Suspected Cystitis

**Symptoms:**
- dysuria
- increased urinary frequency
- suprapubic pain
- cloudy/foul smelling urine or hematuria
- fever with any of above symptoms

**Yes**
- Obtain urine dipstick/urinalysis
- If systemic symptoms: Blood count, chemistry, blood cultures

**Urinalysis criteria:**
- urine microscopic >5 WBC
- leukocyte esterase positive
- nitrite positive

**NO**
- No treatment unless: neutropenic, pregnant, pending urological procedure or history of renal transplant

**All medication doses assume normal renal function (GFR>60)**

**Empiric Therapy**
- cefuroxime 250-500 mg PO Q12H x 7 days
  OR nitrofurantoin 100 mg PO Q12H x 5 days (GFR>60 only)
  OR fosfomycin 3g x 1 dose (can use if history ESBL organisms)

**Likely Pathogens**
- E. coli- (85%)
- S. saprophyticus
- Enterococci (males>females)
- Enterobacteriae

**If concerns for pyelonephritis (rigors, CVA tenderness):**
- ceftriaxone 1g IV Q24 hours
- Beta-lactam Allergy
- ciprofloxacin 400 mg IV Q12H
- consider addition of aminoglycoside

**NO**
- Any of the following?
  - Neutropenia
  - Active pregnancy
  - Pending urologic procedure
  - History of renal transplant

**No treatment indicated**

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This chart is a summary of the combined practice patterns of multiple members of the Division of Infectious Diseases faculty of the University of Pittsburgh School of Medicine. It draws from published studies, local and national guidelines, and hospital policies. As such, it is not recommendations for treatment of any specific condition or patient and should not be used as such. It does not replace local or regional guidelines, and do not represent the position of the University of Pittsburgh School of Medicine.