Table 1.1: Potential Empiric Antibiotics for cUTI^ prior to using the four-step approach to choose among these options

Four-Step Approach to choose among these antibiotics: Assess (1) severity of illness, (2) risk factors for resistance, (3) patient-specific considerations, and (4) if septic, consider the antibiogram. See discussion below for details of the four steps.

Condition of the Patient	Preferred	Alternative
Sepsis with or without shock**	Third or fourth generation cephalosporins,* carbapenems,# piperacillin-tazobactam, fluoroquinolones&	Novel beta lactam-beta lactamase inhibitors,+ cefiderocol, plazomicin, or older aminoglycosides%
Without sepsis, IV route of therapy	Third or fourth generation cephalosporins,* piperacillin-tazobactam, or fluoroquinolones&	Carbapenems,# newer agents (novel beta lactams-beta lactamase inhibitors,+ cefiderocol, plazomicin), or older aminoglycosides%
Without sepsis, oral route of therapy	Fluoroquinolones& or trimethoprim-sulfamethoxazole	Amoxicillin-clavulanate or oral cephalosporins (see **Table 3.1**)

^Difficult-to-treat resistant pathogens may require use of drugs not listed here (e.g., colistin); refer to IDSA Antimicrobial Resistance guidance.
**Sepsis is life-threatening organ dysfunction related to infection, identified by SOFA score of 2 or higher. Screening tools such as qSOFA or SIRS may be useful for presumptive identification. In sepsis with shock, in step 4 choose an antibiotic for which the susceptibilities of the most relevant organisms are at least 90%. In sepsis without shock, in step 4 choose an antibiotic for which the susceptibilities of the most relevant organisms are at least 80%.
*Third and fourth generation IV cephalosporins include: ceftriaxone, ceftazidime, cefotaxime, and cefepime. (see **Table 2.1 & 3.1**, Dosing of IV and oral antibiotics for cUTI).
&The fluoroquinolones approved for UTI currently include ciprofloxacin and levofloxacin.
#The carbapenems currently include imipenem-cilastatin, doripenem, meropenem, and ertapenem.
+The novel beta lactam-beta lactamase inhibitors currently include ceftolozane-tazobactam, ceftazidime-avibactam, meropenem-vaborbactam, and imipenem-cilastatin-relebactam.
%Older aminoglycosides include gentamicin, amikacin, and tobramycin.

This table was created in 2025; new drugs approved after this date may also be appropriate choices.

Please note that nitrofurantoin and oral fosfomycin are generally not appropriate choices for cUTI because they may not achieve adequate levels in renal parenchyma and blood.