

**SUBJECT:** URINARY TRACT INFECTION (UNCOMPLICATED IN WOMEN)  
STANDING ORDER

**EFFECTIVE DATE:** 4/12

**APPROVED FOR USE AS A POPULATION BASED STANDING ORDER BY:**

**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 classic symptoms of Urinary Tract Infection (UTI) and have no complicating factors. This standing order follows the ICSI Health Care Guideline 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 RN's delegation.

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

**PROCEDURE:**

**Nursing Actions**

*This procedure is the responsibility of an RN*

1. Use the online SmartSet "UTI Female" to collect and document all information.
2. Determine if the adult female patient has one or more of the following symptoms of UTI:
  - Dysuria
  - Frequency
  - Urgency
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.

**Rationale**

*This is a population-based standing order*

Questions on the SmartSet follow the July 2006 ICSI Health Care Guideline for Uncomplicated Urinary Tract Infection in Women. These are classic symptoms of UTI.

Depending on what complicating factor is present, short course therapy may or may not be appropriate.

## **Nursing Actions**

*This procedure is the responsibility of an RN*

### 4. **Treatment**

Symptomatic women, without complicating factors, will be treated as follows.

#### **Short Course Therapy**

Trimethoprim Sulfamethoxazole D.S. BID x 3 days

If allergic to Sulfa or Trimethoprim use:

Nitrofurantoin (Macrobid) 100 mg BID x 7 days

**OR**

Ciprofloxacin 250 mg BID x 3 days

Provide patient education including:

- prescribed therapy
- prevention techniques for UTIs
- when to return to the clinic if symptoms do not subside

### 5. **Patient requests UA**

If patient requests a UA, RN orders waiting UA micro "if" and directs patient to the lab.

If pyuria present,  $\geq 6$  WBC/hpf, RN writes prescription for Short Course Antibiotic Therapy (see #4 above) and provides patient education (see #4 above).

Symptomatic women with a negative urinalysis,  $<6$  WBC/hpf, should be scheduled for a provider visit.

### 6. Review nursing charting for completion and sign.

## **Rationale**

*This is a population-based standing order*

No complicating factors.

These medications are recommended for short course therapy per ICSI Guideline.

Sulfa and Ciprofloxacin may cause an increase in INR values for patients taking warfarin.

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. There is an agreement per ICSI Guideline that  $>6$  WBC/hpf reflects a real UTI.

UTIs can occur in symptomatic women with  $<6$  WBC/hpf. If patient does not have a UTI, she must be further evaluated by a provider.