

MADOC CLINIC - UTI PROTOCOL

Time for Revisions & Simplifications?

August 25, 2019

CURRENT PROTOCOL:

A video summary of our current protocol can be found here:

<https://www.stewartmedicine.com/emr-consulting/urine-dip-protocol-tools/>

MODERN EVIDENCE:

There is increasing evidence to suggest that urine dips and cultures are not required when assessing and treating simple, uncomplicated UTIs.

It is especially important to note that False Negative urine dips and cultures do exist (i.e. the urine dip or culture are negative, but the patient *does* in fact have a UTI and would benefit from antibiotics).

- This podcast presents evidence for the above:
<https://podcasts.apple.com/ca/podcast/emergency-medicine-cases/id411665520?i=1000384318330&mt=2>
 - Main Take Home Points:
 - UTI is mainly a *clinical* diagnosis, independent of urine dips or C&S.
 - Up to 25% false negative rate on cultures, for instance.
 - We could be reducing our testing of dips and cultures by a huge amount, which saves administrative time.
 - There is opportunity for us to revise our UTI protocol to even treat patients over phone without having them need to even come in, freeing up our time and access.

- This recent podcast by Best Science Medicine, a very reputable source, speaks about a study on UTIs that reiterates the same: <https://therapeuticseducation.org/podcast/episode-424-10-really-useful-studies-primary-care---part-ii>
 - Main Take Home Points:
 - See halfway down the supporting notes:
https://therapeuticseducation.org/sites/therapeuticseducation.org/files/10-useful_studies.pdf
 - A negative urine culture does not rule out a UTI.
 - Overall, there is minimal difference in cost and effectiveness between immediate empiric antibiotics and delayed antibiotics.

SUGGESTED REVISION TO UTI WORKFLOW:

- For simple uncomplicated UTIs, staff will start with the normal UTI Protocol Encounter Assistant.
- However, collecting a urine sample will no longer be a default criterion.
- Urine specimens would only be collected when either:
 - There are positive Red Flag symptoms
 - The MD/NP requests
- Note that this allows most UTI protocols to even be done over the phone, without the need for patient to come to clinic to drop off a urine sample.

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EA - Urine Dip Protocol AD

UTI Symptoms: # days symptoms: <input type="text"/> <input type="checkbox"/> Feels just like previous UTIs. <input type="checkbox"/> Pain or burning with urination <input type="checkbox"/> Urine Frequency/Urgency <input type="text"/>	RED FLAG Symptoms: <input type="checkbox"/> Visible blood in urine <input type="checkbox"/> Fever <input type="checkbox"/> Vomitting <input type="checkbox"/> Pain in flanks <input type="checkbox"/> >3 UTIs per year <input type="checkbox"/> Vaginal Irritation/Discharge	Urine Dip Results: WBC <input type="text"/> RBC <input type="text"/> Nit <input type="text"/>
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PLAN:

Send Urine for C&S
Lab Req

Pt is waiting for results/advice.
 Pt has left. Staff will call pt with plan.
 Message MD/NP

Staff would be made aware these are now OPTIONAL and RARELY required

THE BENEFITS:

- Alignment with current evidence and best practice guidelines.
- More convenient for patients, not having to come to clinic and supply urine samples.
- More convenient workflow for staff, not having to wait for urine dip results, and potential back-and-forth messaging.
- Save costs of urine dups (since G010 code only reimburses 15% shadow billing).

LIMITATIONS TO BE AWARE OF:

MDs and NPs should be alert for the following situations:

- Any red flag symptoms.
- Infections resistant to specific antibiotics.
- Frequent recurrent UTIs (need to consider differential diagnosis such as interstitial cystitis).

Respectfully submitted for your consideration.

Adam