

8.1 UTI – Cystitis

SUBJECTIVE

Must include:

1. LNMP
2. BCM and Consistency of Use
3. Last known episode of unprotected sex

May include:

1. Frequency, nocturia, burning and urgency of urination.
 2. History of hematuria.
 3. Suprapubic pain.
 4. Cloudy urine with odor.
 5. Elevated temperature/chills
 6. Number of recent partners (within last 6 mos.)
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OBJECTIVE

Must include:

1. B/P
2. Temperature
3. Urinalysis: Dipstick alone is adequate if symptoms are classic for an uncomplicated infection and are in the absence of other history or symptoms; otherwise, a microscopic urine must be done.

May include:

1. Suprapubic tenderness on palpation.
 2. Hematuria.
 3. Cloudy or odorous urine
 4. Elevated temperature
 5. Absence of CVA tenderness with palpation
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LABORATORY

May include:

1. Dipstick from a clean catch midstream urine sample:
 - a. + WBCs
 - b. + nitrites
 - c. + RBCs
 2. Microscopic spindown:
 - a. bacteria > 2+
 - b. RBCs >5hpf
 - c. WBCs >5hpf
 - d. Renal cells
 - e. casts
 - f. squamous cells, the presence of which indicates vaginal contamination if >5hpf
 3. CBC:
 - a. WNL (uncomplicated LUTI)
 4. Wet mount
 5. STI Testing
 6. Urine culture - greater than 100,000 of single organism.
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ASSESSMENT

Lower urinary tract infection

PLAN Treatment, follow-up by local protocol except when referred to physician.

PATIENT
EDUCATION

1. Stress significance of treatment and follow-up.
2. Emphasize completion of course of medication even after symptoms are relieved.
3. Emphasize importance of drinking at least 8-10 glasses of water per day.
4. Advise patient that vaginitis and some digestive upsets are common side effects of antibiotics and sulfa medication.
5. Advise patient to take antibiotics 1 hour before or 2 hours after meals or dairy products, iron and antacids or with food as appropriate. Avoid bladder irritants including alcohol, coffee, tea, carbonated beverages, spicy foods during infection.
6. Emphasize importance of good perineal hygiene.
7. Emphasize importance of sleep and good nutritious meals.
8. Unsweetened cranberry juice and pills may have a beneficial effect in preventing UTI.
9. While advisable to avoid intercourse during course of treatment, advise patient that some intercourse positions may put excessive pressure on bladder and possibly worsen symptoms. Avoid these positions until infection subsides.
10. Advise urination after intercourse.
11. Use back-up BCM for patients taking oral contraceptives and antibiotics concurrently.

CONSULT/REFER
TO PHYSICIAN:

1. History of recurrent UTIs; three or more UTIs in last year.
2. Has not responded to treatment within 3-4 days.
3. Confirmed pregnancy (*delete?*)
4. Hx of pyelonephritis.
5. Pyelonephritis (as defined by state protocol).
6. Hx of kidney stones.
7. Poorly controlled diabetes and/or noncompliant with diabetes management: HgbA1C (within last 6mos.) > 7%, Fasting Plasma Glucose > 250 mg/dl.
8. If Black, Mediterranean, or Italian with known G6PD deficiency.