

RETU Pyelonephritis Pathway

Required testing prior to RETU admission

- Urinalysis
- Urine culture
- CBC, creatinine
- pregnancy test in women of childbearing age

ED Evaluation

Not appropriate for RETU

- Hemodynamic instability
- AMS
- Pregnancy
- Immunocompromised patients
- Significant comorbidities
- Bacteremia or Sepsis
- Acute renal failure
- Urinary tract anatomic abnormality (i.e. solitary kidney)

RETU Intake Evaluation

(do not repeat testing if already done in ED)

Exam Focus

- Abdominal
- Genitourinary

Initial Testing

- Labs: Urinalysis, Urine Culture, CBC, Chem 7 (others as clinically indicated)
- Imaging: CT or US (if clinically indicated)

Monitoring

- Monitor fever curve
- Monitor pain level

Consults

- ID consult as clinically indicated

RETU Treatment / Evaluation

IV Antibiotics*

- Ceftriaxone 1g q24h
- Cefepime 2g q12h
- Ciprofloxacin 400mg q12h
- Levofloxacin 750mg q24h

Clinical improvement?

Y

N

Transition to PO antibiotics

- Ciprofloxacin 500mg BID
- Levofloxacin 750mg daily
- Bactrim DS 1 tab BID
- Cefpodoxime 200mg BID

Consider imaging

* Tailor to prior microbiology if available

Treatment Adjuncts

- IV fluid
- Zofran 4mg IV q4h PRN
- Reglan 10mg IV q6h PRN
- Tylenol 650mg PO q4h PRN
- Toradol 30mg IV q6h PRN
- Ibuprofen 800mg PO q8h

Disposition Guidelines

Discharge from RETU

- Stable vital signs
- Tolerating PO fluids and medications
- Resolutions or improvement of systemic symptoms
- WBC count nearly normal or improved

Admission to Hospital

- Continued T > 101F
- Unstable vital signs or sepsis
- Inability to tolerate PO fluids and medications
- Abnormal imaging (i.e. emphysematous pyelo)