

# THE SAI GROUP: CARE PATHWAY - UTI

**Referral with diagnosis or high-risk of URINARY TRACT INFECTION**

**Initial evaluation** within 48 hours of referral or home return whichever is earlier

**Begin Telehealth with all new admissions and when first signs/ symptoms appear** (+ Medication Monitoring if applicable) within 48 hours post evaluation with following checks

- Temperature– at least daily
- Heart rate– at least daily
- BP– at least daily
- Weight– at least daily
- Blood glucose level (if diabetic)- as ordered

Continue telehealth if risks present or for at least 1 month if asymptomatic/ stable (unless discharged from home health before 1 month).

**OT/ PT Care** (to include but not limited to):

- Mobility
- ADL & AE trg. as needed
- Pt. education/ FMP design & trg. as needed

- **Nursing re-visit** no later than 48 hours post evaluation
- Frequency of nursing and home health aide based on clinical/ functional needs stated on initial evaluation/ physician orders
- Refer to OT and/or PT (if no admission orders), if needed

**Nursing care (includes but not limited to):**

- Review of drugs
- Watch for drug interactions/ side-effects
- Patient education
- Medication administration/ management as needed
- Administration of annual influenza vaccination
- Administration of PPSV ( if no history or last dose more than 5 years ago before the age of 65; if previously vaccinated after age 65– none needed) \*
- Telehealth monitoring, if applicable
- Check for s/s for UTI and temp., BP/ postural BP, HR, respiratory rate, oxygen saturation, weight, blood glucose level (if diabetic) with **each visit**
- Supervision of aide as needed

**All staff to check for s/s with each visit**

**Does patient complain of any of the following signs & symptoms:**

- Painful urination (dysuria)
- Lower abdominal tenderness
- Blood in the urine
- Nausea or vomiting
- New or worsening urinary – urgency – frequency incontinence

No

**Nurse to reconcile meds and contact physician for possible lab orders-**

- Urinalysis
- Urine C & S  
- Collect clean voided specimen if possible; in-and-out catheter only if necessary
- Blood work  
- Complete Blood Count  
- Basic Metabolic Panel

**Do any of the following signs exist? (TELEHEALTH OR IN-PERSON)**

- Temp > 102°F (> 38.9°C)?
- Apical HR > 100?
- Respiratory rate > 30/min?
- BP < 90 systolic?
- Finger stick glucose < 70 or >400?
- Unable to eat or drink?

Yes

No

Yes

**Notify physician immediately/ consider hospital d/c**

1. **Nurse to further assess** if pt. has dysuria + fever > 102°F (> 37.9°C)+ one other s/s listed above. **IF YES, nurse to contact Physician to consider**

- Oral, IV or Sub Q Hydration as indicated
- Antibiotic therapy (Check Allergies) Oral (7-14 days):  
• Amoxicillin 500 mg tid  
• Cefuroxime 125-250 mg tid  
• Ciprofloxacin 250-750 mg bid  
• Nitrofurantoin 100 mg bid (with adequate renal function)  
• Trimethoprim / Sul-famethoxazole 160/800 mg bid

2. **D/C ATB if culture negative**

**Nurse to forward lab results to physician as soon as available and re-assess**

- Critical values in blood count or metabolic panel?
- WBC > 12,000
- Persistent nausea or vomiting?
- Unstable vital signs?

No

Yes

**Notify Physician Immediately/ consider discharge to hospital**

Discontinue services when goals achieved/ potential maximized/ no further skilled needs with physician approval, or as directed by physician