

Inclusion Criteria	Exclusion Criteria
<ul style="list-style-type: none"> • Unsuitable for or intolerance to oral antibiotics. • Over 16 years of age but not under the care of a paediatrician. • Less than 22 weeks gestation. • Patient's medical condition has been assessed as stable, has a clear diagnosis and prognosis and is at a low risk of rapid deterioration. 	<ul style="list-style-type: none"> • Co-existing medical condition requiring hospital admission or complex medical co-morbidities eg poorly controlled diabetes and/or renal failure). Particularly in age >65. • Suspected or confirmed immediate penicillin or cephalosporin hypersensitivity (anaphylaxis, angioedema and urticaria). • Evidence of impending septic shock (Temp < 35 or > 38.5°C systolic BP <90 and/or diastolic BP <60 HR >125/min >30 per min. • Previous treated UTI – not responsive to antibiotics (example pseudomonas infections). • Evidence of multi-resistant organism. • Known renal tract abnormalities (eg long term in-dwelling catheter/supra- pubic catheter, ureteric stents obstructive uropathy. • Suspected prostatitis or renal calculi.

PATHOLOGY WORK-UP

- Mid stream urine MC&S (prior to antibiotics if possible).
- Blood cultures (if temp >38°).
- Blood for urea and electrolytes, if requested by medical governance doctor.
- Check BHCG if pregnancy a possibility.

SUGGESTED ANTIBIOTIC REGIMEN

- Suggested antibiotic regimen for mild infections
 - Amoxicillin + Clavulanate 875 + 125 mg, orally BD, 14 days
 - If causative organism is *Pseudomonas Aeruginosa* use Ciprofloxacin 500 mg 12 hourly orally for 14 days (contraindicated in pregnancy).
- Suggested antibiotic regimen for moderate/severe infections
 - Ceftriaxone 1 g intravenous daily or
 - Gentamicin 5mg/kg intravenous daily (maximum three (3) days).
Continue treatment for a total of 10 – 14 days, the greater part of which may be on oral antibiotics.
 - If unusual or multi-resistant organism consult a Clinical Microbiologist/Infectious Diseases Physician.

TREATMENT

- Urine MC&S should be completed prior to the commencement of antibiotic therapy.
- Access results from referral source.
- Collaborate with medical governance Doctor regarding abnormal results.
- Commence intravenous therapy if prescribed.
- Minimum of daily visits.
- Advise client re oral fluid intake >2 litres per day.
- Assess post void residual volumes with bladder scanner.
- Nursing assessments per Pyelonephritis Assessment Tool report to medical governance any deterioration in client condition.
- If loin pain and temperature continue for 3 days refer back to medical governance doctor.
 - Clinical improvement – start oral therapy, resolution of fever, loin pain
 - Clinical deterioration – admit to hospital if:
 - Systemic deterioration, including elevated temperature, elevated pulse
 - Hypotension/hypertension (outside client's normal parameters).
 - Symptoms suggestive of renal colic/calculi, which are unmanageable at home.
 - Lack of symptomatic response.

FOLLOW UP

- Renal tract ultrasound in all men with Pyelonephritis and women with recurrent infections or suspected abnormal renal tract.
- With client's General Practitioner appointment made prior to HATH discharge.

MEDICAL GOVERNANCE

Client has access to medical governance support twenty four (24) hours per day, seven (7) days a week. Care delivery is planned and provided in consultation with the client, medical officer/specialist holding medical governance and nursing staff. Medical specialists may retain medical governance with treatment interventions delivered by Silver Chain. When governance is retained by a Silver Chain medical officer the client will have a medical review within twenty four (24) hours of admission and scheduled follow-up up as determined by the medical officer for that individual client. In the instance when a client's condition deteriorates the Silver Chain medical officer or nursing staff will confer with an emergency department medical officer. All Silver Chain medical officers are formally credentialed. Silver Chain's medical officer holding governance will determine when the client can be discharged and a summary is sent to the referrer or client's general practitioner.

REFERENCE

Therapeutic Guidelines Antibiotic Version 13, 2006. Therapeutic Guidelines Ltd Melbourne.