

**Appendix A** 2017 French guidelines for targeted antibiotic prescriptions in community-acquired urinary tract infections (UTIs).<sup>5</sup>

<i>Clinical situation</i>	<i>List of recommended antibiotics (choice to be adapted to susceptibility data)</i>
Acute complicated <sup>a</sup> cystitis <sup>b</sup>	Amoxicillin Pivmecillinam <sup>c</sup> Nitrofurantoin Oral Fosfomycin Trimethoprim
Acute pyelonephritis <sup>e</sup>	Amoxicillin Amoxicillin-clavulanate Fluoroquinolones: <sup>d</sup> ciprofloxacin or levofloxacin Cefixime Cotrimoxazole
UTI in a male patient <sup>e</sup>	Fluoroquinolones: <sup>d</sup> ciprofloxacin or levofloxacin Cotrimoxazole Cefotaxime or ceftriaxone

<sup>a</sup> Only non-pregnant women with no known urological abnormalities or comorbidities are considered to have uncomplicated UTIs.

<sup>b</sup> Empiric antibiotic therapy is discouraged; the physician should wait for the antibiotic susceptibility data to initiate treatment.

<sup>c</sup> Pivmecillinam has been reimbursed in France since July 2013 for uncomplicated cystitis.

<sup>d</sup> The use of quinolones is not recommended if the isolate is resistant to first-generation quinolones (such as nalidixic acid).

<sup>e</sup> Empiric antibiotic therapy is started immediately after obtaining a urine sample, and adapted on Day 3 to the antibiotic susceptibility data.