




Urinary Tract Infection (UTI)

Queensland Ambulance Service

Exclusion from transport to General Practice

-  Complete inability to mobilize independently
-  Systemically unwell
-  Observations:
 - Temperature $>38^{\circ}$ or $<36^{\circ}$
 - Heart rate >90 bpm
 - Respiratory rate >24 bpm
 - Blood Pressure <100 mmHg Systolic.

Management

- Analgesia as required

General Practice

Assessment

-  Elderly patients may not have observations typical of sepsis.

1. Continually assess observations
2. Examination as appropriate
3. Relevant past medical history (i.e. previous admissions)
4. Review comorbidities and medications
5. Collect MSU for M/C/S

Management

-  Presence of sepsis is for direct admission to **Emergency Department**
-  Potential obstructive uropathy is for direct admission to **Emergency Department**.

First line treatment:

- Consider appropriate analgesia
- Mild Pyelonephritis: (Low grade fever, no nausea or vomiting)
 - Amoxicillin+Clavulanate 875+125mg BD ORAL for 10-14 days; or,
 - Cephalexin 500mg QID ORAL for 10-14 days (if penicillin sensitivity is known); or,
 - Trimethoprim 300mg DAILY ORAL for 10-14 days (if penicillin anaphylaxis is known)
- Advise patient to present to the Emergency Department if their symptoms worsen or they develop nausea, vomiting or high fevers
- Review in clinic in 72 hours with results of MSU M/C/S

Failure to respond to Antibiotics at 72 hours:

- Review MSU M/C/S results
 - Modify antibiotic therapy based on sensitivities
 - If bacteria is resistant to first line options OR is Pseudomonas aeruginosa:
 - Ciprofloxacin 500mg BD ORAL for 7 days; or,
 - Norfloxacin 400mg BD ORAL for 7 days
 - If MSU results are normal and patient remains unwell, **for self-presentation to Emergency Department**
- For review with usual G.P. in 1 to 2 weeks for repeat MSU M/C/S

Escalation triggers

Refer to the Emergency Department

If the patient has any of the following, please refer them to the Emergency Department:

- Presence of sepsis
- Failure of oral therapies at 72 hours
- Inability to tolerate oral antibiotics or fluids
- Any other serious clinical concerns not already listed.

Disclaimer:

This clinical pathway is a suggested guideline only, based on current evidence, and does not replace use of clinical judgement.



Service Delivery - Standard 11

Patients and the community have access to safe, high quality healthcare services that are appropriate, effective and meet their needs.



Governance for Safety and Quality in Health Service Organisations - Standard 1

Involves setting direction, making policy and strategy decisions, overseeing and monitoring organisational performance and ensuring overall accountability for a service.



Provision of Care - Standard 12

The intention of this standard is to ensure high quality care is delivered to consumers/patients throughout the care continuum.



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