

**UTI Prevention Initiative
Cecil County Maryland**

UTI Prevention Initiative – Cecil County

Diagnose the UTI accurately

- Accurate identification of UTI is dependent on evidence of BOTH
 - a. Pyuria +/- bacteria
 - b. Clinical symptoms clearly attributable to urinary tract infection
- Presentations of urinary symptoms that do not respond to culture-directed antibiotic therapy should be regarded as casting doubt on the initial diagnosis of UTI
- Avoid testing the urine for a UTI outside of a clinical context that would justify it. For those who remain symptomatic despite antibiotics, consider repeating a culture at the 72 hour after the last antibiotic and strongly consider urologic consultation for other causes
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Appropriate consultation

- Consult urology in the hospital or arrange as an outpatient if this was not ordered as an inpatient for complications including:
 - a. Male with UTI that requires hospitalization
 - b. Recurrent pyelonephritis within a year
 - c. Anyone with stones and a UTI
 - d. Hydronephrosis
 - e. Indwelling urinary devices

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Appropriate Prophylaxis:

- Multiple options exist for prophylaxis against UTI
- In patients with normal renal function, methenamine hippurate 1 gram po BID is a mainstay of my strategy, utilizing vitamin C 500mg BID to acidify the urine, enabling the methenamine hippurate to be effective.
- In those with renal impairment, consider trimethoprim 100mg daily (dose adjustment needed below an eGFR of 30 mL/min), or cephalexin 125 mg daily.
- Avoid nitrofurantoin in the suppressive role, as there is concern about hepatotoxicity and pulmonary fibrosis.
- For females without a history of cancer, consider topical estradiol 10 mcg per vagina 2x/week as part of daily hygienic care.
- For females with a history of UTI, consider post-coital antibiotics, utilizing nitrofurantoin or other agents within an hour of sexual intercourse.

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Potential Risk Factors:

- Continue to minimize urinary catheter placement on inpatients, and minimize duration of catheter placements as outpatients.
- If a patient is on a SGLT2 inhibitor for diabetes as an outpatient and has UTI symptoms, consider changing it to another class of diabetic medications
- Consider evaluation of urinary retention with a post void residual ultrasound assessment.

Recommend those who went to the ED for a UTI to call your office instead.