

BEST PRACTICES FOR MANAGEMENT OF URINARY TRACT INFECTION IN WOMEN IN THE OUTPATIENT SETTING

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BACKGROUND

Urinary tract infections (UTI) are among the most common acute presentations for women in outpatient clinics.

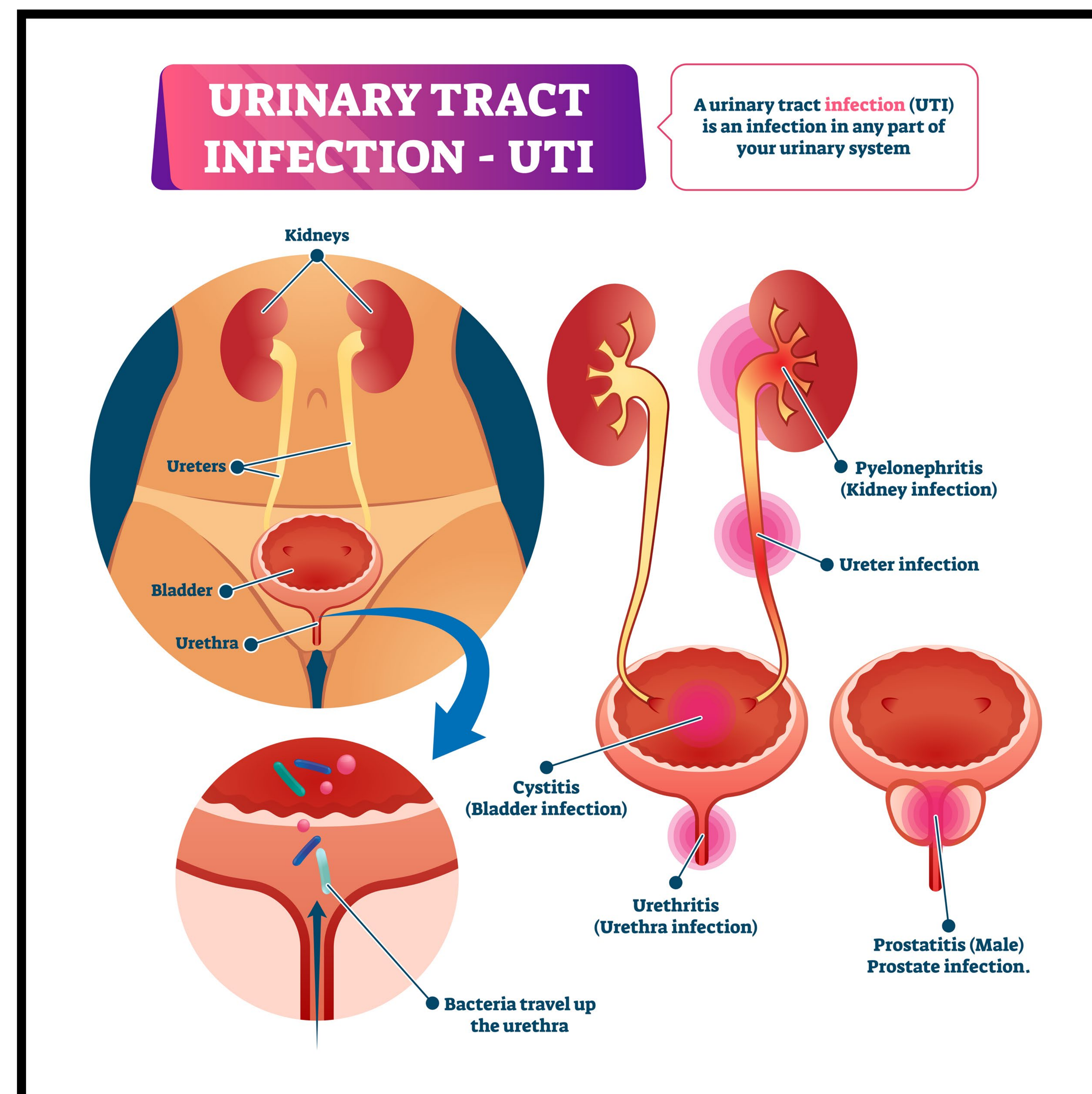
In most women, urinary tract infections are accompanied by symptoms such as painful urination, tenderness above the bladder area, urinary urgency and frequency of urination, suprapubic pain, and hematuria. Women are at greater risk for a UTI because the urethra is shorter than in men, so it is easier for bacteria to travel to the bladder. It is important to know what women already know and do to prevent recurring UTI.

PURPOSE

This project aims to conduct a literature review on evidence-based practices related to the importance of antibiotic treatment compliance and prevention for UTIs. We aim to expand our staff and patients' knowledge on best practices for treatment for UTIs, relieve UTI symptoms, treat infection, prevent recurrence of infection, and prevent serious complications such as kidney damage and sepsis.

METHODS

Our group conducted a systematic review of the literature using search terms (ex. urinary tract infection, outpatient, women, treatment, and prevention) in Google Scholar and PUBMED. We reviewed 8 articles regarding management and prevention of urinary tract infections, specifically, in women. Each article underwent a title, abstract, and full-text screening for relevance to the practice question.



RESULTS

Since UTIs are very common in women, it is imperative that controlled use of antibiotics is initiated for treatment.

For acute UTI, the Infectious Disease Society of America (IDSA) advocated the use of Nitrofurantoin, Trimethoprim-Sulfamethoxazole (TMP-SMX), or Fosfomycin for 3-5 days (NF Abou Heidar et al., 2019). Research, however, has failed to show a relationship between any of these factors, such as voiding after intercourse, consuming caffeinated beverages, or wearing non-cotton underwear, and UTI (The Journal of Family Practice, 2017). Although there is no proof of prevention, women should urinate after intercourse because bacteria in the bladder can increase by ten-fold after intercourse. After urination, women should wipe from front to back. Additionally, baths should be avoided in favor of showers (MJ Bono et al., 2017).

CONCLUSIONS

Early UTI management incorporated with interprofessional team involvement significantly enhances outcomes of UTI treatment. Patients and community safety are affected by ensuring the prescribing of the best antibiotic alongside medication compliance. Primary clinicians should refer patients with recurrent UTIs to the urologist to rule out reflux and anatomical defects. The literature review will be presented to the Unit Based Council to develop a performance improvement project for patient education.

REFERENCES

References available upon request.

