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Shorter is Smarter: Reducing Duration of Antibiotic Treatment for Common Infections in Long-Term Care

Cystitis

≤ 7 days

Key Points[1,2,3]

- For uncomplicated cystitis, evidence supports 3 days of TMP-SMX (Septra, Bactrim) or ciprofloxacin, or 5 days of nitrofurantoin.
- For complicated cystitis, evidence supports 7 days of treatment. This includes males with cystitis, catheterized residents and urological abnormalities.
- For pyelonephritis, longer courses of 7 to 14 days is appropriate.
- Asymptomatic bacteriuria should NOT be treated in long-term care.

For more information see Duration of Antibiotic Treatment for Uncomplicated Urinary Tract Infection in Long-Term care.

Cellulitis

5-7 days

Key Points[4]

- Treatment for 5 to 7 days is appropriate as long as there has been some improvement in erythema, warmth, tenderness, or edema.
- Longer courses may be required for severe infections or infections without source control (e.g. requiring debridement).
- Diabetes alone is not an indication for a longer course.

For more information see Duration of Antibiotic Treatment for Uncomplicated Cellulitis in Long-Term Care.

Pneumonia

5-7 days

Key Points[5,6]

- Treatment for 5 to 7 days is appropriate in residents with pneumonia who are clinically stable and afebrile for 48-72 hours.
- Residents with extra-pulmonary infections or those with documented infections caused by *Pseudomonas* or *Staphylococcus* may require longer courses of treatment.

For more information see Duration of Antibiotic Treatment for Pneumonia in Long-Term Care.

Shorter courses of antibiotics, when indicated, are as effective as longer courses with less risk of harm (antibiotic resistance, adverse effects, *C. difficile* infection).

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