

Practice Safe Prescribing Techniques

Did You Know?

Asymptomatic bacteriuria should not be treated with antibiotics.

- A positive urinalysis for bacteriuria with or without pyuria and positive urine culture from hospitalized patients in the absence of urinary symptoms such as burning or frequent urination should not be treated with antibiotics.
- Treating asymptomatic bacteriuria increases cost burden, risk of *C.difficile* infection and emergence of resistance with no impact on morbidity or mortality.

The Infectious Diseases Society of America (IDSA) *Guidelines for the Diagnosis and Treatment of Asymptomatic Bacteriuria in Adults* references exceptions including pregnant patients and patients undergoing prostate surgery or other invasive urological surgery.

Broad-spectrum antibiotics are unnecessary for mild to moderate skin and soft tissue infections (SSTI).

- Nearly all non-purulent cellulitis is caused by streptococcal species. Recommended antibiotics for the hospitalized patient targeting such infection are penicillin, cefazolin, clindamycin and ceftriaxone.
- For mild purulent SSTI, incision and drainage is sufficient. For moderate purulent SSTI, incision and drainage with culture and sensitivity and empiric therapy with bactrim or doxycycline is recommended.

Upper respiratory tract infections should not be treated with empiric antibiotics used for Community-Acquired Pneumonia (CAP).

Hospitalized patients are often given antibiotics for pneumonia in absence of clear findings on a chest X-ray and constitutional symptoms of cough or fever. Many of these patients have a viral upper respiratory tract infection that is best managed without antibiotics. Exposing such patients to antibiotics increases cost and risk of antimicrobial resistance, and may lead to poor outcomes.

Avoid over-treatment for patients diagnosed with CAP.

A five- to seven-day antibiotic course is appropriate for patients with CAP who are improving. Many patients diagnosed with CAP are unnecessarily treated with more prolonged courses. Patients for whom a longer course should be considered are those with extrapulmonary infection (such as endocarditis), organisms resistant to initial therapy or signs of clinical instability.

References:

Infectious Diseases Society of America Guidelines for the Diagnosis and Treatment of Asymptomatic Bacteriuria in Adults, 2005.

Practice Guidelines for the Diagnosis and Management of Skin and Soft Tissue Infections: 2014 Update by the Infectious Diseases Society of America.

IDSA Choosing Wisely® recommendations.

Mandell LA et al. Infectious Diseases Society of American/American Thoracic Society consensus guidelines on the management of community-acquired pneumonia in adults.

Clin Infect Dis. 44(Suppl 2):S27.