

# Clinical Scenario UTI Local Infection vs Urosepsis



# 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:

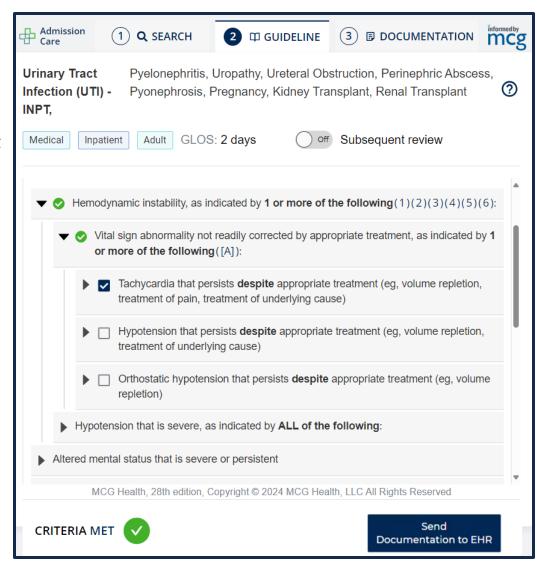
Pt c/o 8/10 pain and remained tachycardic, despite 3L IVF and ED Tx.

### **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



#### **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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