



Post-Coital Recurrent Urinary Tract Infections

DEFINITION	Recurrent UTI after sexual intercourse resulting in the introduction of bacteria from the urethra into the bladder. E-coli is the most common organism. An antibiotic taken within 2 hours of sexual intercourse (SI) presumably kills or arrests the growth of the sensitive bacteria before they reach a concentration that establishes an infection.
SUBJECTIVE	May include: <ol style="list-style-type: none">1. No symptoms2. Sexual history Must include: <ol style="list-style-type: none">1. Complaints of recurrent UTIs after sexual intercourse. (at least 2-4 UTIs in one year)2. Hx of complicated UTI (pyelonephritis or resistant bacteria)
OBJECTIVE	Must include: <ol style="list-style-type: none">1. Documentation of recurrent urinary tract infection with a positive culture or urinalysis.2. Documentation of symptoms. Must exclude: <ol style="list-style-type: none">1. Differential diagnosis: PID, pyelonephritis, positive for chlamydia and/or gonorrhea, active HSV.2. Allergy to any treatment options.3. Temperature of > 101.0 F4. CVAT. May include: <ol style="list-style-type: none">1. Suprapubic tenderness.2. Urethral or bladder tenderness.3. Inflammation of urethral meatus.4. Low- grade fever.5. Hematuria.
LABORATORY	May include: <ol style="list-style-type: none">1. Clean catch urinalysis2. STI screen for GC/CT.3. HSV culture.4. Microscopy for vaginal infection.

ASSESSMENT	Post-Coital Recurrent Urinary Tract Infection
PLAN	<p>If patient is NOT pregnant: any of these antimicrobial prophylaxis regimens for women are acceptable:</p> <ol style="list-style-type: none"> 1. Trimethoprim-sulfamethoxazole 40mg/200mg (1 dose) 2. Trimethoprim-sulfamethoxazole 80mg/400mg (1 dose) 3. Nitrofurantoin 50mg or 100mg (1dose) 4. Cephalexin 250mg (1 dose) 5. Ciprofloxacin 125mg (1 dose) 6. Norfloxacin 200mg (1 dose) 7. Ofloxacin 100mg (1 dose) <p>*These are ideally to be given within 2 hours with each act of sexual intercourse. Antibiotic only needs to be taken once in 24 hours, even if there are multiple acts within that time period.</p> <ol style="list-style-type: none"> 8. May use pyridium 100-200mg q 8 hours prn if symptomatic (MUST be take along with antibiotic. Has a cross over reaction with sulfa allergy.) <p>*Refer to black box warning for Quinolones</p>
CLIENT EDUCATION	<ol style="list-style-type: none"> 1. Instruct patient to go to ER if they develop fever, chills, nausea/vomiting, or flank pain. 2. Advise patient to RTC if symptoms are not resolved with medication regimen. 3. Emphasize importance of adequate fluid intake. 4. Instruct on post-coital urination, ideally, within 10 minutes. 5. Advise to discontinue spermicides if patient can use another method.
CONSULT / REFER TO PHYSICIAN	<ol style="list-style-type: none"> 1. Refer for culture if patient doesn't respond to empiric therapy. 2. Pregnant women. 3. If fever of > 101.0 F.

References:

1. www.aafp.org/2010/0915/p638.html
2. www.ncbi.nlm.nih.gov/pmc/articles/pmc1477561/