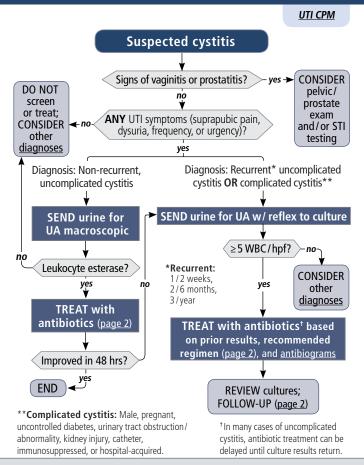


## **Treatment of Cystitis**



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## **Treatment of Cystitis**



## UTI CPM

Other diagnoses (cystitis mimics)			
<ul> <li>Vaginitis/atrophic va</li> <li>Urethral stricture</li> <li>Irritant contact derm</li> </ul>	• STI •	Interstitial cystitis Overactive bladder Bladder diverticulum	
Recommended antibiotics for cystitis			
Antibiotic	Instructions	Notes	
nitrofurantoin monohydrate <sup>1</sup> (Macrobid)	100 mg orally 2 times per day for 5 days uncomplicated; 7 days complicated	<b>CONSIDER</b> use if CrCl is 30–60 mL/min; <b>AVOID</b> use if CrCl < 30 mL/min.	
Alternatives			
cephalexin <sup>1</sup>	500 mg orally 4 times per day for 7 days		
trimethoprim (TMP)/ sulfamethoxazole (SMX) DS	160 mg TMP/800 mg SMX orally 2 times per day for 3 days uncomplicated; 7 days complicated		
ciprofloxacin	500 mg orally 2 times / day; 7 days; complicated <sup>2</sup>		
fosfomycin	3 g orally once, uncomplicated		
1 Not recommended for prostatitic			

1. Not recommended for prostatitis

2. FDA warning against use in uncomplicated cystitis, only use if lack alternative

REVIEW culture results and FOLLOW UP			
Patient improving	Patient NOT improving		
	Culture is <b>susceptible</b> to current antibiotic	Culture is <b>resistant</b> to current antibiotic	
<b>COMPLETE</b> current antibiotic regimen regardless of reported antibiotic susceptibility.	<ul> <li>CONSIDER cystitis mimics.</li> <li>REPEAT urine culture; while waiting, if cystitis mimics are ruled out, INITIATE change in antibiotic therapy based on culture results.</li> </ul>	<ul> <li>INITIATE change in antibiotic therapy</li> <li>TARGET organism according to culture results.</li> </ul>	

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