Example 4.4 Sharp Coronado Hospital and Villa Long Term Antibiotic Initiation Guidelines

**Urinary Tract Infections**

**Criteria for antibiotic initiation**

- **Catheter**
  - Or within 48 hours after discontinuing a catheter
  - One of the following:
  - Fever, rigors, or new-onset hypotension, with no alternate site of infection
  - Either acute change in mental status or acute functional decline, with no alternate diagnosis plus leukocytosis
  - New-onset suprapubic pain or costovertebral angle pain or tenderness
  - Purulent discharge from around the catheter
  - **In Males:**
    - Acute pain, swelling, or tenderness of the testes, epididymis, or prostate

- **No catheter**

  - Dysuria alone or Fever or leukocytosis plus one of the following:
    - Acute costovertebral angle pain or tenderness
    - Suprapubic pain
    - Gross hematuria
    - New or marked increase in incontinence, urgency, frequency

  - If no fever or leukocytosis, must have at least two of the following:
    - Suprapubic pain
    - Gross hematuria
    - New or marked increase in incontinence, urgency, frequency

**Fever:**
- Single oral temperature >38.3°C (>101°F) OR
- Repeated oral temperatures >38°C (100.4°F) or rectal temperatures >__°C (____°F) OR
- Single temperature >1.1°C (2°F) over baseline at any site (oral, tympanic, axillary)

**Leukocytosis**
- Neutrophilia (>14k cells/mm³) OR
- Left shift (>6% bands or ≥1,500 bands/mm³)

**Acute change in mental status** *(All must be present)*
- Acute onset, fluctuating course, inattention, AND either disorganized thinking or altered level of consciousness
- Rule out dehydration, hypoxia and medication causes before considering infection

**+ Urine culture & pyuria:**
- Required for continued antibiotic therapy
- >10⁶ organisms (of ≤2 species) in non-catheterized patients or >10⁵ organisms in catheterized patients
- No repeat cultures after therapy, due to the prevalence of asymptomatic bacteruria in LTCF

Reference:

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