

Care and Treatment Plan: Uncomplicated Lower Urinary Tract Infection (UTI)

Definition

Bacterial infection of the bladder, also known as cystitis, is caused by bacteria multiplying in urine. A lower urinary tract infection (UTI) occurs in the urethra and the bladder and is a common infection in young sexually active people.

Uncomplicated lower UTI is an acute infection of the bladder in an otherwise healthy person.

Registered Nurses with **Reproductive Health – Sexually Transmitted Infections** Certified Practice designation (RN(C)) are authorized to manage, diagnose, and treat adults with uncomplicated lower UTI in sexually active people with vaginas.

See *Consultation and/or Referral* section for specific information regarding consultation with and referral to a physician or nurse practitioner (NP).

Clinical Evaluation/Clinical Judgement

May treat as lower urinary tract infection if:

- Frequency, urgency, or dysuria are present, and
Urine dipstick test is positive for leukocytes and/or nitrites

Management and Interventions

Goals of Treatment

- Alleviate symptoms
- Prevent complications and ascending infection
- Treat infection

Treatment of Choice

Treatment	Notes
First Choice Nitrofurantoin 100mg PO BID for 5 days	General: <ol style="list-style-type: none"> 1. Nitrofurantoin demonstrates less resistance to E. coli and E. Faecalis than trimethoprim/sulfamethoxazole and is recommended as first choice for treatment of lower UTI. 2. See BCCDC STI Medication Handouts for further medication reconciliation and client information. Allergy and Administration: <ol style="list-style-type: none"> 1. DO NOT USE nitrofurantoin if there is a history of renal impairment or allergy to nitrofurantoin or dantrolene. 2. DO NOT USE trimethoprim or sulfamethoxazole if there is a history of allergy to sulfa drugs. 3. Consult physician or NP if the client is unable to use first or second choice treatment recommendations. 4. If serious allergic reaction develops including difficulty breathing and/or severe itchiness, have the client inform clinic staff immediately. If symptoms develop after leaving the clinic, advise the client to seek immediate emergency care.
Second Choice Trimethoprim 160mg/ sulfamethoxazole 800mg tab PO BID for 3 days	

Pregnant or Breast/Chest-Feeding Clients

Refer all pregnant or breast/chest-feeding clients to a physician or NP for treatment.



Partner Counselling and Referral

Partner follow-up is not required.

Monitoring and Follow-up

If symptoms do not begin to resolve in 48-72 hours or if symptoms persist despite treatment, the client should return to be re-assessed by a physician or NP.

Potential Complications

- Ascending infection: pyelonephritis
- Chronic UTI
- Interstitial cystitis

Client Education

Counsel client regarding:

- Appropriate use of medications (dosage, side effects, and need for re-treatment if dosage not completed, or symptoms do not resolve).
- Returning to the clinic if fever develops or symptoms do not improve in 48-72 hours.
- Potential causes of lower UTI, having a new sexual partner and/or recent intercourse, and the use of spermicides.
- Behavioral measures that may help to reduce uropathogens or irritants from entering the urethra including:
 - Routine cleaning with warm water
 - Using mild and non-irritant bath products, especially for bubble baths
 - Voiding before and after intercourse
 - Condom use during intercourse
 - Changing barrier methods (e.g., gloves, condoms, dental dams) or cleaning hands/toys/genitals between anal and vaginal play
 - Cleaning sex toys between use and using condoms if sharing sex toys
 - Maintaining fluid intake at 8-10 glasses per day
 - Avoiding douching and commercial 'vaginal cleaning products'
 - Wiping from front-to-back after voiding

Consultation and/or Referral

Consult with/refer to a physician or NP for clients in the following situations:

- Pregnant or breast/chest-feeding
- Under the age of 14 years
- Symptoms of lower UTI with negative results for nitrites and leukocytes
- Symptoms suggestive of an upper urinary tract infection, including some or all of the following:
 - Flank pain, severe back or abdominal pain
 - Chills, fever $>38^{\circ}\text{C}$, rigor
 - Nausea or vomiting
- With recurrent lower UTI; the second episode of lower UTI within one month or more than 3 episodes in one year
- Recent urinary tract instrumentation or the presence of indwelling catheter, stents, or nephrostomy tubes
- History of urologic or renal anomaly, impairment, surgery, transplant, or kidney stones
- Chronic health concerns: uncontrolled diabetes, neurogenic bladder, renal disease, long-term catheterization, spinal cord injury, immunocompromised



- Symptoms of lower UTI for 7 days or longer
- Hospital-acquired infection

Documentation

- Uncomplicated lower UTI is not reportable
- As per agency policy

References

More recent editions of any of the items in the References List may have been published since this DST was published. If you have a newer version, please use it.

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