



Use UTI guideline unless Sepsis confirmed

Scenario:

25 y.o female w/ no PMH, who presented w/ dysuria, polyuria x1 month and new onset back pain. Pt lives in a homeless shelter.

ED Course:

Initial VS: 103.1°F, P: 132, 114/79, RR 20

Exam: left CVA tenderness

Labs: WBC 14.2, Na 135, UA + w/nitrates, WBC >50, moderate bacteria, RBC 11-20

Tx: 3L IVF, IV Rocephin, Urine/Blood Cx

At Time of Decision to Admit:

Pt c/o 8/10 pain and remained tachycardic, despite 3L IVF and ED Tx.

Documented Principal Problem:

Pyelonephritis

Recommended Workflow

- C-** Consider appropriate care setting
 - Hospitalization
- A-** Ask what the principal diagnosis is?
 - UTI
- R-** Review INPT guideline first, then OBS
 - UTI - INPT Criteria MET
- E-** Enter bed status / level of care order
 - INPATIENT
- D-** Document criteria in medical record

Urinary Tract Infection (UTI) - INPT, Pyelonephritis, Uropathy, Ureteral Obstruction, Perinephric Abscess, Pyonephrosis, Pregnancy, Kidney Transplant, Renal Transplant

Medical Inpatient Adult GLOS: 2 days Off Subsequent review

- ▼ Hemodynamic instability, as indicated by **1 or more of the following** (1)(2)(3)(4)(5)(6):
 - ▼ Vital sign abnormality not readily corrected by appropriate treatment, as indicated by **1 or more of the following** ([A]):
 - ▶ Tachycardia that persists **despite** appropriate treatment (eg, volume repletion, treatment of pain, treatment of underlying cause)
 - ▶ Hypotension that persists **despite** appropriate treatment (eg, volume repletion, treatment of underlying cause)
 - ▶ Orthostatic hypotension that persists **despite** appropriate treatment (eg, volume repletion)
 - ▶ Hypotension that is severe, as indicated by **ALL of the following**:
 - ▶ Altered mental status that is severe or persistent

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CRITERIA MET

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Teaching Points:

- Sepsis should not be used as a guideline until sepsis is confirmed.
- If a **specific infectious diagnosis** is made or strongly suspected, including in patients with concomitant bacteremia, **the appropriate guideline for that condition should be used** whenever possible (e.g., cellulitis, COVID-19, diverticulitis, endocarditis, gastroenteritis, meningitis, osteomyelitis, pelvic inflammatory disease, pericarditis, pneumonia, septic arthritis, urinary tract infection).
- The clinical term and entity of sepsis has been redefined, such that **a patient meeting criteria for sepsis would be quite ill**, well beyond the threshold for hospitalization.
- The current clinical definition of sepsis for adults (Sepsis-3 criteria) is **infection plus a change of 2 or more points on the SOFA** (Sequential Organ Failure Assessment) score
- If the **etiology of the infection is unknown** (i.e., may be viral, bacterial, or fungal), the Sepsis and Other Febrile Illness, without Focal Infection guideline is appropriate.

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