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

Key Points1,2,3
• 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.

Key Points4
• 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.

Key Points5,6
• 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).