**Protocol for Improving the Management of Potential UTIs**: Tim Gieseke MD, CMD

Purpose: To insure that antibiotics are only given for a UTI after a patient is properly assessed and that information is effectively transmitted to the physician (NP/PA).

A possible UTI is suggested by:

1. Local bladder irritation symptoms:
   1. Dysuria
   2. Urgency
   3. Suprapubic pressure
   4. Frequency
   5. New urinary incontinence.
2. Systemic symptoms including:
   1. Warm, chills or rigors
   2. Anorexia, nausea, vomiting
   3. Weakness and reduced mobility with increased fall risk
   4. CNS dysfunction (confusion, sleepiness, short attention span).
3. Systemic signs:
   1. Fever – temp 2 degrees > baseline temp
   2. Tachycardia – rate increase > 25 from baseline
   3. Pallor & diaphoresis
   4. Flushing
   5. Hypotension – SBP < 25 mm below baseline

A request for a Urinalysis is appropriate if above evidence for a UTI is present, but ***is not warranted if the only concern is a bad behavior.***

Notify the physician (NP/PA) by:

1. Fax, if the symptoms are only local and the patient is not having symptoms or signs of systemic illness.
2. Call, if systemic symptoms and or signs are present.

If a UA is requested and ordered, a clean urine specimen must be collected.

1. Obtain a mid-stream clean catch urine specimen if this is possible. If it’s not clean, that UA should be thrown away.
2. If #1 is not possible, a UA should be collected by Fem-catheter or an In & Out catheter using sterile technique.

This urine specimen should be sent to the lab with a request for microscopic examination of the specimen and a request for a reflex culture and sensitivity if there are more than 10 WBC/hpf in the microscopic examination.

Ideally, antibiotics should not be started until after this urine specimen is collected.

When the UA results return, the facility will have the attending nurse review the UA report for:

1. Excessive epithelial cells that may suggest the specimen is a contaminated collection that won’t produce a reliable culture (Skin contamination present)
2. Excessive RBC’s which may reflect traumatic catheter collection, a migrating kidney stone, or a GU tumor.

The nurse will then write a brief summary on the UA report of the clinical reasons the UA was sent and whether the specimen was a clean catch or catheterized specimen.

1. The UA will then be faxed to the attending physician (NP/PA) if the patient is medically stable
2. If the patient is sick with a possible UTI and not yet on antibiotics, the physician (NP/PA) will be called.

When the urine culture returns, the facility will have the attending nurse review the UA report with clinical data noted above. She will then:

1. Consider whether the patient likely has a UTI or is only colonized, or whether the urine specimen was likely contaminated.
2. The nurse should fax this UA with clinical information and the culture report to the physician (NP/PA) if the patient is:
   1. Colonized or specimen is likely contaminated
   2. Not sick and not on antibiotic
   3. Not sick and on wrong antibiotic
   4. Sick, but on an antibiotic for which the organism is sensitive and the patient is clinically doing better.
3. The nurse should call the physician (NP/PA) if the patient:
   1. Is sick and not yet on an antibiotic
   2. Is sick and the bacteria is resistant to the chosen antibiotic
   3. Is sick, on a sensitive antibiotic, but not clinically improving

Protocol Adopted:

Protocol Reviewed: