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| **Facility Logo** | Resident Label |

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| **S** | **Situation**I am concerned about a suspected UTI for the above resident. |
| **B** | **Background**Indwelling catheter [ ]  Yes [ ]  No If yes, [ ]  Urethral [ ]  Suprapubic Incontinence [ ]  Yes [ ]  No If yes, is this new or worsening [ ]  Yes [ ]  NoUTI in last 6 months [ ]  Yes [ ]  No If yes, Date: Organism: Treatment: Active diagnosis (especially bladder, kidney, genitourinary conditions; diabetes; receiving dialysis, anticoagulants): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Advance directives for limiting treatment (especially antibiotic use): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medication allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **A** | **Assessment**Vital signs: BP\_\_\_\_ /\_\_\_\_ HR\_\_\_\_\_ Resp. rate\_\_\_\_\_ Temp.\_\_\_\_\_ 02 Sats.\_\_\_\_\_

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| **Resident WITH indwelling catheter**The criteria are met to initiate antibiotics if one of the following are selected:No Yes[ ]  [ ]  Fever of 100°F (38°C), or 2°F (1.1°C) above baseline, or repeated temperatures of 99°F (37°C) [ ]  [ ]  New back or flank pain[ ]  [ ]  Rigors / shaking / chills[ ]  [ ]  New onset delirium (new dramatic change in mental status) [ ]  [ ]  Hypotension (significant change in baseline BP or SBP <90) [ ]  [ ]  Acute suprapubic pain [ ]  [ ]  Acute pain, swelling or tenderness of the scrotal area   | **Resident WITHOUT indwelling catheter**Criteria are met to initiate antibiotics if one of the three situations are met:No Yes[ ]  [ ]  Any one of the following two: [ ]  Acute dysuria alone (pain or burning while urinating) [ ]  Acute pain, swelling or tenderness of the scrotal area───────────────── *OR* ────────────────── [ ]  [ ]  Single temp of 100°F (38°C), or 2°F (1.1°C) above baseline, or repeated temperatures of 99°F (37°C) **and** at least one of the following new or worsening symptoms: [ ]  Urgency [ ]  Suprapubic pain [ ]  Frequency  [ ]  Gross hematuria [ ]  Back or flank pain [ ]  Urinary incontinence───────────────── *OR* ────────────────── [ ]  [ ]  No fever, but two or more of the following new or worsening symptoms:  [ ]  Urgency [ ]  Suprapubic pain [ ]  Frequency [ ]  Gross hematuria [ ]  Urinary incontinence  |

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| **R1** | **Recommendation when criteria are NOT met but ACTIVE MONITORING is being initiated**Resident **DOES NOT** need immediate antibiotic but may need the following active monitoring protocol measures:[ ]  Give / encourage liquid intake: oz/mL times / day, until symptoms resolve[ ]  Record fluid intake and output until symptoms resolve (output can also be measured from urinals or by weighing diapers)[ ]  Regular assessment of vital signs (temp, BP, heart rate, respiratory rate) every hours for hours [ ]  Monitor and notify if S & S worsen or are unresolved in hours[ ]  Contact consultant pharmacist to review medication regimen for possible explanation of S & S [ ]  Contact you (the provider) with an update of resident’s condition in hours/day[ ]  Other (specify):   |
| **D** | **Documentation****Nurse’s Signature:** **Date/Time:** [ ]  **Notification of Family/POA Name:**   **Date/Time:** [ ]  **Faxed or** [ ]  **Called to:** **By:** **Date/Time:**  |

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| **Physician Signature:** | **Date/Time:** |

**Please Fax Back To:**  or[ ]  **Telephone Order**

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**Complete the reverse side if criteria are met to start antibiotic**

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| **R2** | **Recommendation when criteria ARE met and SIMPLE CYSTITIS is suspected**Resident MET criteria for UTI and appear to have **cystitis** requiring the following measures:[x]  Urinalysis and urine culture (obtained under Medical Director standing order)[x]  Initiate empiric antibiotic therapy using the options for cystitis below |
|  | **Provider: Please select an antibiotic regimen**[ ]  Initiate empiric antibiotic therapy based on facility antibiotic susceptibilities: [ ]  Nitrofurantoin (Macrobid) 100mg PO BID if estimated creatinine clearance (eCrCl) >30 mL/min x Days [ ]  Cephalexin (Keflex) 500mg PO BID if eCrCl ≥10 mL/min x Days [ ]  Cephalexin 250mg PO BID if eCrCl <10 mL/min x Days [ ]  SMX-TMP (Bactrim) 1 double-strength PO BID if eCrCl >30 mL/min x Days [ ]  SMX-TMP (Bactrim) 1 single-strength PO BID if eCrCl 15-30 mL/min x Days [ ]  Fosfomycin (Monural) 3g PO once **(for female residents)** [ ]  Fosfomycin 3g PO once every 3 days for 3 doses **(for male residents)** [ ]  If above cannot be used, ciprofloxacin 250mg PO BID eCrCl >30 mL/min x Days [ ]  If above cannot be used, ciprofloxacin 250mg PO daily eCrCl ≤30 mL/min x Days[ ]  Initiate empiric antibiotic therapy based on resident’s urine culture(s) within the past 6 months Antibiotic: Dose: Route: Frequency: Duration: Days |
| **R3** | **Recommendation when criteria ARE met and COMPLICATED UTI is suspected**Resident MET criteria for UTI and appear to have **complicated UTI** (e.g., pyelonephritis) requiring the following measures:[x]  Urinalysis and urine culture (obtained under Medical Director standing order)[ ]  Obtain blood culture[x]  Initiate empiric antibiotic therapy using the options for complicated UTI below |
|  | **Provider: Please select an antibiotic regimen**[ ]  Initiate empiric antibiotic therapy based on facility antibiotic susceptibilities: [ ]  Ceftriaxone 1g IM once *[strongly consider if resident is clinically unstable AND/OR received any of the antibiotics below within the previous 3 months]*------------------------------------------------------------ FOLLOWED BY ---------------------------------------------------------- [ ]  SMX-TMP (Bactrim) 1 double-strength PO BID eCrCl >30 mL/min x Days [ ]  SMX-TMP (Bactrim) 1 single-strength PO BID eCrCl 15-30 mL/min x Days [ ]  Ciprofloxacin 500mg PO BID eCrCl >30 mL/min x Days [ ]  Ciprofloxacin 500mg PO daily eCrCl ≤30 mL/min x Days [ ]  **Oral** beta-lactam—Name: Dose: Frequency: Duration: Days[ ]  Initiate empiric antibiotic therapy based on resident’s urine culture(s) within the past 6 months Antibiotic: Dose: Route: Frequency: Duration: Days |
| **D** | **Documentation****Nurse’s Signature:** **Date/Time:** [ ]  **Notification of Family/POA Name:**   **Date/Time:** [ ]  **Faxed or** [ ]  **Called to:** **By:** **Date/Time:**  |

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| **Duration of Therapy for SIMPLE CYSTITIS**  |  | **Duration of Therapy for COMPLICATED UTI** |
| **Sex** | **Number of Days** |  | **Condition** | **Number of Days** |
| Women | 3 for SMX-TMP and Ciprofloxacin; 5 for nitrofurantoin and cephalexin |  | Pyelonephritis | 7 for ciprofloxacin; 14 for SMX-TMP; 10-14 for beta-lactam |
| Men | 7 |  | Non-Pyelonephritis | 7 if prompt improvement; 10-14 if delayed response |