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Guideline: Adult Burn UTI and Urinary Retention Management Revised Date:

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Content Experts

Anna Thomas, BSN, RN

UTI Assessment and Treatment adopted from Trauma PMG

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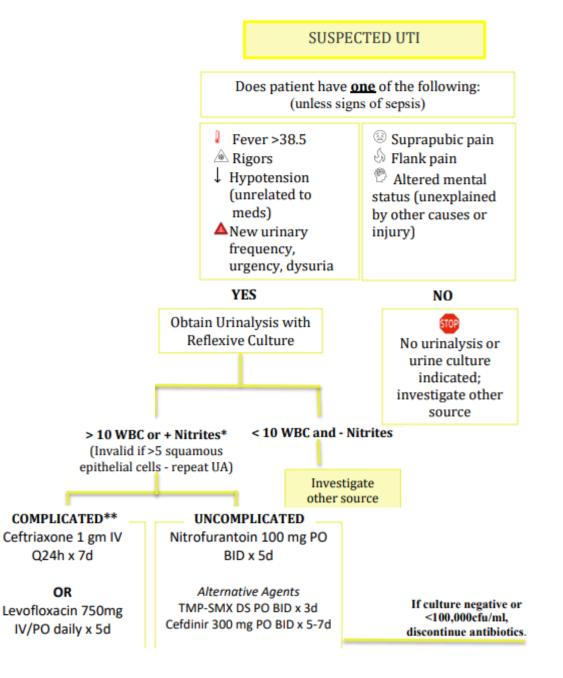
I. Purpose:

Provide standardization of treatment for urinary tract infections and urinary retention in the burn population.

II. Population:

Adult burn patients symptomatic of urinary tract infection or urinary retention.

III. Assessment and Treatment:



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** <u>Characteristics of Complicated UTI</u>	Antibiotic notes:	
MaleUreteral obstructionNeurogenic bladderKidney failurePolycystic kidneysImmunocompromisedSuprapubic catheterNephrostomy tubeIndwelling catheterUreteral stentPregnancy^Includes patients with UTI symptoms whose foley was removed w/in last 48 hours.	 Nitrofurantoin should not be used if CrCl < 30 mL/min. Adjust TMP-SMX to SS tablet if CrCl < 30 mL/min. Not for dialysis patients. Decrease cefdinir to 300 mg daily if CrCl < 30 mL/min. Reduce levofloxacin dose to 750 mg q 48h if CrCl < 50 mL/min. 	

IV. Urinary Retention

The following pathway was created for management of urinary retention post-catheter removal to provide structure and standardization to decision making around foley re-insertion in the presence of retention.

Nursing Responsibilities

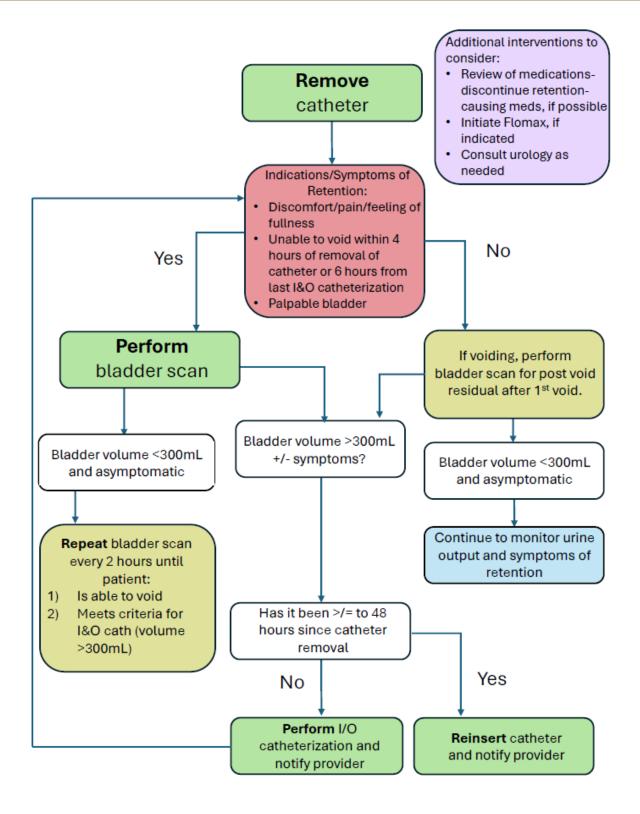
- Once a foley is removed, nursing will assess bladder volume at the 4-hour mark post removal.
- Any bladder volume >300mL will trigger the need for an I&O catheterization if the patient is not able to spontaneously void. Nursing has been instructed to notify a provider if this becomes necessary.
- Bladder volume assessments will continue q6 hours and will be accompanied by an I&O catheterization if the bladder volume trigger is met.
- At the **48-hour** mark, if the patient continues to retain urine and require I&O catheterization, the RN will consult with the provider about replacing the foley catheter.

Provider Responsibilities

- Placing orders for foley removal and replacement, as needed.
- An order for q6 PRN I&O catheterization would also be helpful, if the patient is unable to void spontaneously.
- Please do not allow foleys to be replaced (with the sole rational being urinary retention) before the 48-hour mark has been reached since the previous foley was removed.
- For patients experiencing urinary retention, please complete a brief medication review. Assess any potential retention-causing meds for necessity and consider Flomax or another med for retention.
- Placing urology consults, as needed, for patients who might benefit.

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V. References

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- Peterson J, Kaul S, Fisher AC, et al. A Double-blind, Randomized Comparison of Levofloxacin 750 mg Once-daily for Five Days with Ciprofloxacin 400/ mg Twice-daily for 10 Days for the Treatment of Complicated Urinary Tract Infections and Acute Pyelonephritis. *Urology*. 2007;71(1):17-2

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