Urinary Tract Infection 599.0 – Telehealth Guidelines
Intended for telehealth use in adult patients

This care guide is not intended to override provider judgment and may not apply to every patient. It is not intended as a comprehensive resource, but rather as a supplement to a symptom-appropriate medical history and sound clinical judgment.

Clinical Context:
Intended for acute onset dysuria, urinary frequency, urgency, blood in urine without clots where there is low likelihood of complicated UTI.

While one review showed that the combination of dysuria with frequency in the absence of vaginal discharge predicted cystitis in more than 90 percent of cases it is plausible that telehealth evaluation may have an error (false positive) rate of > 10%.

Consider Asking About:
Diabetes, pregnancy, chronic renal disease, immune-compromise, frailty, male, recent hospitalization, recent antibiotics, catheterization

Red Flags Safety Issues:
fever, flank pain (pyelonephritis, gross hematuria, sexually transmitted disease risk (e.g. chlamydia),

Consider Advising In-person Urgent Local Care For:
- Local patterns of resistance mean that any antibiotic chosen may not be effective in some patients;
- Importance of follow-up;
- Risks are always present
- Dehydration

Treatment Considerations:
- Pregnant patients should be referred to their obstetrician rather than treated via telehealth
- Symptomatic care: Phenazopyridine 200mg q8h x 2 days if symptoms warrant (discolors urine)

Antibiotics:
- Resistance is a problem, esp. ampicillin, sulfa alone, fluoroquinolones.
  TMP/Sulfa resistance is higher if used in past 6 months or foreign travel
- Shared decision making re: antibiotics, risks, benefits, diagnostic confidence
- Simple cystitis does not have to be treated but often symptoms warrant
- Empiric: Trimethoprim-sulfa DS BID for three days or nitrofurantoin tab 50-100 mg/dose every 6 hours for five days (avoid prolonged courses). Fluoroquinolones best reserved for complicated cystitis, not the scope of this guideline.

Patient Education:
- Hydration, follow temperature and call PCP if > 38
- Patients with unevaluated recurrent UTIs should be referred for local in-person evaluation even if interim treatment is provided.

**Recommended Follow-up:**
Follow up with PCP for failure to improve in 48 hours, any worsening or new symptoms, or complicated UTI as above.

**Synonyms:** UTI, bladder infection, simple cystitis, urinary infection, urinary tract infection

**Key References:**

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**Other Diagnoses:**
Urinary tract infection
Dysuria
Urinary Frequency
UTI
Bladder infection
Simple cystitis
Urinary infection