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Short-duration treatment for catheter-associated urinary tract infections in critically ill trauma patients.

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Abstract

BACKGROUND: The optimal treatment duration for catheter-associated urinary tract infection (CA-UTI) in critically ill patients is unclear. The Infectious Diseases Society of America recommends up to 14 days of therapy; however, short-duration therapy (SDT) for 3 days to 5 days is often used in trauma intensive care unit (ICU) patients at our center. The efficacy of SDT for CA-UTI has not been studied in this population. The objective was to evaluate the efficacy of SDT for CA-UTI in trauma ICU patients.

METHODS: This retrospective study of patients with CA-UTI in a trauma ICU included patients with a urine culture growing bacteria of 100,000 CFU/mL or greater and definitive antibiotic treatment. Urine cultures were collected as part of standard workups for suspected sepsis. Duration of therapy was at the discretion of the trauma team. Exclusion criteria included concomitant infection, renal replacement therapy, or pregnancy. Clinical success and microbiologic success were evaluated.

RESULTS: One hundred ninety-two patients were evaluated, and 77 patients with SDT were included. Mean (SD) age was 49 (22) years, median Injury Severity Score (ISS) was 27 (interquartile range, 18-34), and median ICU stay was 17 days (interquartile range, 1-33 days). Mean (SD) duration of CA-UTI therapy was 4 (1) days (range, 3-5 days) with most patients (42%)

receiving 5 days. The most common organisms were *Escherichia coli*, *Enterococcus* species, and *Pseudomonas* species. The clinical success rate was 82% (63 of 77), and the microbiologic success rate was 75% (36 of 48). Overall mortality was 4%, but no deaths were CA-UTI related.

CONCLUSION: SDT provided an acceptable clinical success rate in critically ill trauma patients, which was similar to studies of CA-UTI in other populations. These results suggest that SDT could be considered an option for treating CA-UTIs in trauma ICU patients.

LEVEL OF EVIDENCE: Therapeutic study, level V.

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