

(place patient label here)

Patient Name: _____

Order Set Directions:

- > (✓)- Check orders to activate; Orders with pre-checked box ☒ will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page



PROVIDER ORDERS

Diagnosis: _____

Allergies with reaction type: _____

Urinary Tract Infection and/or Pyelonephritis

Version 4 7/24/19

- This order set must be used with an admission order set or for patients already admitted.
- ***This order set is not intended for patients with Severe Sepsis or Septic Shock-*** For these patients, use the ICU Sepsis order set

Nursing Orders

- ☒ Verify that blood and urine cultures have been obtained before starting antibiotics
- ☒ Bladder volume index (BVI) for all male patients on admission
- ☒ If catheter indwelling for > 48 hours, notify provider for catheter change order prior to collecting UA

Medications

Analgesics

acetaminophen (TYLENOL)

- ☐ 650 milligram orally every 4 hours as needed for pain of fever greater than or equal to 100F

phenazopyridine (PYRIDIUM)

- ☐ 200 milligram orally 3 times a day, after meals for 2 days

Community Onset UTI and/or Pyelonephritis Anti-Infectives

- Most likely pathogens: E. coli and K. pneumoniae

First Line Treatment (No Cephalosporin Allergy AND No Anaphylaxis to Penicillin): SELECT

ceftriaxone (ROCEPHIN)

- ☐ 2 gram intravenously every 24 hours

Cephalosporin Allergy AND/OR Anaphylaxis to Penicillin: SELECT

aztreonam (AZACTAM)

- ☐ 2 grams intravenously every 8 hours

Healthcare-associated UTI and/or Pyelonephritis Anti-Infectives

- includes catheter associated UTI, any hospitalization and/or any urologic procedure in past 30 days

First Line Treatment:

No Cephalosporin Allergy AND No Anaphylaxis to Penicillin: SELECT cefepime and vancomycin

***** IF vancomycin allergic replace vancomycin with one linezolid***

cefepime (MAXIPIME)

- ☐ 2 gram intravenously every 12 hours; pharmacy to adjust for renal function

vancomycin

- ☐ 15 milligram/kilogram intravenously once [Max dose = 2 grams], then consult pharmacy to dose

linezolid (ZYVOX)

- ☐ 600 milligram intravenously every 12 hours
- ☐ 600 milligram tablet orally every 12 hours

Initials _____

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PROVIDER ORDERS

Cephalosporin Allergy AND/OR Anaphylaxis to Penicillin, SELECT aztreonam & vancomycin (both)
*****IF vancomycin allergic, replace vancomycin with one linezolid***

aztreonam (AZACTAM)

- ☐ 2 grams intravenously every 8 hours

vancomycin

- ☐ 15 milligram/kilogram intravenously once [Max dose = 2 grams], then pharmacy to dose

linezolid (ZYVOX)

- ☐ 600 milligram intravenously every 12 hours
- ☐ 600 milligram tablet orally every 12 hours

Laboratory

Admission labs or labs to be obtained now:

- Select the following only if not already done in ED
 - CULTURE, BLOOD
 - ☐ x 2 from 2 different sites 5 minutes apart
 - ☐ UA WITH MICROSCOPY
 - ☐ CULTURE, URINE
 - ☐ PREGNANCY TEST, SERUM

Radiology

US Retroperitoneal Complete

- ☐ routine Reason for exam: _____

Provider Signature: _____ Date: _____ Time: _____