

Suspected Urinary Tract Infection in Women Encounter Form

Patient's name: _____ Age: _____ Medical record #: _____

HISTORY OF PRESENT ILLNESS

Urinary tract infection (UTI) is complicated if any of the following is present:

- | | |
|--|---|
| <input type="checkbox"/> Advanced age (physician judgment) | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Chronic renal disease | <input type="checkbox"/> Recent urinary tract instrumentation |
| <input type="checkbox"/> Diabetes mellitus | <input type="checkbox"/> Urinary tract abnormalities |
| <input type="checkbox"/> Immunosuppression | |

Key findings that make UTI more likely:

- Hematuria (LR = 2.0)
- Frequency (LR = 1.8)
- Dysuria (LR = 1.5)

Key findings that make UTI less likely:

- Vaginal irritation (LR = 0.2)
- Vaginal discharge (LR = 0.3)
- No dysuria (LR = 0.5)

LR = likelihood ratio.

PHYSICAL EXAMINATION

Temperature: _____ Blood pressure: _____/_____ Heart rate: _____ Respiratory rate: _____

- Back pain or costovertebral angle tenderness

If vaginal discharge or vaginal complaint:

	None	Other		None	Other
External genitalia	<input type="checkbox"/>	<input type="checkbox"/>	Wet mount preparation	<input type="checkbox"/>	<input type="checkbox"/>
Vaginal	<input type="checkbox"/>	<input type="checkbox"/>	Potassium hydroxide preparation	<input type="checkbox"/>	<input type="checkbox"/>
Cervix	<input type="checkbox"/>	<input type="checkbox"/>			
Adnexa	<input type="checkbox"/>	<input type="checkbox"/>	Cervical motion tenderness	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Dipstick urinalysis

	Positive	Negative
Leukocyte esterase	<input type="checkbox"/>	<input type="checkbox"/>
Blood	<input type="checkbox"/>	<input type="checkbox"/>
Nitrite	<input type="checkbox"/>	<input type="checkbox"/>

Microscopic urinalysis (optional)

	None	Other
White blood cells/high-powered field	<input type="checkbox"/>	<input type="checkbox"/>
Red blood cells/high-powered field	<input type="checkbox"/>	<input type="checkbox"/>
Bacteria	<input type="checkbox"/>	<input type="checkbox"/>

DIAGNOSTIC EVALUATION (OPTIONAL)

- | | | | | |
|--|--|---------------------|---------|----------------|
| <input type="checkbox"/> Simple UTI | <input type="checkbox"/> Vaginitis (circle one): | Bacterial vaginosis | Candida | Trichomoniasis |
| <input type="checkbox"/> Complicated UTI | <input type="checkbox"/> Cervicitis | | | |
| <input type="checkbox"/> Pyelonephritis | <input type="checkbox"/> Other: _____ | | | |

TREATMENT PLAN

- Urine culture performed (recommended if complicated UTI or pyelonephritis)
- Cervical culture sent Hospitalize

Antibiotics (suggestions shown below are not appropriate for pregnant women)

Uncomplicated UTI, three-day therapy

Complicated UTI or pyelonephritis, 10- to 14-day therapy

- | | |
|--|--|
| <input type="checkbox"/> Trimethoprim/sulfamethoxazole (Bactrim, Septra), one double-strength tablet twice per day | <input type="checkbox"/> Trimethoprim/sulfamethoxazole, one double-strength tablet twice per day |
| <input type="checkbox"/> Ciprofloxacin (Cipro), 250 mg twice per day | <input type="checkbox"/> Ciprofloxacin, 500 or 750 mg twice per day |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Levofloxacin (Levaquin), 250 mg once daily |
| | <input type="checkbox"/> Other: _____ |

Other therapies:

- Pyridium, one or two 100-mg tablets three times per day or as needed for pain
- Treatment for yeast infection: _____
- Treatment for suspected chlamydia with or without gonorrhea: _____
- Other treatments: _____

Follow-up: As needed 3 days 1 week 2 weeks Other: _____

Physician's signature: _____ Date: _____