

Guideline: Adult Burn UTI

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- I. **Purpose:**
Provide standardization of treatment for urinary tract infections in the burn population.
- II. **Population:**
Adult burn patients symptomatic of urinary tract infection.
- III. **Assessment:**

*Signs and Symptoms of UTI

Fever > 38.5C [◊]	
Rigors [◊]	<u>If spinal cord injury:</u>
Hypotension unrelated to medications [◊]	New sensation of unease
Acute hematuria unrelated to injury	Dysreflexia
New urinary frequency, urgency, or dysuria	Increased spasticity
Suprapubic pain or tenderness	
Costovertebral angle or flank pain	
Altered mental status or lethargy unexplained by other causes/injury	

[◊]Specifically in patients with a catheter

**Characteristics of Complicated UTI

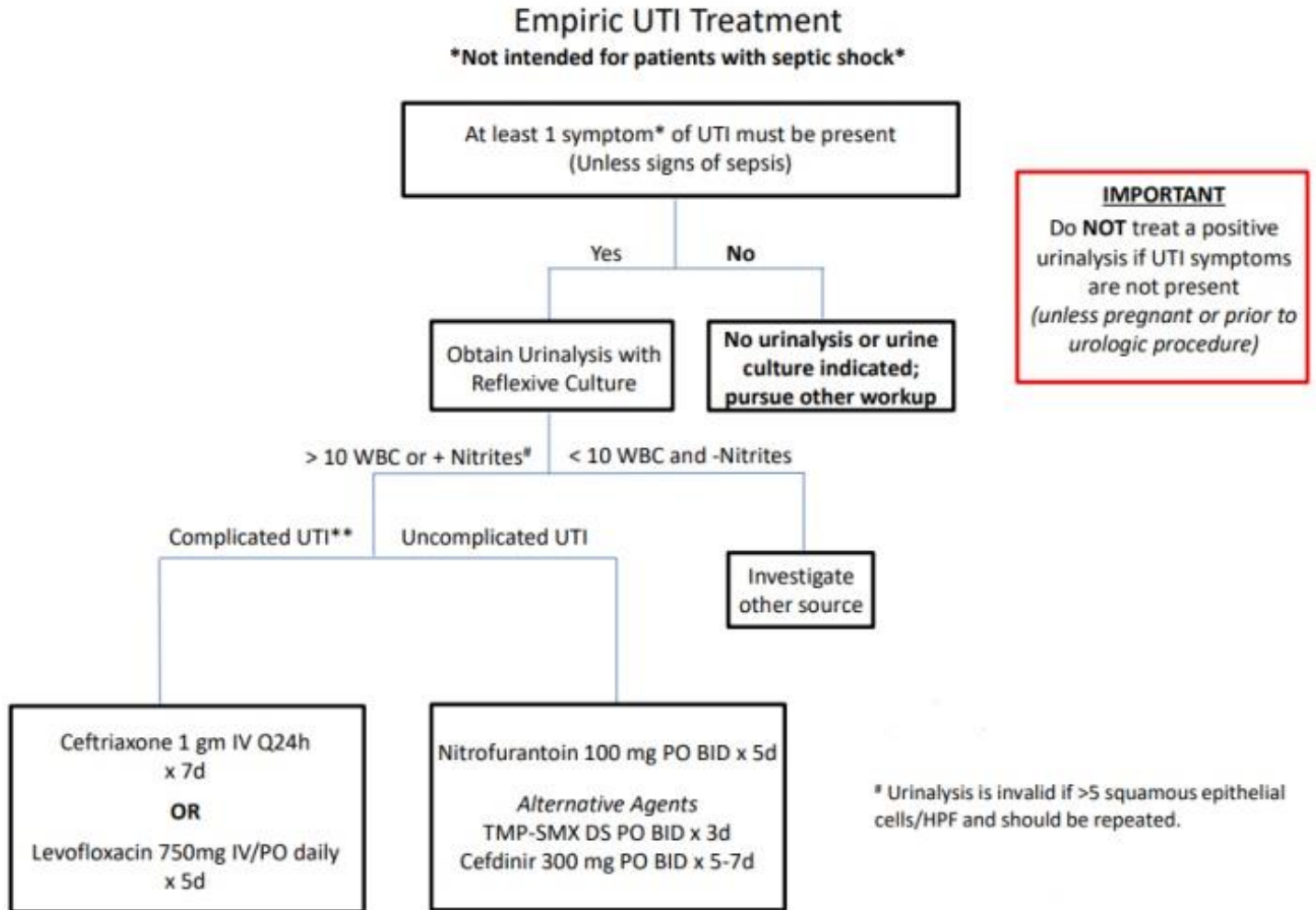
Male gender	Suprapubic catheter
Ureteral obstruction	Indwelling urinary catheter [^]
Neurogenic bladder	Ureteral stent
Kidney failure	Nephrostomy tube
Polycystic kidneys	Pregnancy
Immunocompromised state	

[^]Includes patients with UTI symptoms whose foley was removed within the last 48 hours

Antibiotic notes:

- Nitrofurantoin should not be used if CrCl < 30 mL/min.
- Adjust TMP-SMX to SS tablet if CrCl < 30 mL/min. Not for dialysis patients.
- Decrease cefdinir to 300 mg daily if CrCl < 30 mL/min.
- Reduce levofloxacin dose to 750 mg q 48h if CrCl < 50 mL/min.

IV. Intervention:



IMPORTANT

Do **NOT** treat a positive
urinalysis if UTI symptoms
are not present
*(unless pregnant or prior to
urologic procedure)*

[#] Urinalysis is invalid if >5 squamous epithelial cells/HPF and should be repeated.

If culture negative or <100,000 cfu/mL, discontinue antibiotics.

V. References

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6. Nicolle LE, Gupta K, Bradley SF, et al. Clinical Practice Guidelines for the Management of Asymptomatic bacteriuria: 2019 Update by the Infectious Diseases Society of America [published online ahead of print March 21, 2019]. *Clinical Infectious Diseases*. doi: 10.1093/cid/ciy1121.