Treatment Guidelines for Urinary Tract Infection

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Urinary tract infection remains one of the most common community- and hospital-acquired infections. Optimal selection of an antimicrobial agent and duration of therapy should be based on patients' clinical condition, disease severity, prior antibiotic exposure, antimicrobial susceptibility results, toxicities and tolerance. Since the trends of antimicrobial resistance among uropathogens has increased, appreciation of the importance of the ecological adverse effects of antimicrobial therapy (collateral damage) has increased, optimal use of antimicrobial agents and durations of therapy should be considered. The microbial spectrum of uncomplicated cystitis and pyelonephritis consists mainly of Escherichia coli (75%–95%), with occasional other species of Enterobacteriaceae, such as Proteus mirabilis and Klebsiella pneumoniae, and Staphylococcus saprophyticus. Healthcare associated infections include *Pseudomonas aeruginosa*, *Enterococcus* (vancomycin-resistant Enterococcus), ESBL-producing Enterobacteriaceae and Candida. In this presentation, we will focus on the antimicrobial treatment guidelines for urinary tract infections.