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LCC UTI ADULT - Evidence Based 2020 [394]

[Ambulatory Urinary Tract Infection Treatment Pathway](#)

URL:
"https://intranet1/lpg/pdf/EBG_Urinary_Tract_Infection_Pathway.pdf"

Encounter Diagnosis

Diagnosis

<input type="checkbox"/> Acute cystitis with hematuria	Acute cystitis
<input type="checkbox"/> Acute cystitis without hematuria	Acute cystitis
<input type="checkbox"/> Acute pyelonephritis	Diagnosis
<input type="checkbox"/> Acute prostatitis	Acute prostatitis
<input type="checkbox"/> UTI (urinary tract infection) due to urinary indwelling catheter (HCC)	Diagnosis
<input type="checkbox"/> Dysuria	Dysuria
<input type="checkbox"/> Urinary frequency	Urinary frequency

Orders

In-Office and CAM Orders

<input type="checkbox"/> IO URINALYSIS, POCT	Urine clean catch, Urine, In-Office
<input type="checkbox"/> IO PREGNANCY TEST, URINE	Urine clean catch, Urine, In-Office
<input type="checkbox"/> promethazine (PHENERGAN) 50 MG/ML injection	12.5 mg, Intramuscular, ONCE, Starting S, For 1 Doses
<input type="checkbox"/> ondansetron (ZOFTRAN) 4 mg injection	4 mg, Intramuscular, ONCE, Starting S, For 1 Doses
<input type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) 4 mg disintegrating tablet	4 mg, Oral, ONCE, Starting S, For 1 Doses

Labs

<input type="checkbox"/> URINE CULTURE	ROUTINE, Status: Future, Expected: S Approximate, Expires: S+365, Clean catch
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Radiology

<input type="checkbox"/> CT RENAL PROTOCOL	ROUTINE, Hospital Performed, Status: Future, Expected: S Approximate, Expires: S+365
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<input type="checkbox"/> CT RENAL STONE PROTOCOL	STAT, Hospital Performed, Status: Future, Expected: S Approximate, Expires: S+365
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General Referral & ED Transfer

<input type="checkbox"/> REFERRAL TO PRIMARY CARE (ADULT)	Normal, Normal, Referral Type - Consultation
<input type="checkbox"/> REFERRAL TO OB/GYN (LPG)	Normal, Normal, Referral Type - Consultation, Referral Dept Specialty - OB/Gyn
<input type="checkbox"/> REFERRAL TO PEDIATRICS (LPG)	Normal, Normal, Referral Type - Consultation, Referral Dept Specialty - Pediatrics

Referrals

<input type="checkbox"/> REFERRAL TO UROLOGY [9041]	Normal, Normal, Referral Type - Consultation
<input type="checkbox"/> REFERRAL TO GYNECOLOGY [9013]	Normal, Normal, Referral Type - Consultation

Medications

UTI Treatment Panel

Literature indicates little benefit to ordering urine culture in women age 18 to menopause with suspicion for simple cystitis.

Symptom-only diagnosis (for uncomplicated cystitis in premenopausal females only):

- Dysuria plus frequency and/or urgency, without vaginitis symptoms, 80-90% probability of UTI
- Dysuria alone or dysuria plus vaginitis symptoms: low (~20%) probability of UTI

Nitrofurantoin better if patient is on warfarin.

Simple Cystitis in Women

Listed in order of preference based on Lee Health antibiograms and cost.

If pregnant - Avoid TMP/SMX in first trimester and at term. Avoid nitrofurantoin at term.

If breast feeding - Avoid fosfomycin and fluroquinolones; TMP/SMX is OK if health infant > 1 month of age.

<input type="checkbox"/> nitrofurantoin, macrocrystal-monohydrate, (MACROBID) 100 MG capsule	10 capsule, 0, E-Prescribing
<input type="checkbox"/> cephALEXin (KEFLEX) 500 MG capsule	10 capsule, 0, E-Prescribing
<input type="checkbox"/> cefdinir (OMNICEF) 300 MG capsule	10 capsule, 0, E-Prescribing
<input type="checkbox"/> sulfamethoxazole-trimethoprim (BACTRIM DS, SEPTRA DS) 800-160 MG tablet	E-Prescribing
<input type="checkbox"/> fosfomycin (MONUROL) 3 g packet	E-Prescribing

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fluconazole (DIFLUCAN) 150 MG tablet 1 tablet, 0, E-Prescribing

Acute Pyelonephritis Treatment

Recommendations: One dose of IM Rocephin, followed by one choice of an oral antibiotic.
For non-toxic appearing, males or non-pregnant females, able to tolerate oral medications.
Listed in order of preference based on Lee Health antibiogram and cost.

cefTRIAxone (ROCEPHIN) injection 1,000 mg, Intramuscular, ONCE, Starting S, For 1 Doses
(CHOOSE THIS AND ONE ORAL ANTIBIOTIC BELOW)

Acute Pyelonephritis Oral Treatment

levofloxacin (LEVAQUIN) 750 MG tablet E-Prescribing

ciprofloxacin (CIPRO) 500 MG tablet E-Prescribing

cefdinir (OMNICEF) 300 MG capsule E-Prescribing

sulfamethoxazole-trimethoprim (BACTRIM DS, SEPTRA DS) 800-160 MG tablet E-Prescribing

fluconazole (DIFLUCAN) 150 MG tablet 1 tablet, 0, E-Prescribing

Complicated UTI and Male UTI Treatment

For cystitis in men and men or women who are immunocompromised, have chronic catheterization, have had recent urinary instrumentation, have had a kidney transplant, or have a urologic abnormality.
Listed in order of preference based on Lee Health antibiogram and cost.
Caution: Macrobid only develops therapeutic levels in the bladder.

nitrofurantoin, macrocrystal-monohydrate, (MACROBID) 100 MG capsule E-Prescribing

cephalosporin (KEFLEX) 500 MG capsule 14 capsule, 0, E-Prescribing

cefdinir (OMNICEF) 300 MG capsule 14 capsule, 0, E-Prescribing

sulfamethoxazole-trimethoprim (BACTRIM DS, SEPTRA DS) 800-160 MG tablet E-Prescribing

fluconazole (DIFLUCAN) 150 MG tablet 1 tablet, 0, E-Prescribing

Prostatitis Treatment (Single Response)

For males with acute prostatitis and no STD risk.
Avoid nitrofurantoin and beta-lactams.
Listed in order of preference based on Lee Health antibiograms and cost.

sulfamethoxazole-trimethoprim (BACTRIM DS, SEPTRA DS) 800-160 MG tablet E-Prescribing

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levofloxacin (LEVAQUIN) 750 MG tablet 14 tablet, 0, E-Prescribing

Symptomatic Medications

phenazopyridine (PYRIDIUM) 200 MG tablet 9 Tab, 0, Normal

Opiate Analgesics

acetaminophen-codeine (TYLENOL #3) 300-30 MG per tablet 12 tablet, 0, Normal

hydrocodone-acetaminophen (NORCO, LORTAB, VICODIN) 5-325 MG per tablet 12 tablet, 0, Normal

oxycodone-acetaminophen (PERCOCET) 5-325 MG per tablet 12 tablet, 0, Normal

tramadol (ULTRAM) 50 MG tablet 12 tablet, 0, Normal

Analgesics - non-narcotic

acetaminophen (TYLENOL) 325 MG tablet OTC

ibuprofen (ADVIL,MOTRIN) 200 MG tablet OTC

Patient Instruction

PI - UTI

Recommended UTI DISCHARGE INSTRUCTIONS AMB LCC UTI DISCHARGE INSTRUCTIONS

URINARY TRACT INFECTION (ENGLISH) URINARY TRACT INFECTION ADULT (ENGLISH)

URINARY TRACT INFECTION (SPANISH) URINARY TRACT INFECTION ADULT (SPANISH)

DYSURIA (ENGLISH) DYSURIA (ENGLISH)

DYSURIA (SPANISH) DYSURIA (SPANISH)

URINARY TRACT INFECTION IN MEN (AMBULATORY CARE) (ENGLISH) (aka uti) URINARY TRACT INFECTION IN MEN (AMBULATORY CARE) (ENGLISH)

URINARY TRACT INFECTION IN MEN (AMBULATORY CARE) (SPANISH) (aka uti) URINARY TRACT INFECTION IN MEN (AMBULATORY CARE) (SPANISH)

PYELONEPHRITIS (ENGLISH)(aka kidney infection, pyelonephritis) PYELONEPHRITIS ADULT (ENGLISH)

PYELONEPHRITIS (SPANISH) PYELONEPHRITIS ADULT (SPANISH)

PROSTATITIS (DISCHARGE CARE) (ENGLISH) (aka acute bacterial prostatitis) PROSTATITIS (DISCHARGE CARE) (ENGLISH)

PROSTATITIS (DISCHARGE CARE) (SPANISH) PROSTATITIS (DISCHARGE CARE) (SPANISH)

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[] CATHETER-ASSOCIATED URINARY TRACT INFECTION (AMBULATORY CARE) (ENGLISH) (aka uti)	CATHETER-ASSOCIATED URINARY TRACT INFECTION (AMBULATORY CARE) (ENGLISH)
[] CATHETER-ASSOCIATED URINARY TRACT INFECTION (AMBULATORY CARE) (SPANISH) (aka uti)	CATHETER-ASSOCIATED URINARY TRACT INFECTION (AMBULATORY CARE) (SPANISH)

Follow-up & LOS

Follow-up

[] PRN- Return to LCC office/ call if symptoms worsen or fail to improve	Follow-up
[] 1 day - Follow up with primary care physician & if symptoms worsen return or go to ER	Follow-up
[] 2 days - Follow up with primary care physician & if symptoms worsen return or go to ER	Follow-up
[] 3 days - Follow up with primary care physician & if symptoms worsen return or go to ER	Follow-up
[] 5 days - Follow up with primary care physician & if symptoms worsen return or go to ER	Follow-up
[] 1 week - Follow up with primary care physician & if symptoms worsen return or go to ER	Follow-up
[] 2 weeks - Follow up with primary care physician & if symptoms worsen return or go to ER	Follow-up
[] 1 day - Follow up in LCC & if symptoms worsen return or go to ER	Follow-up
[] 2 days - Follow up in LCC & if symptoms worsen return or go to ER	Follow-up
[] 3 days - Follow up in LCC & if symptoms worsen return or go to ER	Follow-up
[] 5 days - Follow up in LCC & if symptoms worsen return or go to ER	Follow-up
[] 1 week - Follow up in LCC & if symptoms worsen return or go to ER	Follow-up
[] 2 weeks - Follow up in LCC & if symptoms worsen return or go to ER	Follow-up
[] 1 day - Follow up with Department of Health	Follow-up
[] 7 days - Follow up with Corporate Health	Follow-up

New Patient (Single Response)

() OFFICE/OUTPT VISIT,NEW,LEVL II	LOS Code
() OFFICE/OUTPT VISIT,NEW,LEVL III	LOS Code
() OFFICE/OUTPT VISIT,NEW,LEVL III with 25 modifier	LOS Code
() OFFICE/OUTPT VISIT,NEW,LEVL IV	LOS Code
() OFFICE/OUTPT VISIT,NEW,LEVL IV with 25 modifier	LOS Code

Supplemental File 1. Lee Health – Lee Convenient Care Urinary Tract Infection SmartSet

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() OFFICE/OUTPT VISIT,NEW,LEVEL V	LOS Code
() OFFICE/OUTPT VISIT,NEW,LEVEL V with 25 modifier	LOS Code
Established Patient (Single Response)	
() OFFICE/OUTPT VISIT,EST,LEVEL I	LOS Code
() OFFICE/OUTPT VISIT,EST,LEVEL II	LOS Code
() OFFICE/OUTPT VISIT,EST,LEVEL III	LOS Code
() OFFICE/OUTPT VISIT,EST,LEVEL III with 25 modifier	LOS Code
() OFFICE/OUTPT VISIT,EST,LEVEL IV	LOS Code
() OFFICE/OUTPT VISIT,EST,LEVEL IV with 25 modifier	LOS Code
() OFFICE/OUTPT VISIT,EST,LEVEL V	LOS Code
() OFFICE/OUTPT VISIT,EST,LEVEL V with 25 modifier	LOS Code
() DISABILITY EXAM/TREATING DR	LOS Code
() POST-OP FOLLOW-UP VISIT	LOS Code
() NO CHARGE VISIT	LOS Code