 **Pyelonephritis (uncomplicated) Standing Order**

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| Issue date: |  | Review date: |  |

This standing order is not valid after the review date. The review date is one year after the date the order was signed by the issuer.

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| **Standing Order Name** | Pyelonephritis (uncomplicated) |
| **Rationale** | To treat patients presenting with uncomplicated pyelonephritis quickly and appropriately in primary care to prevent deterioration.  |
| **Scope (condition and patient group)** | Adult patients who are presenting with signs and symptoms of uncomplicated pyelonephritis |
| **Red Flags** | If persisting fever or loin pain, then consider alternative diagnosis |
| **Assessment** | 1. Signs and symptoms* Fever >38oC
* Rigors
* Loin pain or tenderness

2. Investigations* Send urine for microscopy and culture
* Arrange urgent CBC and serum creatinine
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| **Indication** | **Uncomplicated pyelonephritis without nausea and vomiting** |
| **Medicine** | **Amoxicillin + clavulanic acid** 500/125mg |
| **Dosage instructions** | Give ONE tablet THREE times daily for 10 days |
| **Route of administration** | orally |
| **Quantity to be given** | 30 x 500/125mg tablets |
| **Contraindications** | Allergy to penicillin antibiotics |
| **Precautions** | * Maintain adequate hydration
* History of allergy
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| **Indication** | **Penicillin allergic patients with uncomplicated pyelonephritis without nausea and vomiting** |
| **Medicine** | **Co-trimoxazole** 480mg (trimethoprim 80mg + sulfamethoxazole 400mg) tablets |
| **Dosage instructions** | Give TWO tablets TWICE daily for 10 days |
| **Route of administration** | orally |
| **Quantity to be given** | 40 x 480mg tablets |
| **Contraindications** | Allergy to sulphur containing medications |
| **Precautions** | * Discontinue immediately if blood disorders or rash develop
* If patient is on warfarin—monitor INR 3 days after starting co-trimoxazole
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| **Additional information** | Arrange renal ultrasound (if no previous imaging) if:* male with acute pyelonephritis.
* female with two episodes of acute pyelonephritis
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| **Follow-up** | If not improving within 24-48 hours and patient has persisting fever or loin pain then reassess patient and query diagnosis. If urine culture show resistance to antibiotics chosen, then recall patient to change antibiotics. |
| **Countersigning and auditing** | Countersigning is not required. Audited monthly.**OR** Countersigning is required within ***XX*** days |
| **Competency/training requirements** | All nurses working under this standing order must be signed off as competent to do so by the issuer and have had specific training in this standing order. |
| **Supporting documentation** | Healthpathways at [www.healthpathways.org.nz](http://www.healthpathways.org.nz) Best Practice Journal at [www.bpac.org.nz](http://www.bpac.org.nz) New Zealand Formulary at [www.nzf.org.nz](http://www.nzf.org.nz) Individual medicine data sheets at [www.medsafe.govt.nz](http://www.medsafe.govt.nz) BMJ Best Practice <http://bestpractice.bmj.com> Standing Order Guidelines, Ministry of Health, 2012Medicines (Standing Order) Regulations 2012 (Standing Order Regulations) |
| **Definition of terms used in standing order** | Uncomplicated pyelonephritis – refers to patients presenting with the symptoms above and who have: * Normal kidney function
* Normal renal structure
* Not pregnant
* No complicating disease e.g., diabetes
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| **Medical Centre or Clinic:** |  |

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| **Signed by issuers** |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Nurses operating under this standing order** |

Only Registered nurses working within the above medical centre or clinic are authorised to administer medication under this standing order.

We the undersigned agree that we have read, understood and will comply with this standing order and all associated documents.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_