

## Acute cystitis treatment plan

### **DX:** urinalysis and urine culture

I would expect to see positive nitrates and leukocytes on the urinalysis, I could or could not see hematuria, The PH could be high, I would expect not to find squamous cells as that could indicate a contaminated specimen. The urine culture will give me the causative organism, E-Coli is the most common with UTIs. I would start empiric antibiotics and if the culture came back with a different organism that is not sensitive to the abx already on, I would switch.

**Medications:** Nitrofurantoin (Macrobid) 100mg twice daily for 5 days.

**Nonpharmacologic treatments:** Hot sitz baths, urinary analgesics (phenazopyridine 200mg three times daily oral)

**Suggested consults/referrals:** None at this time as this is uncomplicated and not reoccurring.

**Client Education:** Take the full course of antibiotics as directed. Drink plenty of liquid, empty bladder frequently and completely. Postmenopausal women with recurrent UTI's ( 3 or more per year) have seen a reduction in infections with the use of vaginal estrogen.

**Follow up:** Follow up if symptoms do not resolve once antibiotics are completed or you develop a fever, or sever back pain.

### Reference

Cystitis, acute (urinary tract infection). Papadakis M.A., & McPhee S.J. (Eds.), (2023). *Quick Medical Diagnosis & Treatment 2023*. McGraw Hill. <https://accessmedicine-mhmedical-com.chamberlainuniversity.idm.oclc.org/content.aspx?bookid=3241&sectionid=271745296>