

When and How to Treat UTI Section 3: Antibiotic Timeout

On Behalf of the Wisconsin Healthcare-Associated (HAIs) in Long Term Care Coalition



UTI Toolkit – Module 4c

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There are Five Moments of Antibiotic Decision-Making

Should I Test?

Should I Treat?

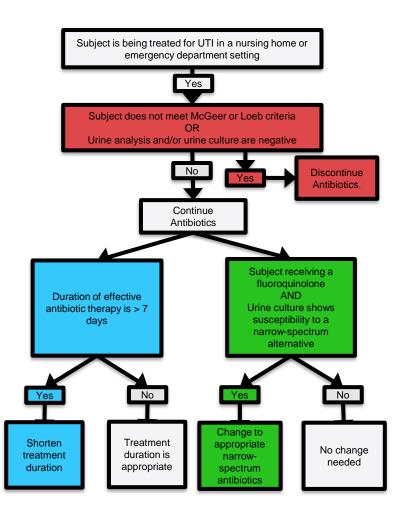
How do I Treat?

Should I Change/Modify?

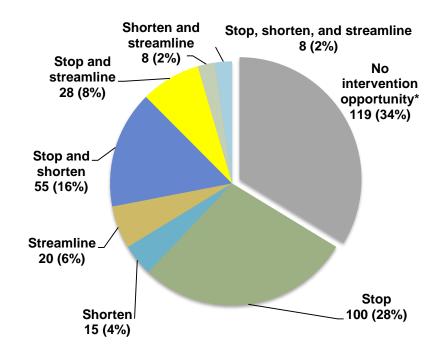
How Long do I Treat?



Opportunities to Modify Existing Antibiotic Therapy in NHs



- Record review study of 364 residents being treated for UTI in 5 Wisconsin NHs
- 2/3rds of the treatment courses amenable to some form or modification





What is an Antibiotic Timeout?

- A scheduled time for clinicians to re-evaluate the appropriateness of their resident's antibiotics.
- Typically performed 48-72 after starting antibiotic therapy and culture results (if obtained) are back.
- The CDC recommends this be done with every prescription, regardless of treatment location.
- Focus on the 3 "S's" (Stop, Spectrum, Shorten)



Stop

Spectrum



Stop

- If another explanation for resident change-in-condition identified
- If urine culture is negative

Spectrum



Stop

Spectrum



• Change to an antibiotic with activity against organism recovered



Stop

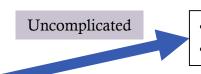
• De-escalate to narrow spectrum alternative (e.g., NFT, TMP/SMX)



Stop

Spectrum

Shorten



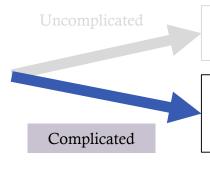
Females: 3-7 days

Males: 7 days



Stop

Spectrum



- Females: 3-7 days
- Males: 7 days
- TMP/SMX: 7-10 days
- Beta-lactams: 7-10 days
- Fluoroquinolones: 5-7 days



Stop

- If another explanation for resident change-in-condition identified
- If urine culture is negative

Spectrum

Resistance

• Change to an antibiotic with activity against organism recovered

No Resistance De-escalate to narrow spectrum alternative (e.g., NFT, TMP/SMX)

Shorten

Uncomplicated

• Females: 3-7 days

• Males: 7 days

Complicated

- TMP/SMX: 7-10 days
- Beta-lactams: 7-10 days
- Fluoroquinolones: 5-7 days