**URINARY TRACT INFECTION**

**Level II**
(No Level I)

**Skill Level:** RN

**Definition:** Inflammation of the structures of the urinary tract caused by bacteria.

<table>
<thead>
<tr>
<th>Subjective:</th>
<th>Assessment:</th>
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<td>- Complains of urinary urgency and frequency.</td>
<td>- Impaired urinary elimination.</td>
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<td>- May describe pain as cramp or spasm over bladder.</td>
<td>- Impaired comfort.</td>
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<td>- Burning during urination.</td>
<td>- Ineffective Self Health Management.</td>
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<td>- May state that there is blood in the urine.</td>
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<td>- <strong>No systemic complaints:</strong> flank pain, malaise, nausea, vomiting, chills, and high fever.</td>
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<tr>
<th>Objective:</th>
<th>Plan:</th>
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<td>- No Temperature of 100.4 degrees F or higher. Urine may be cloudy and odiferous.</td>
<td>Patient education and self-care items for this protocol include:</td>
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| - No flank pain. | - Use meds available on the housing unit to treat pain:
| - No nausea, vomiting, malaise or chills. |   - Ibuprofen 200mg 1-2 QID pm from unit. |
| - Not pregnant. |   - Tylenol or ASA 2 QID pm from unit if intolerant to ibuprofen. |

- **Naprosyn, Aspirin, and Ibuprofen are not recommended for pain management for pregnant patients, please instruct all pregnant patients to use Acetaminophen (available in housing units) for minor pain management.**
- Obtain a clean catch urine.
- If urine shows negative result for leukocytes, blood or nitrates, then increase fluids and return if symptoms persist. If symptomatic x3 days refer to provider.
### Objective:

### Plan: (Continued)

- If clean catch dip urine is + for leukocytes and nitrites, send to lab for UA and culture, and treat with antibiotics as long as no systemic symptoms (fever, chills, flank pain, etc.) are present.
- After checking for allergies to medications, may suggest:
  - **For Females—Call provider before issuing any medications to pregnant patients, complete pregnancy test as needed.**
    - Septra DS** 1 BID X 3 days OR Nitrofurantoin 100 mg BID x 5 days
  - **For Males**
    - Septra DS** 1 BID X 7 days or Cipro 500mg BID x 5 days
    - If culture returns and reveals an organism not susceptible to either listed antibiotic, involve provider.

**Special situations that require provider involvement:**

- **Contact provider prior to antibiotic administration for pregnant females.**
- **If previous UTI within 3 months, treat as appropriate, but schedule appointment with provider.**
- **Males with Urinary Tract Infection should be treated as outlined above, and scheduled to see a medical provider. (Males may have prostate involvement or an underlying urinary tract abnormality).**
- **Patient with systemic symptoms. (CVA tenderness to percussion, fever, chills, nausea, vomiting): call provider for instructions.**
- **Note:** **Use caution with patients on Warfarin due to increased risk of bleeding—consider review with provider before starting on this medication.**
Urinary Tract Infection - Level II

Patient Education:

1. Advise patient that symptoms sometimes will decrease or disappear within days with or without treatment; however, residual bacterial infection is likely and may cause recurrence of symptoms.

2. Stress importance of completing antibiotic therapy.

3. Teach proper technique for collecting a clear catch urine specimen.

4. Instruct patient to increase fluids, but do not encourage intake of more than 2-3 liters/day because this may decrease the effectiveness of the antibiotic.

APPROVED:

_________________________________________  ____________
Medical Services Manager                        Date

_________________________________________  ____________
Chief Medical Officer                           Date

Medical Director                                 Date

Effective Date: 3/2015
Revised: February 2015