



Medical Directive

Title: **Assessment and Treatment of Lower, Uncomplicated Urinary Tract Infections**

Number: **HFHT 03**

Activation Date: **March 1, 2010**

Review due by: **March 1, 2011**

Sponsoring/Contact Person(s) **Laurel Cooke RN, Clinical Practice Leader, HFHT**
(name, position, contact particulars): **905-667-4848 ext 127, laurel.cooke@hamiltonfht.ca**

Order and/or Delegated Procedure:	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Title:
<p>1. Assessment for, and treatment of, Lower Uncomplicated Urinary Tract Infections by Registered Nurses or Registered Practical Nurses, either in person or over the phone.</p>		
Recipient Patients:	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Title:
<p>1. All active patients of HFHT physicians, identified on the attached Authorizer Approval Form (Appendix 2), who require assessment for, and treatment of, Lower, Uncomplicated Urinary Tract Infections.</p>		
Authorized Implementers:	Appendix Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Title: Appendix 1 Implementer Approval Form
<p>1. Hamilton FHT Registered Nurses (RN) * 2. Hamilton FHT Registered Practical Nurses (RPN) *</p> <p>* The implementing RN/RPN must receive orientation from the authorizing physician, with regards to the task. The RN/RPN and authorizing physician must sign the attached 'Authorizer Approval Form' after successful completion of the orientation. Following review of this directive, the attached 'Implementer Approval Form' must be signed by the RN/RPN indicating acceptance of this medical directive.</p>		
Indications:	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Title:
<p>1. Verbal consent received from the patient for the implementing RN/RPN to assess and treat the Lower Uncomplicated UTI. 2. Patient symptoms consistent with Lower Uncomplicated UTI, including: urinary frequency, burning with voiding, cloudy urine, and/or strong urine odor, and possible associated lower abdominal pressure and/or low back pain.</p>		

Contraindications:

1. No verbal consent from patient or substitute decision maker for RN/RPN to implement this medical directive.
2. Patient is **less than 5 years old, Male, Pregnant, Diabetic, and/or severe or complex medical issues, such as: ongoing Coumadin treatment, immunosuppression, or dialysis treatment.**
 - For these patients the symptoms are reviewed and documented by the RN/RPN. The RN/RPN then books the patient for an urgent appointment with the physician and/or consults with the physician for further direction on patient care: in a timely manner as per usual practice with urgent calls.
3. Patient is **experiencing fever and/or vomiting, blood in the urine, fever and/or pain in flanks.**
 - For these patients the symptoms are reviewed and documented by the RN/RPN. The RN/RPN then books the patient for an urgent appointment with the physician and/or consults with the physician for further direction on patient care: in a timely manner as per usual practice with urgent calls.
4. Patient has a **history of urinary calculus.**
 - For these patients the symptoms are reviewed and documented by the RN/RPN. The RN/RPN then books the patient for an urgent appointment with the physician and/or consults with the physician for further direction on patient care: in a timely manner as per usual practice with urgent calls.
5. Patient has a **history of frequent UTI's** (greater than 4 over the last year that have not been investigated for cause or diagnosis).
 - For these patients the symptoms are reviewed and documented by the RN/RPN. The RN/RPN then books the patient for an urgent appointment with the physician and/or consults with the physician for further direction on patient care: in a timely manner as per usual practice with urgent calls.

Consent:Appendix Attached: Yes No

1. Patients of HFHT Family Physicians
2. RN/RPN obtains verbal patient consent prior to the implementation of care

Guidelines for Implementing the Order / Procedure:Appendix Attached: Yes NoTitle: **Order Table Form**For assessment and treatment of Patients who meet the **Indications** described above:

- The RN/RPN assesses the patient for symptoms of Lower Uncomplicated Urinary Tract Infections including: urinary frequency, burning with voiding, cloudy urine, and/or strong urine odor, and possible associated lower abdominal pressure and/or low back pain.
- The RN/RPN documents the assessment in the EMR as per the documentation guidelines below.
- The RN/RPN prepares a lab requisition for urine R&M and C&S. The patient is instructed by the RN/RPN to attend the office or a mutually defined community lab ASAP to leave a urine sample for analysis.
- The RN/RPN assesses the patient for allergies to antibiotics, documents in the EMR any previously undocumented allergies, and a prescription is called or faxed to the patient's pharmacy as per the attached **Order Table Form**.
- The RN/RPN advises the patient that they must attend the lab to leave a sample prior to picking up their prescription.
- The RN/RPN provides the patient provides with education around increasing fluid consumption (water) to aid in the treatment process and the potential benefits of pure cranberry juice in prevention or decreased frequency of future urinary tract infections*.
- Upon receipt of the lab result any resistance to the prescribed antibiotics is brought to the attention of the physician. Upon his/her direction the RN/RPN will call the Patient to change the antibiotic to one which reflects the identified sensitivities.

* Jepson RG, Craig JC. Cranberries for preventing urinary tract infections. *Cochrane Database of Systematic Reviews* 2008, Issue 1. Art. No.: CD001321. DOI: 10.1002/14651858.CD001321.pub4.

Documentation and Communication:	Appendix Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Title: Appendix 3 Recommended Format for a Prescription or a Requisition
<ol style="list-style-type: none"> 1. Documentation in the patient's medical record needs to include: name and number of the directive, name of the implementer (including credential), and name of the physician/authorizer responsible for the directive and patient. 2. Information regarding implementation of the procedure and the patient's response should be documented, in the patient's medical record, in accordance with standard documentation practice. * 3. Standard documentation is recommended for prescriptions, requisitions, and requests for consultation. <p>* Potter, P.A. & Perry, A.G. (2006). <i>Fundamentals of Nursing</i>. St. Louis: Mosby.</p>	
Review and Quality Monitoring Guidelines:	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Title:
<ol style="list-style-type: none"> 1. Annual routine renewal will occur on the anniversary of the activation date. Renewal will involve a collaboration between the authorizing physician and a minimum of one implementing RN/RPN. 2. At any such time that issues related to the use of this directive are identified, the team must act upon the concerns and immediately undertake a review of the directive by the authorizing physician and a minimum of one implementing RN/RPN. 3. If new information becomes available between routine renewals, such as the publishing of new "Anti-infective Guidelines for Community-acquired Infections", and particularly if this new information has implications for unexpected outcomes, the directive will be reviewed by the authorizing physician and a minimum of one implementing RN/RPN. 	
Administrative Approvals (as applicable):	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Title:
Not Applicable	
Approving Physician(s)/Authorizer(s):	Appendix Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Title: Appendix 2 Authorizer Approval Form
<ol style="list-style-type: none"> 1. Hamilton FHT Family Physician 'Authorizer Approval Form'/ Signatures attached. 	

Order Table Form: Assessment and Treatment of Lower Uncomplicated Urinary Tract Infections

Order	Indications	Contraindications	Notes (Optional)
TMP/SMX (Septra) 2 tabs BID or DS 1 tab BID x 3-5 days	Sensitivity on lab result	Sulpha allergy Resistance on lab result Allergy or previous adverse reaction	Caution for all medications on this list: For patients on Coumadin, INR's will elevate with antibiotic treatment.
Nitrofurantoin 100mg QID x 7 days OR Macrobid 100mg BID x 7 days.	Pregnancy Sensitivity on lab result	Resistance on lab result Allergy or previous adverse reaction	
Amoxicillin 250mg TID x 7 days	Pregnancy Sensitivity on lab result	Penicillin allergy Resistance on lab result Allergy or previous adverse reaction	
Noroxin (Norfloxacin) 400mg BID x 7 days.	Sensitivity on lab result	Resistance on lab result Allergy or previous adverse reaction	
Ciprofloxacin 250mg BID x 7 days	Sensitivity on lab result	Resistance on lab result Allergy or previous adverse reaction	

References

Canadian Pharmacists Association (2005). Compendium of Pharmaceuticals and Specialties. Online version (e-CPS).

Pilla, N.J., Rosser, W.W., Pennie, R.A., and the Anti-infective Review Panel. (2005). Anti-infective Guideline for Community-acquired Infections. Toronto: MUMS Guideline Clearinghouse.

Appendix 3 Recommended Format for a Prescription or Requisition

Assessment and Treatment of Lower Uncomplicated Urinary Tract Infections

Medical Directive # HFHT 03

A prescription or requisition for laboratory specimen complete pursuant to a medical directive must include:

- Name and Number of the Directive
- Name of Authorizer
- Name and Signature of the Implementer

The following sample illustrates the recommended format for including this information. The format readily signifies to pharmacists that they have the proper order, permitting them to dispense the prescribed medication, in accordance with legislative and regulatory requirements. Should there be questions about the prescription the pharmacist would contact the implementer. If questions cannot be resolved the physician or authorizer would be contacted for clarification. The physician or authorizer is recorded as the prescriber. Where requested a copy of the medical directive can be forwarded to the pharmacist. The sample prescription is appended to the directive.

The same convention would apply to requisitions received by medical laboratory technicians that are completed pursuant to a directive.

Dr. J.D. Authorizer, MD, CCFP.
Hamilton Family Health Team
10 George Street
Hamilton, ON
905 667-4848

Date: March 1, 2010
Patient: Christa Jones, 100 Main Street, Hamilton

Septra DS, BID
Mitte: 7 days
Repeat: 0

(Signature)

Dr. J.D. Authorizer, MD, CCFP /R.F. Jane Smith RN
(R.F. Jane Smith RN, HFHT 03)