

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

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
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Diagnosis: _____

Allergies with reaction type: _____

ED Urinary Tract Infection

Version 4 7/24/19

- This order set is designed for patients that will be admitted.
- ***This order set is not intended for patients with Severe Sepsis/ Septic Shock-*** For these patients, use the ED Sepsis order set

Nursing Orders

- Vital signs per unit standard
- Vital signs non unit standard: _____
- Verify that blood and urine cultures have been obtained before starting antibiotics
- If catheter indwelling for > 48 hours, notify provider for catheter change order prior to collecting UA

IV/ Line Insert and/or Maintain

- Peripheral IV insert/maintain

IV Fluids - Maintenance

- Sodium Chloride 0.9% IV
- 125 milligram/hour continuous intravenous infusion

Medications

Community Onset UTI and/or Pyelonephritis

- Benefis Community Onset UTI and/or Pyelonephritis Empiric Therapy Algorithm (see attached evidence link)
- Most likely pathogens: E. coli and K. pneumoniae

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

- cefTRIAxone (ROCEPHIN)
- 2 grams intravenously once

Cephalosporin Allergy AND/OR Anaphylaxis to Penicillin: SELECT

- aztreonam (AZACTAM)
- 2 grams intravenously once

Healthcare- associated UTI and/or Pyelonephritis Anti-Infectives

- Benefis Healthcare Associated UTI and/or Pyelonephritis Empiric Therapy Algorithm (see attached evidence link)
- Includes catheter associated UTI, any hospitalization in past 30 days 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 IV or PO linezolid***

- cefepime (MAXIPIME)
- 2 gram intravenously once
- vancomycin
- 15 milligram/kilogram intravenously once [Max dose = 2 grams]
- linezolid (ZYVOX)
- 600 milligram intravenously once
- 600 milligram tablet orally once

Cephalosporin Allergy AND/OR Anaphylaxis to Penicillin: SELECT ALL

- aztreonam (AZACTAM)
- 2 grams intravenously once
- vancomycin
- 15 milligram/kilogram intravenously once [Max dose = 2 grams]

Initials _____

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PROVIDER ORDERS

Cephalosporin Allergy AND/OR Anaphylaxis to Penicillin AND vancomycin allergic, SELECT tobramycin and ONE linezolid

aztreonam (AZACTAM)

- 2 grams intravenously once

linezolid (ZYVOX)

- 600 milligram intravenously once
- 600 milligram tablet orally once

Laboratory

- Select the following only if not already done
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: _____