency, suprapubic pain / tenderness</p>
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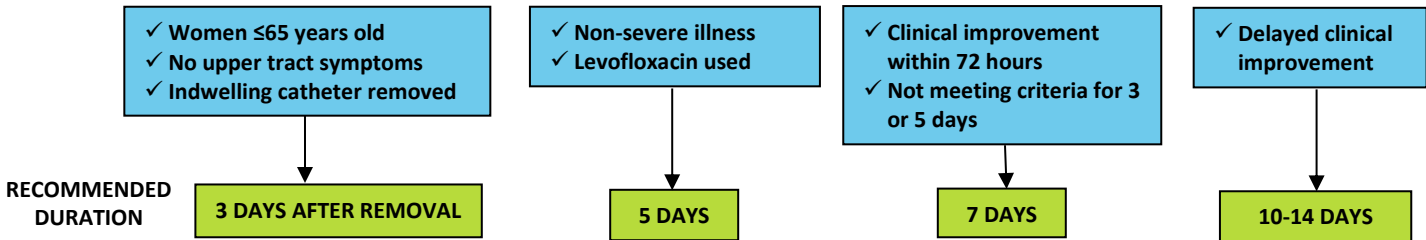
STEP 1: Determine if indication for antibiotic therapy exists. Pyuria and/or bacteriuria/candiduria without infection are common in patients with indwelling catheters. Do not treat unless compatible signs and symptoms.



STEP 2: When infecting pathogen identified, change therapy to narrowest-spectrum agent possible (prioritize tier 1→2→3) based on susceptibility results. Note: antibiotics listed below are not inclusive of all potential choices.

<p>1st Tier: Narrow-Spectrum Agents</p> <p>Cefazolin (IV) Ampicillin (IV) Trimethoprim-sulfamethoxazole (PO) Amoxicillin (PO) Cephalexin (PO)</p>	<p>2nd Tier: Broad-spectrum agents, no activity against <i>P. aeruginosa</i></p> <p>Ceftriaxone (IV) Ampicillin-sulbactam (IV) Cefpodoxime (PO) Amoxicillin-clavulanate (PO)</p>	<p>3rd Tier: Broad-spectrum agents, with activity against <i>P. aeruginosa</i></p> <p>Levofloxacin, ciprofloxacin (IV or PO) Cefepime (IV) Imipenem, meropenem, doripenem (IV) Piperacilin – tazobactam (IV) Gentamicin, amikacin, tobramycin (IV)</p>
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STEP 3: Select shortest recommended duration of therapy. All criteria must be met for each given duration.



Disclaimer: This is intended only as a guide for evidence-based decision-making; it is not intended to replace clinical judgment. Assess for antibiotic allergies and renally dose agents as appropriate.
Reference: Diagnosis, Prevention, and Treatment of Catheter-Associated Urinary Tract Infection in Adults: 2009 International Clinical Practice Guidelines from the Infectious Diseases Society of America. *Clin Infect Dis* 2010; 50:625–663

