Thames Valley
Family Health Team

Medical Directive

Assessment and Treatment of Lower Uncomplicated UTI (AFAB, non-pregnant, ≥12 yrs)	**Assigned Number: 018**
Activation Date: July 1, 2011	**Review due by: December 2025**

Approval Signature & Date

Medical Director: _____ Date Reviewed: Aug 11, 2026

Executive Director, Clinical Services: _____ Date Reviewed: Aug 11, 2026

Order and/or Delegated Procedure:	**Appendix Attached:** ☐ **Yes** ☒ **No**

Assessment and Treatment of Uncomplicated Lower Urinary Tract Infections in individuals Assigned Female at Birth (AFAB) ≥12 years old.

Recipient Patients:	**Appendix Attached:** ☐ **Yes** ☒ **No**

All active patients (attached or unattached) served by Thames Valley Family Health Team affiliated physicians and nurse practitioners, as identified on the Authorizer Approval Form.

Authorized Implementers:	**Appendix Attached:** ☐ **Yes** ☒ **No**

Thames Valley Family Health Team Registered Nurses and Registered Practical Nurses (RN/RPN).

The implementer must complete educational requirements for this medical directive, including review of the educational package and medical directive and successful completion of any quizzes. If additional orientation or shadowing is needed, the implementer must make arrangements for this with their clinical supervisor. Once all of the above has been completed, they are required to sign the Implementer Performance Readiness Form electronically, via Citation Canada, indicating they have the knowledge, skill and judgement to safely enact the directive.

Indications:	**Appendix Attached:** ☒ **Yes** ☐ **No** Appendix 1: UTI Assessment Tool
Patient is AFAB, ≥12 years old and complaining of symptoms associated with a lower UTI	
Contraindications:	**Appendix Attached:** ☐ **Yes** ☒ **No**

1. Patient is under 12 years old, assigned male at birth (AMAB), pregnant, or lactating
2. Patient is at risk for Complicated Urinary Tract Infection (UTI) due to one or more of the following factors:
   - Urinary tract abnormality (e.g., polycystic kidney disease, stones, neurogenic bladder, catheter, recent instrumentation)
   - Symptoms have persisted for more than 14 days
   - History of infections with antimicrobial-resistant organism(s)
   - Recurrent UTI – new symptoms of UTI where the patient has had 2 or more UTIs in past 6 months or 3 or more in the past 12 months
   - Complex medical co-morbidity (a patient with two or more active diagnoses/conditions where, at the discretion of the implementer of the directive, is outside their comfort level in applying this directive)
3. Patient exhibits signs and/or symptoms of possible pyelonephritis or upper UTI: fever, chills, rigors, costovertebral angle tenderness /flank pain, vomiting, significant fatigue or malaise beyond baseline.
4. Patient reports blood in their urine and the absence of other lower UTI symptoms
5. Known liver cirrhosis or liver failure
6. Known moderate to severe chronic kidney disease where renal dosing cannot be safely determined.
7. New or concerning vaginal irritation or discharge

*For these patients, the symptoms are reviewed and documented by the implementer. The implementer then books the patient for an urgent appointment with the provider and/or consults with the provider for further direction on patient care, in a timely manner as per usual practice with urgent concerns.

Consent:	**Appendix Attached:** ☐ **Yes** ☒ **No**
Informed verbal consent is obtained from patient/substitute decision maker, per TVFHT: Informed Consent of Patient Healthcare Procedure, prior to the implementation of care.	

Guidelines for Implementing the Order/ Procedure:	**Appendix Attached:** ☒ **Yes** ☐ **No** Appendix 1: UTI Assessment Tool Appendix 2: LUTI Order Treatment Table

1. Assess for signs and symptoms of Lower Uncomplicated UTI using the Assessment Tool (Appendix 1).

2. If patient requires treatment with antibiotics and prior to prescribing:
   - Inquire about the patient's allergies to previously used medications and ensure that any undocumented allergies are recorded in the EMR and ensure patient is not allergic to prescribed antibiotic.
   - Ensure the antibiotic and dosage are appropriate for the patient's renal function. Review the most recent available serum creatinine/eGFR in the EMR when available. If no creatinine/eGFR is available within the previous 12 months, ask whether the patient has ever been told they have kidney disease or impaired kidney function. If known or suspected renal impairment is identified and appropriate dosing cannot be determined, do not implement this directive and consult the most responsible provider.
     - Antibiotics listed on Appendix 2 that require dosage adjustments for renal function are indicated with a kidney symbol , consult BC Renal reference for recommended doses
   - Ensure that the patient is not taking any other medications that may interact with the prescribed antibiotic by assessing with a drug interaction checker (i.e., LexiComp via UptoDate)
   - Provide prescription for appropriate antibiotic, per Appendix 2

6. Encourage the patient to stay well-hydrated by increasing or maintaining fluid intake.

7. Advise the patient/substitute decision maker to be seen by a physician or nurse practitioner if symptoms do not resolve within 2-3 days.

8. Send a urine sample for C&S when clinically indicated, such as:
   - Recurrent lower UTI within the past 6–12 months
   - Second-line antibiotic treatment is being prescribed
   - At the discretion of the implementer

   *Communicate with the most responsible provider when a urine C&S is sent to plan the monitoring of results and follow up as needed.

Documentation and Communication:	**Appendix Attached:** ☐ **Yes** ☒ **No**

- The implementer will follow the documentation standards set by their governing college.
- In the patient's medical record, documentation must be completed on the TVFHT documentation template provided for this directive.
- Information regarding implementation of the directive and the patient's response will be documented in the patient's medical record, in accordance with standard documentation practice.
- Requisitions and prescriptions released must include the name and number of the directive, name of authorizer, name and signature of implementer.

Review and Quality Monitoring Guidelines:	**Appendix Attached:** ☐ **Yes** ☒ **No**

The directive remains in effect until amended. It will be reviewed biennially or under the following circumstances:

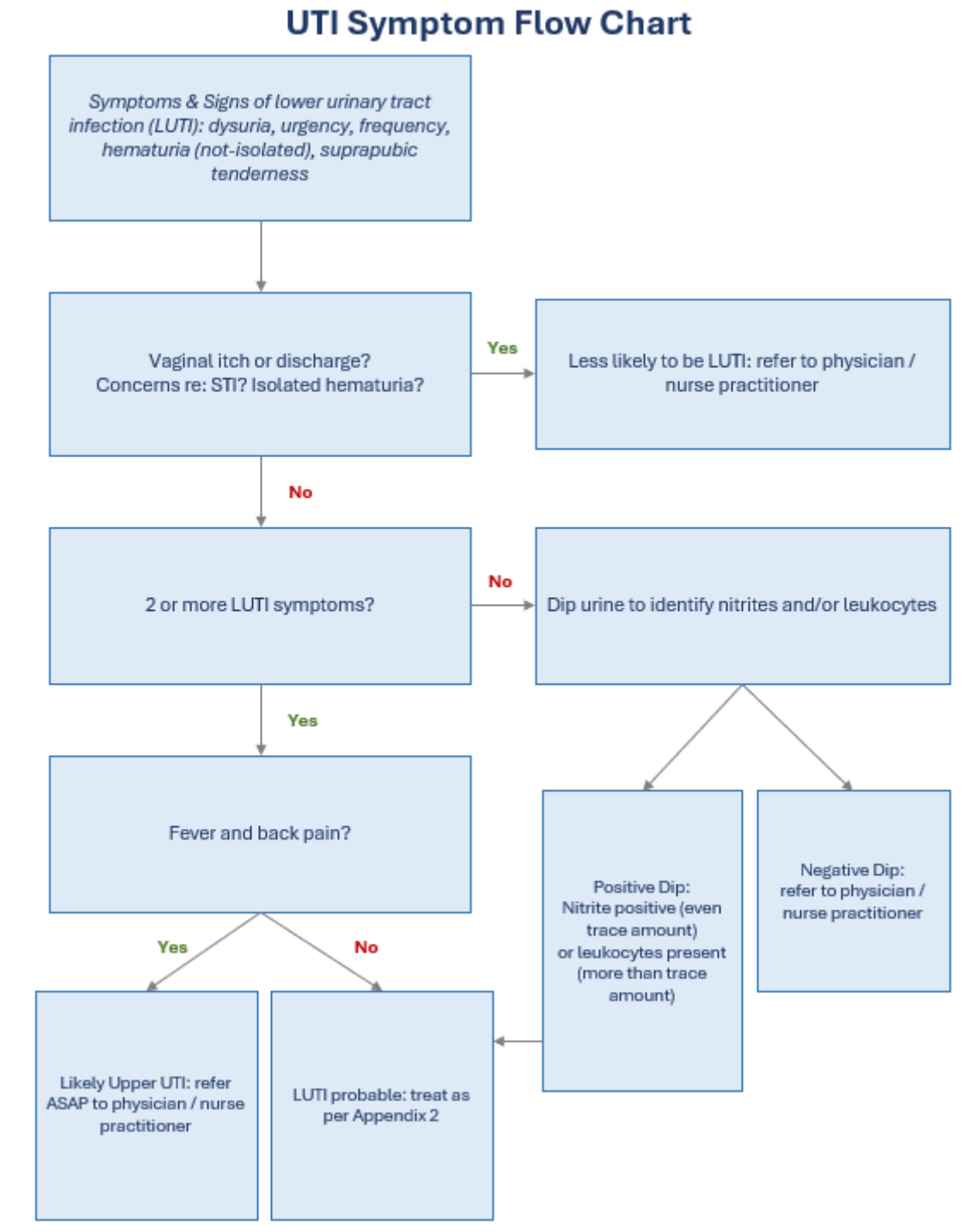
1. The Medical Director identifies a need for change
2. Issues arise related to the directive's use—the team must promptly communicate concerns to their clinical supervisor, Medical Directives Coordinator, or Clinical Director
3. New information becomes available between scheduled reviews, particularly if it affects outcomes

The Medical Directives Committee will then review the concerns in consultation with at least one implementer and the Medical Director, as needed, before making necessary changes.

Approving Authorizer(s):	**Appendix Attached:** ☐ **Yes** ☒ **No**

Authorizer Approval Form signed in Citation Canada.

Appendix 1: UTI Assessment Tool



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Appendix 2:
LUTI Order Treatment Table for AFAB, non-pregnant, ≥12 years old

First Line	
Nitrofurantoin monohydrate/macrocrystals (MacroBID) 100mg PO BID x 5 days (preferred due to lower pill burden) **OR** **Nitrofurantoin macrocrystals** (alternative) 50-100 mg PO QID x 5 days *During a backorder—write a prescription for both and ask pharmacy to dispense what is available	Based on 2025 SWLHIN Walk-In Antibiogram, and its effectiveness against *E. coli* (most common UTI pathogen) "Nitrofurantoin should be avoided if there is suspicion for early pyelonephritis or if the creatinine clearance is <30 mL/minute. Observational studies have suggested that the agent is effective and safe with mild renal impairment (eFGR or CrCl 30-60), even in older women" (Acute simple cystitis in women - UpToDate). Creatinine clearance can be estimated by using the Cockcroft-Gault Equation and may be different than reported eGFR on laboratory results.
Second Line	
Fosfomycin 3g PO ONCE – single dose	Fosfomycin is not indicated in patients <18 yrs. Oral powder: mix with 3 to 4 oz (90 to 120 mL) cool water before ingesting, do not administer in dry form or mix with hot water.
Trimethoprim/Sulfamethoxazole (TMP/SMX) 160mg/800mg DS [double strength] tabs: 1 tab PO BID x 3 days (preferred due to lower pill burden) **OR** 80mg/40mg SS [single strength] tabs: 2 tabs PO BID x 3 days	*TMP/SMX and Trimethoprim require renal dosage adjustment (listed under Cotrimoxazole in the BC Renal reference). Creatinine clearance should be estimated using the Cockcroft-Gault Equation where appropriate, as reported eGFR may differ from calculated CrCl. Use caution in patients taking ACE inhibitors, ARBs, or other medications associated with hyperkalemia, particularly in older adults and those with impaired renal function.
Trimethoprim 200mg PO once daily x 3 days (alternative if allergy to sulfamethoxazole)	
NOTE: if patient has been exposed to antibiotics within the past 3 months, consider 1) Delaying antimicrobial therapy while awaiting urine culture results with monitoring of worsening of symptoms, or 2) choosing treatment antibiotic that is different from the antibiotic previously exposed to minimize treatment failure due to bacterial resistance	

= requires dose adjustment for impaired renal function, consult BC Renal reference for recommended doses

*Adapted from: Anti-infective Guidelines for Community Acquired Infections—2024 Edition, 2025 SWLHIN Walk-In Antibiogram