ACUTE UNCOMPLICATED URINARY TRACT INFECTION IN WOMEN (CYSTITIS)

**Assess patient factors**
- Pregnant
- Immunocompromised (disease state or medications)
- Abnormal urinary tract structure or function (e.g. indwelling catheter, obstruction, neurogenic bladder)
- Taking a medication associated with cystitis symptoms
- Renal impairment
- Two or more culture-proven episodes in last 6 months or three or more in last 12 months *(if prophylaxis desired)*
- History of interstitial cystitis? (see comment in guideline)
  - Male or Age <16

**Assess symptoms and red-flags**
- First UTI, no prior diagnosis of UTI by MD or NP
- Symptoms developed within four weeks of previous UTI treatment
  - Fever, chills, nausea, vomiting, flank or back pain, malaise
  - Vaginal discharge or pruritus
  - Dyspareunia
  - Significant hematuria

**Typical symptoms of UTI:**
dysuria, urinary frequency, urgency, absence of vaginal symptoms

**Previous intolerance to nitrofurantoin**
- Yes
  - Second line:
    - Sulfamethoxazole-trimethoprim 800/160 BID X 3 days
    - Trimethoprim 100 mg BID X 3 days
    - Trimethoprime 200 mg OD X 3 days
      - *Avoid above if used within previous 3 months*
  - Third line:
    - Fosfomycin 3g dissolved in 1/2 cup of cold water X 1 dose

**Follow-up in 3 days**
- Symptoms much improved or resolved
  - No
    - REFER
- Yes
  - REFER

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**First line:**
Nitrofurantoin mono/macroc 100mg (MacroBID) PO BID x 5 days