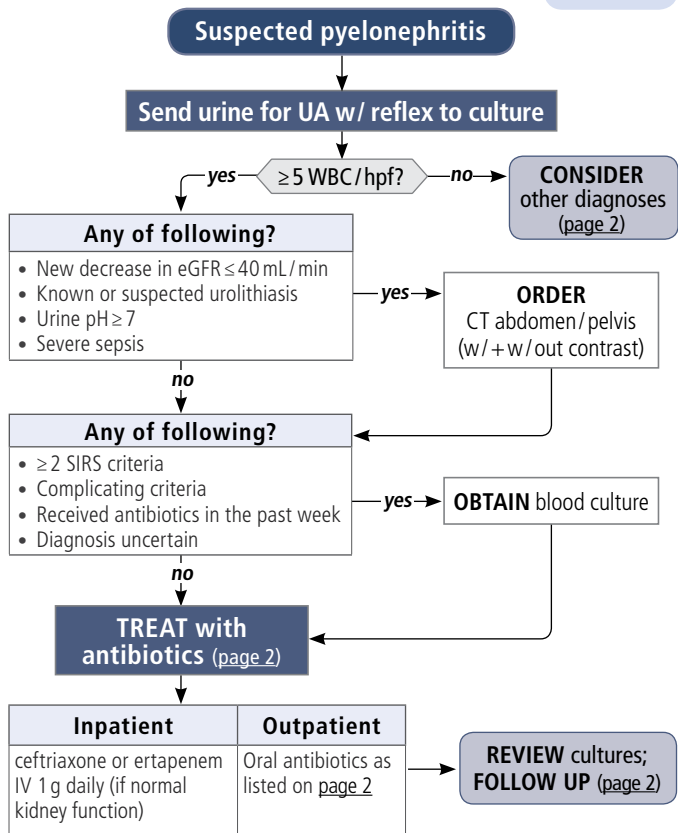


Treatment of Pyelonephritis (including UTI with fever)

UTI CPM



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UTI CPM

Other diagnoses (Pyelonephritis mimics)

- Cholecystitis
- Appendicitis
- Urolithiasis
- Pancreatitis
- Renal vein thrombosis
- Pelvic inflammatory disease (PID)
- Lower lobe pneumonia
- Paraspinous muscle disorder

Antibiotics for pyelonephritis

Antibiotic	Dosage and frequency
USE ceftriaxone one time and then prescribe an oral antibiotic	
ceftriaxone*	1 g IV or IM one time
Oral antibiotics	
cephalexin**	500 mg orally 4 times per day for 10 days (uncomplicated); 14 days (complicated [†])
trimethoprim (TMP)/ sulfamethoxazole (SMX) DS	160 mg TMP/800 mg SMX orally 2 times per day for 10 days (uncomplicated); 14 days (complicated [†])
ciprofloxacin	500 mg orally 2 times per day for 7 days (uncomplicated); 10 days (complicated [†])

* Ertapenem (1 g IV or IM one time) if severe cephalosporin allergy or history of ESBL.

** Balance risk/benefit. Cephalexin less effective, but has lower rates of resistance.

[†] Complicated: Male, pregnant, uncontrolled diabetes, urinary tract obstruction/ abnormality, kidney injury, catheter, immunosuppressed, or hospital-acquired.

REVIEW culture results and FOLLOW UP

Patient improving	Patient NOT improving	
COMPLETE current antibiotic regimen unless bacteremia is present, then ADJUST antibiotic based on results.	Culture is susceptible to current antibiotic	Culture is resistant to current antibiotic
	<ul style="list-style-type: none"> • CONSIDER pyelonephritis mimics. • REPEAT urine culture; while waiting, if pyelonephritis mimics are ruled out, INITIATE change in antibiotic therapy based on culture results. 	<ul style="list-style-type: none"> • INITIATE change in antibiotic therapy. • TARGET organism according to culture results.