

U.T.I.

CONFIRMED U.T.I.*

* U.T.I.: > 100 WBC; pure growth of typical U.T.I. organism and no epithelial cells in MSU sample

Is this the first infection?

YES

Treat

1-2 weeks after completion of antibiotic course reculture urine

Is the patient pregnant?

NO

NO

More than 3 infections in a year

NO

Is the urine sterile?

YES

STOP

Increased risk of miscarriage especially in the 1st Trimester. D/W obstetrician or Renal Physician.
 ? ↑ fluid intake to ↑ urine output to > 2L/24 hours
 ? Cranberry +/- D-mannose
 ? Long-term antibiotics (suppressive dose) for remainder of pregnancy

Is the patient Male?

NO

YES

Need Investigation
 ? Obstruction
 ? Prostatitis
 ? Abnormal U.T.I. - e.g. bladder diverticulum
 ? Reflux nephropathy
 ? Stones in bladder or kidney

Consider referral to Urologist (stones) or Renal Physician

Refer to Renal Physician

Same organism? **

NO

YES

Within one month of last treatment

YES

Relapse. Probably incomplete clearance of organism/infection

Retreat/check adherence to regimen Consider treatment for longer duration

Probably reinfection

Several infections in one year without obvious explanation (e.g. catheters or cause identified on investigations previously, etc.)?

NO

NO

Continue to monitor as indicated by symptoms

YES

Is the patient elderly?

NO

NO

Treat and encourage preventative behaviour

** same organism = same bacteria and antibiotic sensitivity on culture

If Symptomatic (e.g. confusion or incontinence) consider low dose long term antibiotic for 3 months

Was this successful?

YES

STOP

NO

Refer to Renal Physician

