URINARY TRACT INFECTION

Level II
(No Level I)

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<th>Skill Level: RN</th>
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**Definition:** Inflammation of the structures of the urinary tract caused by bacteria.

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<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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<tr>
<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><strong>Patient education and self-care items for this protocol include:</strong></td>
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<td>• No flank pain.</td>
<td>• Use meds available on the housing unit to treat pain:</td>
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<tr>
<td>• No nausea, vomiting, malaise or chills.</td>
<td>--Ibuprofen 200mg 1-2 QID prn from unit.</td>
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<tr>
<td>• Not pregnant.</td>
<td>--Tylenol or ASA 2 QID prn from unit if intolerant to Ibuprofen.</td>
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**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.
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

Males with Urinary Tract Infection should be treated as outlined above, and scheduled to see a medical provider.

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  6/14/16  Date

Effective Date:  June 2016
Revised: June 2016