VANDERBILT UNIVERSITY MEDICAL CENTER

Protocol: Adult Burn UTI Protocol

Category	Clinical Practice
Approval Date	9-28-2020
Due for review	9-28-2022

Applicable to						
☒ VUH	□ Children's	□ DOT	□ VMG Off-site locations	□ VMG	□ VPH	□ Other

Team Members Performing						
□ All faculty & staff	☒ Faculty & staff providing direct patient care or contact	☒ MD	☒ House Staff	☒ APRN/PA	☒ RN	□ LPN
□ Other:						

Content Experts
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I. Population:
Adult burn patients symptomatic of urinary tract infection.

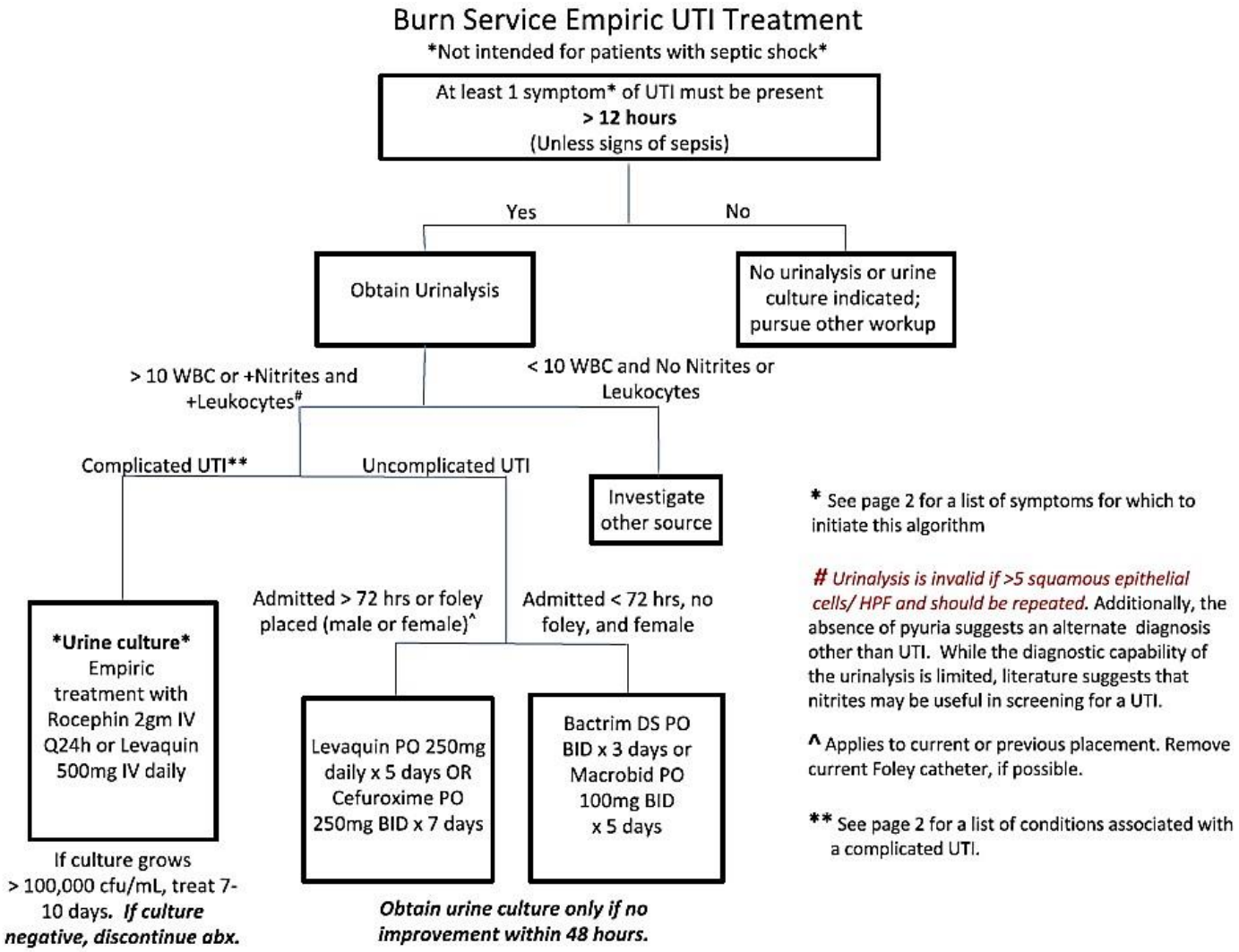
II. Purpose:
Provide standardization of treatment for urinary tract infections in the burn population.

III. Assessment:

*Signs and Symptoms of UTI	**Characteristics of Complicated UTI
New onset urinary frequency Dysuria Suprapubic Pain Fever > 38.5°C Altered mental status or lethargy unexplained by other causes/injury Rigors New pelvic pain Hypotension unrelated to medications Acute hematuria unrelated to injury **If Spinal Cord Injury:** dysreflexia, discomfort, increased spasticity ***Foul smell and cloudiness in the absence of other symptoms are not indications for a UA!***	(long-term or permanent indwelling device) Male gender if BPH or prostatitis Neurogenic bladder Polycystic kidneys Suprapubic catheter Indwelling urinary catheter Ureteral obstruction or stent Nephrostomy tube Pregnancy Kidney failure Immunosuppression

IV. Intervention:

The following needs to be administered via Central Line



V. Considerations:

- Macrobid should not be used if CrCl <60 mL/min.
- Adjust Bactrim to SS tablet if CrCl < 30mL/min. Not for dialysis patients.
- Reduce Levaquin dose to 250mg daily if CrCl <50mL/min.
- Consider the antibiotic rotation eliminated class when choosing antibiotics on 11S.

VI. References

1. Hooton, T.M., Bradley, S.F., Cardenas, D.D., et al. (2010). Diagnosis, prevention, and treatment of catheter-associated urinary tract infection in adults: 2009 international clinical practice guidelines from the Infectious Diseases Society of America. *Clinical Infectious Diseases. 50*: 625-663.

2. Gupta, K., Hooton, T.M. Naber, K.G., et al. (2011). International clinical practice guidelines for the treatment of acute uncomplicated cystitis and pyelonephritis in women: A 2010 update. *Clinical Infectious Diseases, 52*(5): e103-e120.

3. Matthews, S.J., Lancaster, J.W. (2011). Urinary tract infections in the elderly population. *American Journal of Geriatric Pharmacotherapy, 9*: 286-309.

4. Giesen, L.G., Cousins, G., Dimitrov, B.D., Laar, F., Fahey, T. (2010). Predicting acute uncomplicated urinary tract infection in women: A systematic review of the diagnostic accuracy of symptoms and signs. *BMC Family Practice, 11*: 78.

5. Frazee, B.W., Enriquez, K., Ng, V., Alter, H. (2015). Abnormal urinalysis results are common, regardless of specimen collection technique in women without urinary tract infections. *The Journal of Emergency Medicine, 48*(6): 706-211.