IS IT UNCOMPLICATED?

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BC Centre for Disease Control
Provincial Health Services Authority

Be Antibiotic Wise with UTIs

Urinary tract infections (UTIs) are considered complicated or uncomplicated based on both anatomical and functional factors:

UNCOMPLICATED UTI

General patient profile

Under 55 years old healthy woman/ female anatomy

Treatment note

Short-course oral antibiotics are typically effective.

COMPLICATED UTI

General patient profile

- Pregnant person
- Over 55 years old woman/female anatomy
- Male anatomy
- Abnormality of the urinary tract
- Neurogenic bladder
- Chronic catheterization/ indwelling catheters
- Urinary obstruction
- UTI symptoms > 7 days
- Recurrent UTI
- Person with diabetes mellitus
- Symptoms of upper UTI (pyelonephritis)

Treatment note

May require longer-duration antibiotics, consideration of intravenous therapy, and management of underlying conditions or anatomical abnormalities.

Uncomplicated UTI empiric therapy

First line

- Nitrofurantoin 100 mg PO BID for 5 days
- Alternative (Creatinine clearance <40 ml/ min or intolerance/allergy to nitrofurantoin): Fosfomycin 3 g PO x 1 dose

Second line

Trimethoprim 160 mg/ Sulfamethoxazole 800 mg (TMP/SMX) tab PO BID for 3 days

Visit bugsanddrugs.org for latest treatment recommendations.

To culture or not to culture?

Urine culture and sensitivity (C&S) are usually not necessary to manage uncomplicated UTIs. However, C&S are helpful and may be considered in the following situations:

- Recurrent UTI within 1 year or failure to respond to empiric treatment
- Symptoms of pyelonephritis (upper UTI)
- UTI symptoms in someone with chronic indwelling catheter

Asymptomatic bacteriuria

For patients who have a positive urine culture but **DO NOT** have symptoms of a urinary tract infection, **NO TREATMENT** is indicated.

EXCEPTIONS

Urine culture and sensitivity (C&S) should be performed for:

- Pregnant people
- Individuals undergoing a urological procedure associated with mucosal trauma

Asymptomatic bacteriuria in these populations **SHOULD BE TREATED** with antibiotics.

Prevention tips for your patients

- Empty your bladder as much as you can each time you go to the toilet
- Practice proper bathroom hygiene
  - Female anatomy: wipe from front to back
  - Male anatomy: ensure the tip of the penis is clean, including the foreskin
- Urinate before and after intercourse
- Stay hydrated (drink more water)