

Condition: UTI
Population: Adult or teenage female only

HPI

Onset/Duration: xx days/weeks

Severity: mild/moderate/severe

Associated Symptoms:

- GU:
 - Frequency, dysuria, urgency, hematuria, flank pain
 - Vaginal discharge, irritation
 - LMP? Pregnancy?
- Fever: subjective/objective
- GI: nausea/vomiting, abd pain

PMFS: Review

Note: Hx UTI, recent?, hx of abx resistance?

Social: Sexual history, STI risk

ROS as in HPI

EXAM

Vitals

- Temp: patient reports
- HR: patient count for 15 seconds then x 4
- RR: count

Neuro: Mental Status - alert and interacting

Respiratory Effort: Speaks in full sentences

Abdominal: Suprapubic tenderness, CVA tenderness

MDM

UTI:

- Clinical diagnosis if normal exam/vitals, typical symptoms.
 - **Treatment:**
 - nitrofurantoin 100mg BID x five days (females<65 and lower URI) **or**
 - cephalexin 500mg PO BID x seven days.
 - **If allergy/if necessary, cipro 250mg PO BID x three days (discuss fluoroquinolone risk).**

Considerations:

- DDx of concern: Urinary retention, STI, stone disease.
- Refer for UA if doubt about clinical diagnosis, pregnant, CAUTI, renal transplant, history of resistance/recurrence, functional or anatomic abnormality of urinary tract, renal disease, immunocompromise.
- Refer for exam if concern for STI, fever, severe flank pain, repetitive vomiting