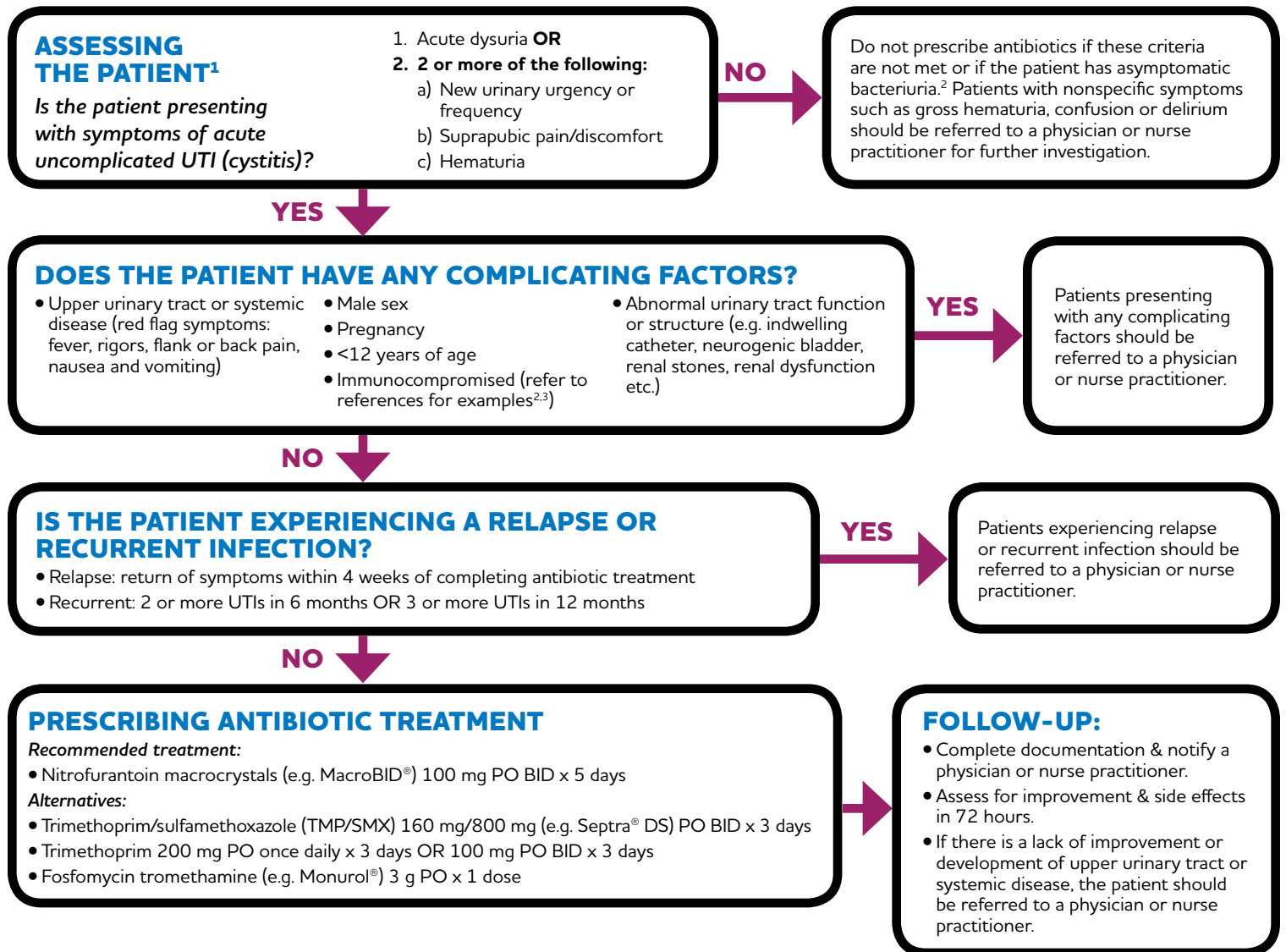


# Assessment & Prescribing Algorithm for UNCOMPLICATED URINARY TRACT INFECTION (CYSTITIS)



## PREScribing CONSIDERATIONS:

- Urine cultures are not recommended for acute uncomplicated cystitis. *E. coli* is the most common infecting organism (80–90%). In Ontario, the rates of *E. coli* resistance are ~3% for nitrofurantoin and ~20% for TMP-SMX. Refer to the Ontario Urinary Antibigram for regional susceptibility rates.<sup>4</sup>

- While the rates of *E. coli* resistance for fosfomycin in Ontario are low, one study comparing fosfomycin to nitrofurantoin found it to be inferior.<sup>5</sup>
- Children ≥ 12 years of age may require weight-based dosing; fosfomycin is not indicated for patients < 18 years of age.
- Consider patient's allergies & intolerances, recent antimicrobial use in last 3 months,

previous culture results if known, renal function and other medications. Elderly patients may be at increased risk of drug-drug interactions (e.g. hyperkalemia due to concomitant use of TMP-SMX and ACE-I/ARBs, etc.).<sup>6</sup>

- Prolonged durations of therapy are not recommended for uncomplicated cystitis. Shorter courses have similar efficacy with lower risk of side effects, antibiotic resistance, and *C. difficile*.

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