SUBJECT: Urinary Tract Infection (Uncomplicated in Women Standing Order

EFFECTIVE DATE: 4/12

SUPERSEDES: 4/11

REVIEW DATE: 4/13

PURPOSE:

To provide a population-based standing order for Registered Nurses to implement for women ages 18-65 years who have the classis symptoms or Urinary Tract Infection (UTI) and have no complicating factors. This order follows the ICSI Health Care Guidelines for Uncomplicated Urinary Tract Infection in Women.

POLICY:

RNs will implement population-based standing orders for all patients. LPNs and CMAs will use these orders to implement a patient specific standing order or to act on a provider's order or an RNs delegation.

This standing order may be used for a walk-in clinic visit or telephone/email encounter.

PROCEDURE:

Nursing Actions	Rationale
This procedure is the responsibility of an RN	This is a population-based standing order
1. Use the online SmartSet "UTI Female" to collect and document all information.	Question on the SmartSet follow the July 2006 ICSI Health Care Guideline for Uncomplicated Urinary Tract Infection in Women.
2. Determine if the adult female patient has one or more of the following symptoms of UTI: • Dysuria • Frequency • Urgency	These are classic symptoms of UTI.
3. Screen the patient for complicating symptoms or history. If the patient answers "yes" to any complicating factors, the patient must be scheduled for a provider visit. If "no" the RN may continue with the procedure.	Depending on what complicating factor is present, short course therapy may or may not be appropriate.

4. Treatment: Symptomatic women, without complicating factors, will be treated as follows.	No complicating factors
Short Course Therapy: Trimethoprim Sulfamethoxazole D.S. BID * 3 days	These medications are recommended for short course therapy per ICSI guideline.
If allergic to Sulfa or Trimethoprim use: Nitrofurantoin (Macroid) 100mg BID * 3 days	Sulfa and ciprofloxacin may cause an increase in INR values for patients taking warfarin.
Provide patient education • Prescribed therapy • Prevention techniques for UTIs • When to return to the clinic if symptoms do not subside	
5. Patients request UA: If patient requests a UA, RN orders waiting UA micro "if" and directs patients to the lab.	The final decision about culturing should be left to the care provider. By ordering UA micro "if", a micro would only be done if dipstick positive for either blood, leuk, nitrite or protein.
If pyuria present, ≥ 6 WBC/hpf, RN writes prescription for Short Course Antibiotic Therapy (see #4 above) and provides patient education (see #4 above).	There is an agreement per ICSI guideline that >6 WBC/hpf reflects a real UTI.
Symptomatic women with a negative urinalysis, >6 WBC/hpf, should be scheduled for a provider visit.	UTIs can occur in symptomatic women <6 WBC/hpf. If patient does not have a UTI, she must be further evaluated by a provider.
6. Review nursing charting for completion and sign	