Shorter is Smarter: Reducing Duration of Antibiotic Treatment for Common Infections 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).**

### Cystitis

- **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.

### Cellulitis

- **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.

### Pneumonia

- **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.

---