Priority Topic: URINARY TRACT INFECTION

Key Features:

There is lots of overlap between UTI and Priority Topics Dysuria, Vaginitis, STI, and Menopause

A few summaries:

✓ UTIs in the clinic AIM 2017
✓ Acute uncomplicated cystitis an pyelonephritis IDSA 2010
✓ UTIs Medical Student Curriculum American Urological Association
  https://www.auanet.org/education/adult-uti.cfm

1. Take an appropriate history and do the required testing to exclude serious complications of urinary tract infection (UTI) (e.g., sepsis, pyelonephritis, impacted infected stones).

**What you should study:**

✓ Urinary Tract Infections in the clinic AIM 2017
✓ Treatment and Prevention of Kidney Stones AAFP 2011
✓ Urolithiasis Guidelines CUA 2016

2. Appropriately investigate all boys with urinary tract infections, and young girls with recurrences (e.g., ultrasound).

**What you should study:**

✓ Les infections urinaires chez l’enfant MduQ 2014
✓ UTI in children CPS 2014
✓ Recurrent UTI AAFP 2016
✓ Risks for recurrent UTI PEDS 2015
3. In diagnosing urinary tract infections, search for and/or recognize high-risk factors on history (e.g., pregnancy; immune compromise, neonate, a young male, or an elderly male with prostatic hypertrophy).

✓ Just do it!

4. In a patient with a diagnosed urinary tract infection, modify the choice and duration of treatment according to risk factors (e.g., pregnancy, immunocompromise, male extremes of age); and treat before confirmation of culture results in some cases (e.g., pregnancy, sepsis, pyelonephritis).

What you should study:

✓ UTI Treatment INESSS 2017 - general management
✓ UTI in pregnancy BMJ 2017
✓ UTI management in Pregnancy APCO 2015
✓ UTI & Pyelo in pregnancy BPJ 2011
✓ Recurrent UTIs in women CUA 2011
✓ UTI in diabetes 2015
✓ Prostatitis Guideline CUA 2011
✓ Acute Pyelonephritis in Adults NEJM 2018

I didn’t know where to put this, but I think we should all be familiar with this IDSA guideline:

✓ Asymptomatic Bacteriuria in Adults IDSA Guideline 2005 (being updated)

5. Given a non-specific history (e.g., abdominal pain, fever, delirium) in elderly or very young patients, suspect the diagnosis and do an appropriate work-up.

✓ Just do it!
6. In a patient with dysuria, exclude other causes (e.g., sexually transmitted diseases, vaginitis, stones, interstitial cystitis, prostatitis) through an appropriate history, physical examination, and investigation before diagnosing a urinary tract infection.

**What you should study:** see Priority Topics STIs and Vaginitis

- Dysuria AAFP 2015
- Interstitial Cystitis AAFP 2011 and Meds for Interstitial Cystitis AAFP 2015
- Vaginal Atrophy SOGC 2004
- Vaginitis AAFP 2018
- Vulvar Contact Dermatitis 2004
- Prostatitis CUA 2011
- Genitourinary Syndrome of Menopause Mayo Clinic 2017