

## PHARMACIST ASSESSMENT – ACUTE UNCOMPLICATED CYSTITIS

<b>Patient Information</b>		<input type="checkbox"/> <b>Informed consent obtained</b>		<input type="checkbox"/> PharmaNet Check		<input type="checkbox"/> Patient Eligible													
Name:		PHN:		DOB:		(Age < 16 → Refer)													
Address:  (Long term care → Refer)		<input type="checkbox"/> Allergies:		<input type="checkbox"/> Female → Continue		<input type="checkbox"/> Male → Refer													
				<input type="checkbox"/> Other → Assess															
Telephone:		<input type="checkbox"/> Pregnant → Refer		<input type="checkbox"/> Breastfeeding/Chestfeeding (if infant < 1 month → Refer)															
<b>Medical History</b>																			
<p><b>Previous episode(s) of UTI diagnosed?</b> <input type="checkbox"/> Yes → Continue <input type="checkbox"/> No → Refer</p> <p>Previous episode of UTI within last 1 month? <input type="checkbox"/> Yes → Refer <input type="checkbox"/> No → Continue</p> <p>≥ 2 uncomplicated UTIs in 6 months or ≥ 3 uncomplicated UTIs in 12 months AND:</p> <p style="margin-left: 20px;">a) patient takes a <b>medication associated with increased risk of UTI</b> (e.g. SGLT2 Inhibitor) OR</p> <p style="margin-left: 20px;">b) patient is interested in prophylactic therapy (e.g. postcoital antibiotics, ongoing antibiotic treatment)</p> <p style="margin-left: 40px;"><input type="checkbox"/> Yes → Refer; <u>may still prescribe for this episode</u> <input type="checkbox"/> No → Continue</p> <p><input type="checkbox"/> Abnormal urinary tract function or structure (indwelling catheter, neurogenic bladder, renal stones, renal dysfunction, etc.) → Refer</p> <p><input type="checkbox"/> Renal impairment ( CrCl = ): If &lt; 60 mL/min → Refer</p> <p><input type="checkbox"/> Spinal cord injury → Refer</p> <p><input type="checkbox"/> Immunocompromised due to disease, or poorly controlled diabetes → Refer</p> <p><input type="checkbox"/> History of interstitial cystitis → Refer</p> <p><b>Medical History:</b></p>																			
<b>Drug History/Drug Allergies</b>																			
<p><input type="checkbox"/> Immunocompromised due to medication → Refer</p> <p><input type="checkbox"/> Medication which can cause cystitis symptoms (e.g. cyclophosphamide, allopurinol, danazol, tiaprofenic acid) → Refer for further investigation, consideration of alternatives or discontinuation</p> <p><b>Drug History:</b></p>																			
<b>Review of Symptoms</b>																			
<p><b>Are any red flag symptoms present?</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Fever</td> <td style="width: 50%;"><input type="checkbox"/> Nausea or vomiting</td> </tr> <tr> <td><input type="checkbox"/> Chills</td> <td><input type="checkbox"/> Vaginal discharge or pruritus</td> </tr> <tr> <td><input type="checkbox"/> Flank or back pain</td> <td><input type="checkbox"/> Dyspareunia (painful intercourse)</td> </tr> <tr> <td><input type="checkbox"/> Significant malaise</td> <td><input type="checkbox"/> Significant hematuria</td> </tr> </table> <p><input type="checkbox"/> No → Continue <input type="checkbox"/> Yes → Consider alternate diagnosis / refer</p> <p><b>Are symptoms typical of acute uncomplicated cystitis?</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Dysuria</td> <td style="width: 50%;"><input type="checkbox"/> Frequency</td> </tr> <tr> <td><input type="checkbox"/> Urgency</td> <td><input type="checkbox"/> Suprapubic pain or mild hematuria</td> </tr> </table> <p><input type="checkbox"/> Absence of vaginal symptoms</p> <p><input type="checkbox"/> Yes → Continue <input type="checkbox"/> No → Refer for further investigation</p>								<input type="checkbox"/> Fever	<input type="checkbox"/> Nausea or vomiting	<input type="checkbox"/> Chills	<input type="checkbox"/> Vaginal discharge or pruritus	<input type="checkbox"/> Flank or back pain	<input type="checkbox"/> Dyspareunia (painful intercourse)	<input type="checkbox"/> Significant malaise	<input type="checkbox"/> Significant hematuria	<input type="checkbox"/> Dysuria	<input type="checkbox"/> Frequency	<input type="checkbox"/> Urgency	<input type="checkbox"/> Suprapubic pain or mild hematuria
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<b>Symptom Review Summary</b>	
<input type="checkbox"/> Appropriate to proceed with minor ailment treatment <input type="checkbox"/> Advised to see another health care provider as out of scope	
<b>Treatment</b> *if breastfeeding/chestfeeding – see “treatment” section in guideline*	
Prior treatment for UTI: Medication: Tolerance:	Date of last UTI: Effect:
<b>First Line:</b> <input type="checkbox"/> Nitrofurantoin monohydrate/macrocrystals (BID product) 100 mg PO TWICE daily x 5 days Or <input type="checkbox"/> Nitrofurantoin macrocrystals 50–100 mg PO FOUR times daily x 5 days	
<b>Second Line:</b> <input type="checkbox"/> Sulfamethoxazole-trimethoprim 800 mg / 160 mg PO TWICE daily x 3 days (Avoid if used in the previous 3 months) Or <input type="checkbox"/> Trimethoprim 100 mg PO TWICE daily x 3 days Or <input type="checkbox"/> Trimethoprim 200 mg PO ONCE DAILY x 3 days	
<b>Third Line:</b> (Reserve for resistant infections or for patients unable to take first and second line) <input type="checkbox"/> Fosfomycin 3 g dissolved in ½ cup of cold water PO x 1 dose  <input type="checkbox"/> Other:	
<b>Prescription Issued for Minor Ailment</b> <input type="checkbox"/>	
Rationale for prescribing:  Rx:  Quantity (enough for one course of treatment only):  Directions:  *if breastfeeding/chestfeeding – see “treatment” section in guideline*	
<b>Other Recommendations (e.g. OTC, self-care, referral to other health care provider)</b>	
<b>Counselling</b> <input type="checkbox"/> May have prescription filled at pharmacy of choice <input type="checkbox"/> PAR will be communicated to primary care provider as part of collaborative practice	
<input type="checkbox"/> Common side effects of medication <input type="checkbox"/> Non-pharmacologic e.g. adequate fluid intake <input type="checkbox"/> Expect symptom improvement within 48-72 hours	
<b>Follow up scheduled in 3 days:</b>	
<input type="checkbox"/> In pharmacy	<input type="checkbox"/> Telephone

- ☐ Assess for significant improvement of all symptoms
- ☐ Determine if side effects are occurring (esp. severe diarrhea or rash)
- ☐ If worsening or not improving → Refer
- ☐ If improving → Encourage continued use until the end of therapy if greater than 3 days

**Prescribing pharmacist**

Name:

Pharmacist License Number:

Pharmacy:

Pharmacy Address:

Signature:

*Rph*

Date:

Telephone:

Fax:

**Primary Care Provider Notified (Date):**

**Method of Notification:**

**Primary Care Provider:**

**Fax:**

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## Pharmacist Minor Ailment Prescribing Record

To

This document is to inform you I met with your patient below who presented with an **acute uncomplicated cystitis**. The patient has had this issue previously diagnosed. After an assessment, a prescription was issued for

The prescription details and rationale for my decision are documented below. This is for your information to keep your records for this patient up to date.

### Patient Demographics:

Name:	PHN:
Address:	DOB:
Telephone:	<input type="checkbox"/> Breastfeeding/Chestfeeding

### Prescription Issued on

MEDICATION:

DIRECTIONS:


QUANTITY:

### Rationale for prescription / relevant patient information:

I will follow-up with the patient on \_\_\_\_\_ and discuss these items:

- ☐ Assess for significant improvement of all symptoms
- ☐ Determine if side effects are occurring (esp. severe diarrhea or rash)
- ☐ If worsening or not improving → Refer
- ☐ If improving → Encourage continued use until the end of therapy if greater than 3 days

### Prescribing Pharmacist:

Name:	Pharmacist License Number:
Pharmacy:	Pharmacy Address:
Signature: 	Date:
Telephone:	Fax:

Primary Care Provider Notified (Date): \_\_\_\_\_ Method of Notification: \_\_\_\_\_

Name:	Fax:
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