RECURRENT URINARY TRACT INFECTION (UTI'S) REFERRAL GUIDELINE

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HIGH RISK

SUGGESTED EMERGENT CONSULTATION

SYMPTOMS AND LABS

N/A

MODERATE RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

SYMPTOMS AND LABS

Urinary retention

LOW RISK

SUGGESTED ROUTINE CARE

SUGGESTED WORKUP

Urinalysis and urine cultures to confirm UTIs. Only recommend testing when patient is symptomatic (2 genitourinary symptoms, uropathogen and pyuria meets diagnostic criteria for UTI)

Pelvic exam (note findings for vaginal atrophy, vulvar dermatoses i.e. lichen sclerosus)

Post-void residual check, urinary retention

SUGGESTED PREVISIT WORKUP

N/A

SUGGESTED WORKUP

Evaluation by urologist or MMP Pelvic Medicine

SUGGESTED MANAGEMENT

OTC supplements (cranberry tablets, Vitamin C 500mg BID, and D-Mannose)

If patient is post-menopausal, first line therapy is vaginal estrogen cream 1 gm PV 2 X week

Consider prophylactic antiseptic (Methenamine 1gm PO BID) or antibiotics to prevent UTIs

CLINICAL PEARLS

- Refer to a urology practice or MMP Pelvic Medicine for further evaluation and management of recurrent UTIs if initial prophylactic measures are unsuccessful
- Consider consult with infectious disease

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These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.

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