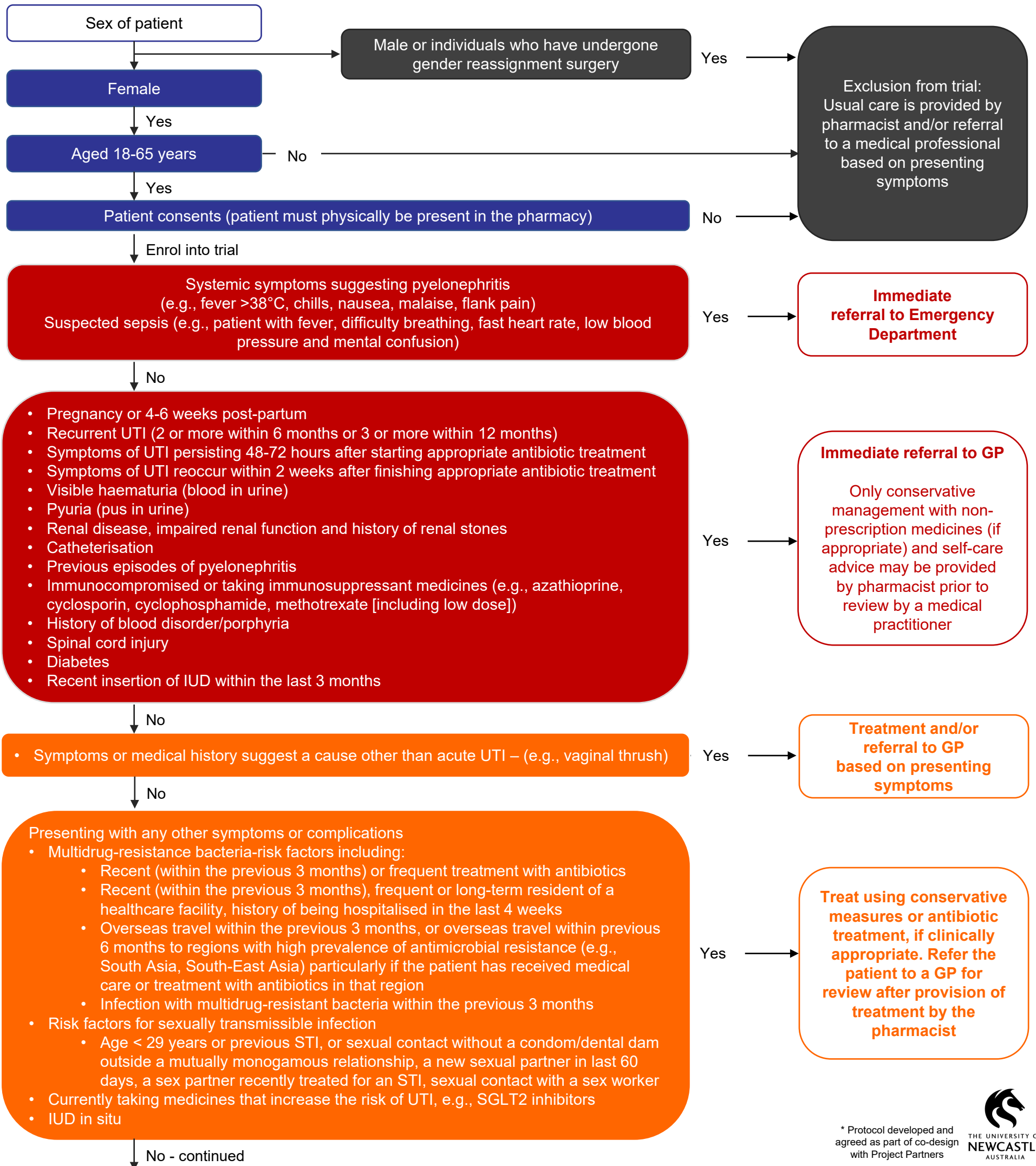


# Clinical Management Protocol (Main Evaluation Trial)

## Management of Urinary Tract Infections by Community Pharmacists



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## Management of Urinary Tract Infections by Community Pharmacists

↓ No - continued

Signs of uncomplicated UTI (at least 2 of: dysuria, urinary frequency, urinary urgency, suprapubic pain or discomfort)

No

Only one primary symptom of uncomplicated UTI (i.e., one symptom of dysuria, frequency, urgency, suprapubic pain or discomfort – one symptom is not sufficient to indicate presence of a UTI)

Yes

Conservative management by pharmacist only

Yes

Provisional diagnosis for uncomplicated UTI

Proceed to appropriate treatment

Yes

Check allergies and any contraindications before providing treatment

Yes

Treat and consider antibiotic choice if appropriate and/or referral to GP

**First line: Provide conservative management with non-prescription medicines as first line treatment and ensure evidence of use**

Analgesia: Paracetamol or non-steroidal anti-inflammatory drugs (e.g., ibuprofen, naproxen) can reduce the pain and discomfort of UTI

- Paracetamol: 1g orally, every 4- 6 hours as required. Maximum dose of 4g in 24 hours, or
- Ibuprofen: 200-400mg orally, every 6-8 hours as required. Maximum daily dose of 2.4g in 24 hours

Urinary alkalinising agents – noting safety and efficacy of these agents for the symptomatic treatment of UTI have not been established

**Provide non-pharmacological and self-care advice**

Consumer Medicines Information and/or a Self-Care Fact Card

Identify and educate patients who are prone to developing UTIs and provide advice on prophylaxis (i.e., increase fluid intake to 2-3L daily)

**Provide, if required, appropriate antibiotic treatment to the patient**

- First line - **Trimethoprim 300mg** orally, daily at night for 3 nights (Supply 3 tablets)
- Second line - **Nitrofurantoin 100mg** orally, every 6 hours for 5 days (Supply 20 tablets)
- Third line - **Cefalexin 500mg** orally, every 12 hours for 5 days (Supply 10 tablets)

Consider drug allergies and drug interactions when selecting treatments (e.g., Nitrofurantoin interacts with urinary alkalinising agent)

Yes

Dispense any medications (if supplied) via pharmacy dispensing software and label according to the legislative requirements outlined in the Poisons and Therapeutic Goods Regulation 2008

**Provide follow up advice and expectations around duration of symptoms**

- Symptoms should respond to appropriate antibiotic treatment within 48 hours
- Provide patient with a urine specimen jar. Advise patient to take a urine sample before commencing first dose of antibiotic treatment, refrigerate and take sample with them to see a GP if their symptoms worsen or no improvement in 48 hours. If symptoms persist 48–72 hours after starting appropriate antibiotic treatment, symptoms reoccur within 2 weeks after finishing antibiotic treatment or symptoms develop that are not symptoms of an acute UTI, patient should be advised to see a GP

Document the consultation in MedAdvisor and share a record of the consult with the patient's usual treating medical practitioner or medical practice

**Note:** If no GP or hospital service is available for the patient, referral should be made to **HealthDirect** via 1800 022 222