

Dysuria DHA CSSP Algorithm

FEMALE (18-65)

Exclusion Criteria

Any "yes" responses to the exclusion criteria require provider notification for a plan of care.

- Is the female patient < 18 or > 65 years old?
- Is this the patient's first time experiencing UTI-like symptoms?
- Has the female patient experienced 1 or more urinary tract infection (UTI) symptoms for > than 7 days?
- Has the patient been treated for 3 or more UTI's within the past 12 months, or been treated for a UTI within the past 2 weeks?
- Is the patient in a perioperative (pre or post-operative) status, been hospitalized or received a urinary catheter within the last 2 weeks?
- Is the patient complaining of vaginal discharge and/or itching?
- Is the patient complaining of ulcers, rashes or blisters in the genital area?
- Does the patient have a new complaint of pain with sexual intercourse?
- Does the patient have a history of kidney urological diseases (e.g. kidney transplants, stones or procedures; urinary obstruction, abnormalities or urologic anatomic defects)?
- Does the patient have severe abdominal, pelvic or flank pain?
- Does the patient have nausea or vomiting?
- Does the patient have blood in their urine?
- Has the patient measured a fever at home of greater than 100.4 F or 38 C?
- Does the patient have a decreased immune system due to either medications (e.g. steroids, chemotherapy, or Rheumatoid Arthritis drugs) or disease (e.g. cancer or HIV)?
- Does the patient have Diabetes Mellitus?
- Is the patient currently breastfeeding?
- Is the patient glucose-6-phosphate dehydrogenase (G6PD) deficient?
- Is the patient pregnant or possibly pregnant? (e.g. missed/late menstrual cycle)?

IMPORTANT:

- Abnormal vital signs must be repeated after 5mins & both sets reported to the provider for plan of care.

Abnormal Vital Signs

SBP < 90 or > 140
 DBP < 60 or > 90
 Pulse < 60 bpm or > 100 bpm
 Temp > 100.4 F or 38.0 C
 RR < 12 or > 20
 O2 Saturation < 95%

IMPORTANT

Prior to the patient leaving the clinic, educate the patient to follow-up with PCM if not responsive to the medication regimen within 2-3 days.

Provider will review/sign the EHR note and close the encounter.

A female patient age of 18-65 presents to the clinic with dysuria (pain/burning with urination) and/or one or more of the following complaints:

- Frequent urination (urinating more often than "her" normal).
- Urinary urgency (sudden, strong urge to urinate).

Walk-in: encounter created.

Support staff continues the Dysuria DHA CSSP protocol.

****Exclusion Criteria****
 Any "yes" responses from the Exclusion Criteria Box on the left?

Yes

Support staff will consult with the provider about the plan of care.

No

If inclusion criteria are met and no exclusions, treat based on symptoms (a urinalysis does not have to be performed unless required by local protocol). If criteria are not met consult with the provider.

Verify the patient's contact information, provide patient education handout and follow-up instructions. If required by local protocol, send patient to lab or collect specimen accordingly.

Ensure thorough documentation of all aspects of the visit are entered into the EHR (e.g. patient education, counseling, and/or follow-up care instructions).

Support staff will discuss with the provider which antibiotic/medications to order (listed below) for Dysuria treatment.

- Nitrofurantoin (Macrobid) 100 mg tablet every 12 hours for five days (#10,0 refill).
- Trimethoprim-Sulfamethoxazole (Bactrim DS) 1 double-strength tablet (160/800 mg) by mouth every 12 hours for 3 days (#6, 0 refill).
- Fosfomycin (Monurol) 3 grams of powder mixed in water as a single oral dose.

OPTIONAL MEDICATIONS FOR CONSIDERATION

- Phenazopyridine (Pyridium) 200 mg tablets, 1 tablet twice a day for symptom relief (#4, 0 refill). If prescribed, inform the patient that this is for symptom relief only, not curative.

Note: Notify provider of pending medication orders requiring signature.