TREATMENT GUIDELINES FOR HEALTH STAFF

URINARY TRACT INFECTION (UTI)

Authorized health and wellness staff may treat **lower urinary tract infection (cystitis)** as follows:

1. Base treatment on history of dysuria, frequency, voiding small volumes, and urgency in the absence of flank pain, fever, or vaginitis. Urinalysis or dipstick with positive nitrites and leukocyte esterase supports the diagnosis of UTI.
2. Administer nitrofurantoin (Macrobid) 100 mg po twice daily for 5 days OR one trimethoprim 160 mg/sulfamethoxazole 800 mg double strength tablet (Bactrim DS) po twice daily for 3 days\*.
3. Fluoroquinolones (i.e. ciprofloxacin) should not be used as first line agents for cystitis. Reserve for suspected bacterial resistance or upper urinary tract infection.
4. Obtain urine culture if student has recurrent urinary tract infections or antibiotic use within past 3 months.
5. Encourage hydration with copious fluids.  Instruct student to return for re-treatment if vomiting occurs within 4 hours of any oral medication dose.
6. If new sexual partners, screen for CT and GC infection.

\* Use of trimethoprim/sulfa use should be based on local patterns of E coli resistance; use only if local resistance is <20%.

**WHEN TO REFER TO THE CENTER PHYSICIAN**

* If the student has a history of recurrent UTI
* If the student has fever > 101oF or fever with chills
* If the student has flank pain
* If the student is pregnant
* If the student has symptoms suggestive of a sexually transmitted infection
* If the female student has pelvic pain suggestive of PID
* If the student’s symptoms have not resolved within 48 hours of initiating treatment
* If a male student has documented UTI (not urethritis)
* If the student has an allergy or other contraindication to listed medications and the use of a fluoroquinolone antibiotic needs to be considered

**Reference:** <https://www.accp.com/docs/bookstore/psap/p2018b1_sample.pdf>