

Figure 1.1: Four-step approach to choosing empiric antimicrobial therapy for cUTI



This approach starts with the most important issue—the patient’s severity of illness—and then takes into consideration the patient’s risk factors for having a pathogen resistant to specific antibiotics or antibiotic classes, as well as practical issues such as antibiotic allergies. Finally, and only for patients with sepsis related to cUTI, the local antibiogram may have a role in helping the provider avoid inappropriate empiric antibiotic therapy if it is recent and relevant to the patient under consideration. The antibiogram is the last of the four recommended steps, as the evidence that using a facility’s antibiogram to guide antibiotic prescribing for individual patients improves outcomes is very uncertain. Choosing which organism to focus on in the antibiogram is also a challenge in empiric decision making. The most relevant organism is suggested by the prior urine culture, if available. If not, *E. coli* is the default organism.