

Urinary Tract Infections – Clinician Guide

Diagnosis¹⁻³

- Uncomplicated UTI: Infection of the bladder; acute onset of dysuria (painful urination), frequent need to urinate, and an urgent need to urinate. Telemedicine appropriate.
- Complicated UTI: Infection of the kidney; fevers, chills, emesis, and flank pain, in addition to the symptoms of cystitis; UTIs in immunocompromised patients, males, pregnancy, and those associated urinary obstruction (e.g., stones) or urinary catheters.⁴

Populations for Whom In-Person Visits Are Preferred

- Symptoms more consistent with complicated UTI.¹⁻⁴
- Children: Exclude alternative diagnoses (e.g., appendicitis), urologic abnormalities, insertion of foreign bodies, sexual abuse.
- Non–sexually active adolescent females: Exclude urologic abnormalities, sexual abuse.
- Adolescent or adult males: Exclude urologic abnormalities, epididymitis, prostatitis, sexually transmitted infections.
- Elderly people with mental status changes: Exclude alternative diagnoses (e.g., electrolyte abnormalities, dehydration, intracranial bleed).⁵⁻⁶
- People at risk for complicated UTIs (e.g., renal transplant recipient, pregnant female, indwelling or intermittent genitourinary hardware, kidney stones).

Treatment

- Review previous urine culture and antibiotic susceptibility results, insurance coverage, and availability in patient-preferred pharmacy to guide antibiotic therapy.
- Supportive care options: hydration (6–8 cups of water per day), acetaminophen, ibuprofen, urinary analgesics (e.g., Azo Standard®, Pyridium®).
- Preferred options for uncomplicated cystitis:¹
 - Nitrofurantoin (Macrobid®) 100 mg orally twice daily for 5 days⁷⁻⁹
 - Trimethoprim-sulfamethoxazole (Bactrim® or Septra®) 1 double-strength tablet (160 mg/800 mg) orally twice daily for 3 days¹⁰
- Select alternative oral options:
 - Cephalexin 500 mg four times a day for 5 days
 - Cefadroxil 500 mg twice daily for 5 days
 - Cefpodoxime 100 mg twice daily for 5 days
 - Cefdinir 300 mg twice daily for 5 days
 - Fosfomycin 3 grams orally as a single dose; mix powder in 3–4 ounces of cool water
 - Pivmecillinam 400 mg twice daily for 5 days

Followup

- Test of cure urine culture (i.e., urine culture after treatment) not necessary in the absence of ongoing clinical symptoms
- Patients not improving by day 3, developing symptoms concerning for flank pain or fevers, or generally are feeling more ill should seek in-person medical attention

References

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