



**Uncomplicated URINARY TRACT INFECTION**

<b>DEFINITION</b>	An infection of the urethra, bladder (cystitis), ureters, or kidneys.
<b>SUBJECTIVE</b>	<p><b>Should include:</b></p> <ol style="list-style-type: none"><li>1. Complaints of urinary frequency, burning, nocturia, dysuria or urgency</li><li>2. Hematuria</li><li>3. Suprapubic pain or lower abdominal pain</li><li>4. Sexual history</li><li>5. Stress/urge incontinence</li><li>6. Malodorous and/or cloudy urine</li><li>7. Diaphragm and/or spermicide use</li><li>8. Vaginal symptoms</li></ol> <p><b>May include:</b></p> <ol style="list-style-type: none"><li>1. Severe flank pain</li><li>2. Nausea/vomiting</li><li>3. Chills</li><li>4. Malaise</li><li>5. No symptoms</li></ol>
<b>OBJECTIVE</b>	<p><b>May include:</b></p> <ol style="list-style-type: none"><li>1. No remarkable physical findings</li><li>2. Suprapubic tenderness on abdominal exam</li><li>3. Urethral and/or bladder tenderness</li><li>4. Inflammation of urethral meatus</li><li>5. Pelvic exam</li></ol> <p><b>Should exclude:</b></p> <ol style="list-style-type: none"><li>1. CVA tenderness</li><li>2. Temperature <math>\geq 100.4^{\circ}</math> F</li></ol>

<b>LABORATORY</b>	<p><b>Should include:</b></p> <ol style="list-style-type: none"> <li>1. Clean catch urine dipstick: <ol style="list-style-type: none"> <li>a. Positive blood</li> <li>b. Positive nitrates</li> <li>c. Positive Leukocyte esterase</li> </ol> </li> <li>2. Clean catch urine microscopy (when performed): <ol style="list-style-type: none"> <li>a. Greater than or equal to 5-10 WBCs/high power field (HPF)</li> <li>b. Positive red blood cells &gt; 5 RBC's/high power field (HPF)</li> <li>c. Positive bacteria</li> </ol> </li> <li>3. Negative pregnancy test in non-contracepting women</li> <li>4. Vaginitis/cervicitis screening, as appropriate</li> <li>5. Urine C&amp;S (when performed) report positive for <math>\geq 100,000</math> organisms of the same species for clean catch specimen</li> </ol>
<b>ASSESSMENT</b>	Urinary tract infection.
<b>PLAN</b>	<ol style="list-style-type: none"> <li>1. Treatment options may include one of the following: for uncomplicated UTI: <ol style="list-style-type: none"> <li>a. Trimethoprim-Sulfamethoxazole DS 160/800 mg (PO) BID for 3 days <b>OR</b></li> <li>b. Trimethoprim 300 mg (PO) for 3 days <b>OR</b></li> <li>c. Nitrofurantoin monohydrate/macrocrystals 100 mg (PO) BID for 7 days <b>OR</b></li> <li>d. Nitrofurantoin macrocrystals 50 mg – 100 mg (PO) QID for 7 days <b>OR</b></li> <li>e. Ciprofloxacin HCL-250 mg (PO) BID for 3 days (Black Box warning- associated with potential tendon rupture) <b>OR</b></li> <li>f. Ciprofloxacin extended release 500 mg (PO) QD for 3 days</li> <li>g. Amoxicillin 500 mg. TID x 7- 10 days <b>OR</b></li> <li>h. Fosfomycin Tromethamine (Monurol) 3 gm sachet sig: 1 sachet mixed with 4 oz. H<sub>2</sub>O x 1 <b>OR</b></li> <li>i. Levofloxacin 250 mg QD for 3 days <b>OR</b></li> <li>j. Norfloxacin 400 mg BID for 3 days</li> <li>k. May use alternative antibiotic, as indicated most appropriate by the C &amp; S Report, if done</li> </ol> </li> <li>2. For the complaint of severe dysuria, may offer: <ol style="list-style-type: none"> <li>a. Phenazopyridine 100-200 mg PO TID prn for 2 days. (available OTC as AZO 97.5mg) <b>OR</b></li> <li>b. Uristat 95 mg. 2 tabs (PO) TID prn for 2 days. (available OTC).</li> </ol> </li> </ol>
<b>CLIENT EDUCATION</b>	<ol style="list-style-type: none"> <li>1. Provide client education handout(s).</li> <li>2. Review symptoms, complications, and danger signs.</li> <li>3. Emphasize importance of good perineal hygiene.</li> <li>4. Some intercourse positions put excessive pressure on bladder and may rupture newly healed tissue. Avoid these positions until infection subsides.</li> <li>5. Recommend frequent urination, urination before and after intercourse.</li> </ol>

	<ol style="list-style-type: none"><li>6. Review safer sex education, as appropriate.</li><li>7. Recommend client RTC if symptoms are not relieved by medication; seek medical care if symptoms worsen on medication.</li><li>8. Spermicides containing contraceptive particularly, diaphragm, increase the risk of UTI's.</li><li>9. Phenazopyridine may change your urine orange and stain clothing</li><li>10. Phenazopyridine may stain contacts orange; consider not wearing contacts with this medication</li></ol>
<b>CONSULT / REFER TO PHYSICIAN</b>	<ol style="list-style-type: none"><li>1. Pregnancy</li><li>2. Exhibits signs and symptoms of upper UTI (fever, flank pain, malaise, nausea, vomiting and chills).</li><li>3. History of pyelonephritis, renal or bladder stones, recurrent UTI (3 infections/year).</li><li>4. Symptoms that persist post treatment.</li><li>5. Symptoms present with negative urine and negative STD test results.</li></ol>

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References:

1. [www.emedicine.medscape.com/article233101-overview](http://www.emedicine.medscape.com/article233101-overview)
2. American College of Obstetricians and Gynecologists (2008, reaffirmed 2012) *Guidelines for Treatment of urinary tract infection in non-pregnant women*. Retrieved November 25, 2014, from Agency for Healthcare Research and Quality, US Department of Health and Human Services. Website: <http://www.guideline.gov/context.aspx?id=12628>