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Hilo Medical Center
We Care for Our Community

LTC URINALYSIS PROTOCOL FAX FORM

☐ Ka'u ☐ Hale Ho'ola Hamakua

Date: _____

To: Dr. _____

From: _____

PRINT CLEARLY

Antibiotics Allergies: ☐ NKA _____

Your resident recently had a UA ordered. (See attached UA results). Your resident is exhibiting following symptoms (Check ALL that Applies):

RESIDENT SYMPTOMS	
☐ No Symptoms Present	☐ Change in functional Status
☐ Fever / Chills (_____ F)	☐ Increased lethargy or weakness
☐ Burning / Frequency on Urination	☐ Increase Falls
☐ Flank or Supra-pubic Pain/Tenderness	☐ Pyuria
☐ New / Incontinence	☐ Cloudy Urine
☐ Change in mental Status	☐ Increase Sediments in Urine
☐ Foul Smelling Odor of Urine	☐ Bloody Urine
☐ Loss of appetite	☐ Foley

Because many residents have chronic bacteriuria, the research based literature suggest treating only symptomatic UTI's.
Kamel HK. Managing urinary tract infections in the nursing home: Myths, mysteries and realities. *Internet Journal of Geriatrics and Gerontology* 2004;1 (2).
McGeerA, Campbell B, Emori TG, et al. Definitions of infection for surveillance in long-care facilities. *Am J Infect Control* 1991; 19(1):1-7

Please indicate which of the following recommendations you would like to order your resident (Check all that apply)

- ☐ Do Not Treat as Resident: resident has positive bacteria and remains asymptomatic; Treatment will not be initiated at this time with antibiotics as resident is assumed to be colonized.
- ☐ Bactrim DS 800 mg PO/G-tube BID x 10 days (non allergic residents)
- ☐ Bactrim DS 800 mg PO/G-tube BID x 14 days (non allergic residents)
- ☐ Nitrofurantoin 50 mg PO/G-tube x 7 days (non allergic residents)
- ☐ Nitrofurantoin 50 mg PO/G-tube x 10 days (non allergic residents)
- ☐ Nitrofurantoin 100 mg PO/G-tube x 7 days (non allergic residents)
- ☐ Nitrofurantoin 100 mg PO/G-tube x 10 days (non allergic residents)
- ☐ Cephalexin 500 mg PO/G-tube QID x 7 days (non allergic residents)

Other Rx

- ☐ UA with reflex Date:

MD Signature: _____ Date: _____ Time: _____

NURSING INTERVENTIONS (Place on Care Plan)

- Encourage Cranberry Juice TID
- Increase Hydration to an additional 120 cc/day
- Monitor Urinary Output and Temperature ever shift for 3 days

WHITE - MEDICAL RECORD SEND FAX COPY TO PharMerica