 **UTI in women Standing Order**

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| Issue date: |  | Review date: |  |

This standing order is not valid after the review date. The review date is one year after the date the order was signed by the issuer.

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| **Standing Order Name** | Urinary Tract Infection (UTI) in women |
| **Rationale** | To swiftly and appropriately treat female patients who are symptomatic of an uncomplicated UTI |
| **Scope (condition and patient group)** | Woman ≥16 years and less than 75 years of age, who are assessed as having an uncomplicated UTI. |
| **Red Flags** | Fever, chills, nausea and feeling unwell may be a sign of pyelonephritis, especially if associated with lower flank pain.Frail elderly, patients with diabetes, indwelling catheters or recurrent UTIs need further assessment and involvement of a Medical or Nurse Practitioner. Women who are pregnant will need the involvement of a Medical or Nurse Practitioner or the women’s Lead Maternity Carer. |
| **Assessment** | 1. History and examination* Ask about recent antibiotics including trimethoprim prescribed by a community pharmacist
* Check temperature, heart rate, abdomen and flank.

2. If classic lower urinary tract symptoms and a positive dipstick. Symptoms include:* dysuria
* frequency
* urgency
* suprapubic pain

3. Consider testing for chlamydia urethritis as it can present with dysuria in both women and men.4. In the elderly, treat only if there are clinical signs and symptoms, rather than based on a positive dipstick or positive urine culture result.  |
| **Indication** | **Treatment of uncomplicated UTI** |
| **Medicine** | **Nitrofurantoin 50mg tablets** |
| **Dosage instructions** | 50mg FOUR times daily for 5 days |
| **Route of administration** | Oral |
| **Quantity to be given** |  5 days = 20 x 50mg tablets |
| **Contraindications** | * Nitrofurantoin allergy/sensitivity
* Signs of pyelonephritis, i.e. fever, pain in back, nausea and vomiting
* More than 3 UTIs in the past 12 months
* UTI in the past 2 weeks
* Immune deficiency/taking immunosupressants
* Recent catheterisation
* Urine tract abnormalities i.e. renal stones
* eGFR less than 60ml/min.
	+ If no record of eGFR and patient < 65 years of age, then assume eGFR > 60 ml/min
	+ If no record of eGFR and patient > 65 years of age, then refer
 |
| **Precautions** | * Remind patients that nitrofurantoin can lead to urine discolouration (yellow or brown)
* Nitrofurantoin is best to be taken with or just after food
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| **Additional information** | In uncomplicated UTIs still send a MSU to the laboratory so they can collect sensitivity data.Encourage fluid intake.Some elderly will present with delirium as a sign to look out for. |
| **Follow-up** | If symptoms worsen or if patient develops other symptoms such as fever, nausea or kidney pain then request that they represent.If no response in 48 hours request that they represent.Elderly patients can deteriorate quickly, therefore if they have any concerns ask them to represent asap. |
| **Countersigning and auditing** | Countersigning is not required. Audited monthly.**OR** Countersigning is required within ***XX*** days |
| **Competency/training requirements** | All nurses working under this standing order must be signed off as competent to do so by the issuer and have had specific training in this standing order. |
| **Supporting documentation** | Healthpathways at [www.healthpathways.org.nz](http://www.healthpathways.org.nz) Best Practice Journal at [www.bpac.org.nz](http://www.bpac.org.nz) New Zealand Formulary at [www.nzf.org.nz](http://www.nzf.org.nz) Nitrofurantoin - Not Suitable In Renal Impairment at<http://medsafe.govt.nz/profs/PUArticles/December2015/Nitrofurantoin.htm> Individual medicine data sheets at [www.medsafe.govt.nz](http://www.medsafe.govt.nz) Standing Order Guidelines, Ministry of Health, 2012Medicines (Standing Order) Regulations 2012 (Standing Order Regulations) |
| **Definition of terms used in standing order** | Dysuria- painful urination |

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| **Medical Centre or Clinic:** |  |

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| **Signed by issuers** |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Nurses operating under this standing order** |

Only Registered nurses working within the above medical centre or clinic are authorised to administer medication under this standing order.

We the undersigned agree that we have read, understood and will comply with this standing order and all associated documents.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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