**Note to Attending Physician/Prescriber**

Resident: DOB:

Care Center: Station: Room: Bed:

Physician/Prescriber:

 MRR Date:

This resident is currently receiving [drug, dose, frequency] prescribed for [number] days for treatment of [cystitis / pyelonephritis / catheter-associated UTI / complicated UTI]. Based on current guidelines from Infectious Diseases Society of America for treatment of [cystitis / pyelonephritis / catheter-associated UTI / complicated UTI], the prescribed duration of therapy is [longer / shorter] than the recommended [number] days.

**Physician / Prescriber Response**

[ ]  AGREE. Please select one of the following options:

 [ ]  Discontinue antibiotic

 [ ]  Change duration of therapy to days

[ ] DISAGREE. Please specify reason:

Signature: Date:

Reference (depends on which syndrome was selected):

**For uncomplicated cystitis or pyelonephritis:**

* Gupta K, *et al*. International Clinical Practice Guidelines for the Treatment of Acute Uncomplicated Cystitis and Pyelonephritis in Women: A 2010 Update by the Infectious Diseases Society of America and the European Society for Microbiology and Infectious Diseases. Clin Infect Dis 2011;52:e103-20.
* Erba L, et al. Short vs long-course antibiotic therapy in pyelonephritis: a comparison of systematic reviews and guidelines for the SIMI choosing wisely campaign. *Internal and Emergency Medicine*. 2021;16(2):313-323

Uncomplicated Cystitis (specific reference on duration should appear based on antibiotic used)

*Nitrofurantoin*: “Nitrofurantoin monohydrate/macrocrystals (100 mg twice daily for 5 days) is an appropriate choice for therapy…” (p. e105)

*TMP/SMX*: “Trimethoprim-sulfamethoxazole (160/800 mg [1 double-strength table] twice-daily for 3 days) is an appropriate choice for therapy…” (p. e105)

*Fosfomycin*: “Fosfomycin tromethamine (3g in a single dose) is an appropriate choice for therapy…” (p. e105)

*Fluoroquinolones:* “The fluoroquinolones, ofloxacin, ciprofloxacin, and levofloxacin, are highly efficacious in 3-day regimens but have a propensity for collateral damage and should be reserved for important uses other than acute cystitis and thus should be considered alternative antimicrobials for acute cystitis.” (p. e105)

*Beta-lactams:* “Beta-lactam agents, including amoxicillin-clavulanate, cefdinir, cefaclor, and cepodoxime in 3–7-day regimens are appropriate choices for therapy…” (p. e105)

Pyelonephritis (specific reference on duration should appear based on antibiotic used)

*Fluoroquinolones:* “Oral ciprofloxacin (500 mg twice daily) for 7 days or levofloxacin (750 mg for 5 days) … is an appropriate choice for therapy …where the prevalence of resistance of community uropathogens to fluoroquinolones is not known to exceed 10%.” (p. e105)

*TMP/SMX:* “Oral trimethoprim-sulfamethoxazole (160/800 mg [1 double-strength tablet] twice-daily for 7 to 10 days) is an appropriate choice for therapy…” (p. e105)

*Oral beta-lactams*: “…guideline recommendation for a duration of therapy of 7 to 14 days for treatment of pyelonephritis with a beta-lactam agent.” (p. e105)

**For catheter-associated UTI:**

Hooton TM, *et al*. 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;50:625-63.

“Seven days is the recommended duration of antimicrobial treatment for patients with CA-UTI who have prompt resolution of symptoms, and 10-14 days of treatment is recommended for those with delayed response, regardless of whether the patient remains catheterized or not.” (p. 629)

**For complicated UTI including cystitis in men:**

Infectious Diseases Society of America do not have specific guidelines for treatment of complicated UTI but they do have guidelines on UTI treatment for patients with indwelling catheter which falls under the category of complicated UTI. The citation for this guideline is listed below:

Hooton TM, *et al*. 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;50:625-63.

“Seven days is the recommended duration of antimicrobial treatment for patients with CA-UTI who have prompt resolution of symptoms, and 10-14 days of treatment is recommended for those with delayed response, regardless of whether the patient remains catheterized or not.” (p. 629)

Additionally, in a study published in 2013 (cited below), no benefit was noticed for more than 7 days of UTI treatment with TMP/SMX and Ciprofloxacin when evaluating male veterans who were treated for UTI in the clinic.

“…compared with short-duration treatment (≤7 days), longer-duration treatment (>7 days) exhibited no association with a reduced risk for early or late recurrence” (p. 66)

A retrospective study published in 2019 failed to show a decreased rate of recurrence in non-febrile UTI when comparing ≤7 days vs > 7 days of treatment. The study included different antibiotic classes including quinolones, TMP/SMX, nitrofurantoin, and β-lactam

* Drekonja DM, Rector TS, Cutting A, Johnson JR. Urinary tract infection in male veterans: treatment patterns and outcomes. JAMA Intern Med 2013;173:62-8.
* Germanos GJ, Trautner BW, Zoorob RJ, et al. No Clinical Benefit to Treating Male Urinary Tract Infection Longer Than Seven Days: An Outpatient Database Study. *Open Forum Infectious Diseases*. 2019;6(6)