

## UTI / PYELONEPHRITIS SS

### NURSING

REMINDER: Consider removing indwelling urinary catheters for patients with suspected catheter-associated UTI [Evidence](#)

- Apply cooling blanket
- Insert indwelling urinary catheter; Reason: \_\_\_\_\_ [Evidence](#)
- In and out (straight) catheter
- Discontinue pre-admission urinary catheter and replace with new urinary catheter

### MEDICATIONS

Antibiotic medications: Cephalosporins [Evidence](#)

- CefTRIAXone (Rocephin) 1 Gm IVPB Q 24 Hrs. Indication: UTI/Pyelonephritis

Antibiotic medications: Quinolones [Evidence](#) **\*\*Physician to select ONE regimen only\*\***

- Ciprofloxacin (Cipro) 250 mg Po BID. Pharmacy to adjust per renal dosing protocol. Indication: UTI/Pyelonephritis
- Ciprofloxacin (Cipro) 500 mg Po BID. Pharmacy to adjust per renal dosing protocol. Indication: UTI/Pyelonephritis
- Ciprofloxacin (Cipro) 200 mg IVPB Q 12 Hrs. Pharmacy to adjust per renal dosing protocol. Indication: UTI/Pyelonephritis
- Ciprofloxacin (Cipro) 400 mg IVPB Q 12 Hrs. Pharmacy to adjust per renal dosing protocol. Indication: UTI/Pyelonephritis

Antibiotic medications: Beta-Lactam/Beta-Lactamase Inhibitors [Evidence](#)

- Zosyn (Piperacillin-Tazobactam) 3.375 Gm IVPB Q 6 Hrs. Pharmacy to adjust per renal dosing protocol. Indication: UTI/Pyelonephritis

Antibiotic medications: Carbapenems [Evidence](#)

REMINDER: For patients with a suspected or Hx of infection caused by ESBL-producing organism.

- Meropenem (Merrem) 500 mg IVPB Q 8 Hrs. Pharmacy to adjust per renal dosing protocol. Indication: UTI/Pyelonephritis

Other Antibiotic medications

- Vancomycin IV Per Pharmacy protocol to achieve target trough levels of 10 – 15 mg/L. Indication: UTI/Pyelonephritis

- Nitrofurantoin (Macrobid) 100 mg Po BID.

Pharmacy to adjust per renal dosing protocol. Indication: UTI/Pyelonephritis

**\*Physician to select ONE dose only\***

- Bactrim/Septra SS (Sulfamethoxazole 400 mg/ Trimethoprin 80 mg) 1 Tab Po BID. Pharmacy to adjust per renal dosing protocol. Indication: UTI/Pyelonephritis
- Bactrim/Septra DS (Sulfamethoxazole 800 mg/ Trimethoprin 160 mg) 1 Tab Po BID. Pharmacy to adjust per renal dosing protocol. Indication: UTI/Pyelonephritis

Other medications: \_\_\_\_\_

**\*All labs/diagnostics will be drawn/done routine now unless otherwise specified**

### LABORATORY - Urine

- HCG Pregnancy Urine
- Urinalysis reflex culture [Evidence](#)

### MICROBIOLOGY

- Blood Culture X 2 [Evidence](#)

UTI PYELO SS V15 10.23.12 OK FOR PRINTING

MEDITECH NAME: UTI/PYELONEPRITIS

MEDITECH MNEMONIC: MD.UTI

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- Urine Culture [Evidence](#)
- Gram Stain Only, urine

**MD CONSULTS**

REMINDER: Consider specialty referral to Urology and Infectious Disease

- Consult MD \_\_\_\_\_
- Consult MD \_\_\_\_\_

**REMINDER**

- Avoid the routine use of antimicrobial-coated urinary catheters to prevent UTIs for patients who require short-term urinary catheterization [Evidence](#)
- For patients with suspected catheter-associated UTI who are unable to tolerate the permanent removal of an indwelling urinary catheter, consider the use of a suprapubic urinary catheter [Evidence](#)
- For appropriately selected patients with complicated UTI (e.g., men who are febrile, patients who may have bladder outlet obstruction, patients with indwelling catheters), treat with antibacterial agents to complete a treatment course of 7 to 14 days in total [Evidence](#)
- For appropriately selected patients with complicated UTI and clinically severe infection, treat with antibacterial agents to complete a treatment course of 14 days in total [Evidence](#)
- For patients with a Gram-positive organism seen on the initial Gram stain, use an aminopenicillin plus a beta-lactamase inhibitor for 7 days as first-line therapy, with or without a single parenteral dose of an antibacterial agent [Evidence](#)
- For patients with more severe cases of acute pyelonephritis, treat with antibacterial agents to complete a treatment course of 7 to 14 days in total [Evidence](#)