

12.12 UTI - PYELONEPHRITIS

TITLE	DESCRIPTION
DEFINITION:	A kidney infection is a type of urinary tract infection (UTI). Most kidney infections are caused by bacteria or viruses that first infect the lower tract. Then the infection moves upstream to one or both of the kidneys.
SUBJECTIVE:	May Include: <ol style="list-style-type: none"> 1. Chills. 2. Fever (> 102°F) (38.9°C). 3. Pain in the back, side, or groin. 4. Nausea. 5. Vomiting. 6. Cloudy, dark, bloody, or foul-smelling urine. 7. Frequent, painful urination.
OBJECTIVE:	Assess as Indicated: <ol style="list-style-type: none"> 1. Mild flank discomfort or CVA tenderness with palpation. 2. Elevated Temperature. 3. Increased BP.
LABORATORY:	Urine Culture & Sensitivity – greater than 100,000 of single organism.
ASSESSMENT:	Pyelonephritis.
PLAN:	Antibiotics: <ol style="list-style-type: none"> 1. Bactrim DS, 1 tab PO BID for 10-14 days (if symptoms not improved in 24-48 hours, then perform urine C&S if not done previously and start on a fluoroquinolone). <p style="text-align: center;">OR</p> <ol style="list-style-type: none"> 2. **Ciprofloxacin 500 mg PO BID for 7days; 3. **Ciprofloxacin, extended-release 1000mg PO 1 tab daily for 7 days; 4. **Levofloxacin (Levaquin) 750mg PO 1 tab daily for 5 days (Black Box Warning); <p>**July 26, 2016 FDA advises that side effects associated with fluoroquinolones generally outweigh the benefit for uncomplicated UTI.</p> <p>* If not improved in 24-48 hours, refer or consult with physician.</p>
EDUCATION:	<ol style="list-style-type: none"> 1. Instruct the client to complete the medication as directed. 2. Advise client to drink 8-10 glasses of water daily. 3. Instruct client to make appointment for urine recheck after antibiotic is finished.
REFERRAL TO MEDICAL PROVIDER:	<ol style="list-style-type: none"> 4. If client not improved in 24-48 hours and/or worsening of symptoms. These symptoms may include: <ol style="list-style-type: none"> a. Intractable vomiting. b. Severely elevated temperature. c. Debilitating pain. d. Possible urosepsis.

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REFERENCES:	<ol style="list-style-type: none"><li data-bbox="488 237 1430 296">1. U.S. Department of Health and Human Services. National Institute of Diabetes and Digestive and Kidney Diseases.<li data-bbox="488 300 1479 359">2. Colgan R, Mozella W, Johnson JR. <i>Diagnosis and Treatment of Acute Pyelonephritis in Women</i>. <i>Am Fam Physician</i> 2011 Sep 1;84(5):519-526<li data-bbox="488 363 1268 396">3. Prescribers Digital Reference: Pyelonephritis (http://www.pdr.net/).