Complicated urinary tract infection (cUTI) is common among hospitalized patients and is associated with high morbidity and mortality, increased healthcare costs, and antimicrobial resistance (AMR) challenges.

**Background:**
- AMR is a global public health concern, particularly in the context of cUTI.
- Antibiotic resistance patterns vary across and within hospitals.

**Methods:**
- A multicenter retrospective cohort study was conducted in ~180 US hospitals.
- Patients were classified into community-onset (CO) and healthcare-associated (HA) infections.
- The primary outcome was hospital mortality.

**Results:**
- TR pathogens caused 15.4% of cUTIs, with E. coli and K. pneumoniae the most common.
- TR pathogens were associated with higher hospital mortality (3.31% vs. 2.52%, p<0.001).
- TR patients had longer hospital stays and higher hospital costs.

**Conclusions:**
- TR in cUTI is a significant public health issue.
- Improved empirical treatment strategies are needed to address this challenge.

**Abbreviations:**
- CAUTI: Catheter-associated urinary tract infection
- CO: Community-onset
- E. coli: Escherichia coli
- HA: Healthcare-associated
- IET: Empiric antibiotic treatment
- K. pneumoniae: Klebsiella pneumoniae
- LOS: Length of stay
- NAUTICA: National Antimicrobial Utilization Study
- P. aeruginosa: Pseudomonas aeruginosa
- TR: Triple-drug resistance

**References:**

**Statistical analyses:**
- Complex data were analyzed using statistical software.
- Differences were considered significant at p<0.05.