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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  No  UTI 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.\_\_\_\_\_     |  |  | | --- | --- | | **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 |   . |
| **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:** |

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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:  Urinalysis and urine culture (obtained under Medical Director standing order)  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:  Urinalysis and urine culture (obtained under Medical Director standing order)  Obtain blood culture  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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| **Physician Signature:** | **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 |