

# UTI PATHOCHART

## PATHOPHYSIOLOGY

Bacterial infection in the urinary tract system. Bacteria enter through the urethra and cause an infection of the lining of the bladder and urethra. The lining becomes inflamed as a defense mechanism, causing less space thus urinary frequency, and sometimes hematuria. If the kidneys start to swell the additional pressure causes flank pain.

## ASSESSMENT FINDINGS

Collect urine for testing, assess the urine for cloudiness, color, and odor. Assess for confusion (especially in older adults), check blood work for white blood cells and potential spread of infection (sepsis), vital signs (pt may be febrile and tachycardic).



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## DX STUDIES

- Check urine for bacteria
- WBCs, and RBCs. Then send the urine for a culture if positive for bacteria. Check blood work for increased WBCs
- If increased amounts of WBCs send blood cultures.

## POSSIBLE NURSING DX

- Risk for urinary tract injury
- Impaired urinary infection
- Risk for urge urinary incontinence

## THERAPEUTIC MANAGEMENT

- Monitor I&Os
- Increase fluid intake
- Give antibiotics and analgesics as needed
- Educate the patient on avoiding caffeine, carbonation, and alcohol
- Make sure they understand they need to take the FULL dose of antibiotics and avoid irritating soaps
- Powders or sprays in the peri area.

## MEDICATION THERAPY

- Antibiotics
- Usually ceftriaxone
- Levofloxacin or ciprofloxacin. Analgesics such as pyridium and tylenol.