 **Urinary Tract Infection Flip**

**Subjective**

* Frequency, urgency, dysuria, hematuria, pyuria, fever and chills, nausea or vomiting.
* History of recurrent or previous bladder infections, urinary tract surgery, renal stones or other problems
* Document allergies to antibiotics and any other medications
* Document other medical problems such as diabetes, etc.
* Document last menstrual period and contraceptive method for women

**Objective**

* Document vital signs and absence of fever
* Check for no CVA tenderness, and that bowel sounds are normal and abdomen is non-tender
* In-house office service: UA Dipstick, V72.6 Laboratory Examination for leukocytes, nitrites, and/or hematuria
* Prepare and order “Culture, Urine” if indicated, (urine culture kit, grey top tube).

**ICD-10 Codes**

* Cystitis, Acute, 595.0 OR Urinary Tract Infection, Acute, 599.0

# **Treatment**

* Consult provider if patient is allergic to antibiotics.

**Adult Patients**

* + - Bactrim DS 1 PO BID x 5 days #10
		- Macrobid 1 PO BID x 5 days #10

**Pediatric Patients**

 **Consult Provider**

 **Pregnant Patients**

* + - \*\*Notify provider if pt has had >1 positive urine culture during this pregnancy\*\* *If bacteria is GBS, note in prenatal* *Problem List & Labs. Task provider to notify positive GBS and to determine if treatment necessary. See below for documentation.*

 **\*Macrobid inibits the G6PD enzyme in the baby, one of the things we test for in the newborn screen. Macrobid should not be given from 36wks gestation to 30 days postpartum.**

* + - * NITROFURANTOIN monohyd/m-cryst (dual release, extended release, Macrobid)100mg TAB 1 BIDX5D #10 (about $16 @ HCC)

(Not during 36wks gestation to 30 days postpartum)\*

**OR**

* + - * NITROFURANTOIN macrocrystal (regular release, Macrodantin) 100mg TAB 1 QIDx5D #20 (about $12 @) Walmart)

(Not during 36wks gestation to 30 days postpartum)\*

 Per BCH antibiogram, first-line treatment for **E.coli only.**

 **OR**

* + - * AMOXICILLIN (Amoxil) 500mg TAB 1 BIDX5D #10

 **OR**

* + - * CEPHALEXIN (Keflex) 500mg TAB 1 BIDX5D #10
	+ **For dysuria**
		- * \*PHENAZOPYRIDINE (Pyridium) 100mg TAB 1 TIDX2D #6

(also available OTC as “Azo”).

# **Education**

* TOC for pregnant women 2 weeks post completion of treatment.
* Discuss how to take meds; emphasize finish all abx, even after symptoms clear. Use condoms if on BCPs.
* Prompt treatment is important to prevent pyelonephritis and permanent kidney damage.
* Prevention:
	+ Urinate frequently, especially before and after intercourse. Completely empty bladder each time. For female patients, encourage good perineal hygiene; wiping front to back.
	+ Increase fluid intake. At least 2-3L of water daily.
	+ Unsweetened cranberry juice (8oz TID) or tablets of cranberry concentrate (300-400mg BID)
	+ Recommend yogurt or probiotic intake in conjunction with antibiotic regimen.

# **Co-Visit**

* Present to provider after examination but BEFORE documentation.
* Make sure all of the above is documented after consultation with provider.

*Call back for appointment with provider if:*

* Not improving on antibiotics. Most women experience relief from symptoms within 24-48 hours.
* Worsening with signs and symptoms of pyelonephritis including, flank pain, fever, chills, vomiting, malaise.

**Document all of above in Medical Record and send visit to PCP for completion.**

*Adapted from La Clinica, Boulder, CO—January 2016*