

ASP THERAPY FOR URINARY TRACT INFECTION PLAN

PHYSICIAN ORDERS

Diagnosis \_\_\_\_\_

Weight \_\_\_\_\_ Allergies \_\_\_\_\_

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER ORDER DETAILS

**Patient Care**

**Urine Antibiogram**

**Antibiogram Education**

T;N, Routine, See link for reference text.

**Medications**

**Medication sentences are per dose. You will need to calculate a total daily dose if needed.**

Acute Uncomplicated Cystitis Women

For UNCOMPLICATED UTI in women that warrants treatment (dysuria, frequency, and urgency plus urinalysis confirmation), select oral therapy as either cefdinir or nitrofurantoin. If early pyelonephritis suspected, treat as pyelonephritis and reference that section below.

**cefdinir**

300 mg, PO, cap, BID, x 5 days

**nitrofurantoin (nitrofurantoin monohydrate 100 mg oral capsule)**

100 mg, PO, cap, BID, x 5 days

Acute Complicated Cystitis Men or Women (diabetic, pregnant, chronic foley catheter, obstruction, anatomic abnormalities, immunosuppression)

Select ONE of the following:

**cefTRIAXone**

1 g, IVPush, inj, q24h, x 7 days  
 Reconstitute with 10 mL of sterile water or NS.  
 Administer IV Push over 3 minutes.

**ampicillin-sulbactam**

3 g, IVPB, ivpb, q6h, x 7 days, Infuse over 30 min, Genitourinary infection

Alternatively, if patient has an allergy to penicillin or cephalosporin choose either gentamicin or aztreonam

**gentamicin**

5 mg/kg, IVPB, ivpb, q24h, x 7 days, Infuse over 60 min, [MONITORING ADVISED] Pharmacy to dose and monitor

**aztreonam**

2 g, IVPush, inj, q8h, x 7 days

Pyelonephritis

Select ONE of the following:

**cefepime**

1 g, IVPush, inj, q12h, x 14 days  
 Reconstitute with 10 mL of Sterile Water or NS  
 Administer IV Push over 3 minutes

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TO  Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



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ORDER	ORDER DETAILS
<input type="checkbox"/>	<p><b>piperacillin-tazobactam</b>  <input type="checkbox"/> 3.375 g, IVPB, ivpb, q6h, x 14 days, Infuse over 30 min</p>
	<p>Alternatively, if patient has an allergy to penicillin or cephalosporin, select aztreonam</p> <p><b>aztreonam</b>  <input type="checkbox"/> 2 g, IVPush, inj, q8h, x 14 days            Reconstitute with 10 mL of Sterile Water or NS            Administer IV Push over 3-5 minutes</p>

TO  Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

