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| [Facility Logo] | Resident Label |

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| **S** | **Situation**  I am concerned about a suspected UTI for the above resident. |
| **B** | **Background**  Indwelling catheter □Yes □No If yes, □ Urethral □ Suprapubic  Incontinence □Yes □No If yes, is this new or worsening □Yes □No  UTI in last 6 months □Yes □No If yes, Date: Organism: Treatment:  Active diagnosis (especially bladder, kidney, genitourinary conditions; diabetes; receiving dialysis, anticoagulants): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Advance directives for limiting treatment (especially antibiotic use): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Medication allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **A** | **Assessment**  Vital signs: BP\_\_\_\_ /\_\_\_\_ HR\_\_\_\_\_ Resp. rate\_\_\_\_\_ Temp.\_\_\_\_\_ 02 Sats.\_\_\_\_\_     |  |  | | --- | --- | | **Resident WITH indwelling catheter**  The criteria are met to initiate antibiotics if one of the following are selected:  No Yes  □ □ Fever of 100°F (38°C), or 2°F (1.1°C) above baseline, or repeated temperatures of 99°F (37°C)  □ □ New back or flank pain  □ □ Rigors / shaking / chills  □ □ New onset delirium (new dramatic change in mental status)  □ □ Hypotension (significant change in baseline BP or SBP <90)  □ □ Acute suprapubic pain  □ □ Acute pain, swelling or tenderness of the scrotal area | **Resident WITHOUT indwelling catheter**  Criteria are met to initiate antibiotics if one of the three situations are met:  No Yes  □ □ Any one of the following two:  □ Acute dysuria alone (pain or burning while urinating)  □ Acute pain, swelling or tenderness of the scrotal area  ───────────────── *OR* ──────────────────  □ □ Single temp of 100°F (38°C), or 2°F (1.1°C) above baseline, or repeated temperatures of 99°F (37°C) **and** at least one of the following new or worsening symptoms:  □ Urgency □ Suprapubic pain □ Frequency  □ Gross hematuria □ Back or flank pain □ Urinary incontinence  ───────────────── *OR* ──────────────────  □ □ No fever, but two or more of the following new or worsening symptoms:  □ Urgency □ Suprapubic pain □ Frequency  □ Gross hematuria □ Urinary incontinence |   . |
|  | **Nurses:** Please check box to indicate whether or not criteria are met and notify physician  □ **Protocol criteria are NOT met**. Resident **DOES NOT** need immediate antibiotic but may need additional observation  □ **Protocol criteria met**. Resident may require UA and urine culture or an antibiotic. |
|  | **Nurse’s Signature:** **Date/Time:**  □ **Notification of Family/POA Name: Date/Time:**  **□ Faxed or □ Called to:** **By:** **Date/Time:** |
| **R Physician Orders/Response (Please check all that apply)** | |
| □ Encourage 4oz of cranberry juice or another liquid ( \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) for \_\_\_\_\_\_\_\_\_\_\_ times/day, until symptoms resolve  □ Record fluid intake  □ Assess vital signs, including temp; every hours for hours  □ Monitor and notify PCP if symptoms worsen or unresolved in hours  □ Urinalysis, With Reflex to Urine Culture (if indicated)  □ Other:  □ For antibiotic orders (if needed) please complete script in full below **(notify physician if resident is currently on warfarin):**  Drug: Dose: Route: Frequency: Duration: Indication: | |

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| **Physician Signature:** | **Date/Time:** |

**Please Fax Back To:** or□ **Telephone Order**

*File Under Physician Order/Progress Notes*