

UTI in women Standing Order

Issue date:		Review date:	
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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.

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	<ol style="list-style-type: none"> History and examination <ul style="list-style-type: none"> Ask about recent antibiotics including trimethoprim prescribed by a community pharmacist Check temperature, heart rate, abdomen and flank. If classic lower urinary tract symptoms and a positive dipstick. Symptoms include: <ul style="list-style-type: none"> dysuria frequency urgency suprapubic pain Consider testing for chlamydia urethritis as it can present with dysuria in both women and men. 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	<ul style="list-style-type: none"> 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 immunosuppressants Recent catheterisation Urine tract abnormalities i.e. renal stones eGFR less than 60ml/min. <ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Remind patients that nitrofurantoin can lead to urine discolouration (yellow or brown) Nitrofurantoin is best to be taken with or just after food

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 Best Practice Journal at www.bpac.org.nz New Zealand Formulary at 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 Standing Order Guidelines, Ministry of Health, 2012 Medicines (Standing Order) Regulations 2012 (Standing Order Regulations)
Definition of terms used in standing order	<u>Dysuria</u> - painful urination

Medical Centre or Clinic:	
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Signed by issuers

Name: _____ Signature: _____
Title: _____ Date: _____

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: _____
Name: _____ Signature: _____ Date: _____