

Michigan
COMMUNITY INTEGRATED PARAMEDICINE
Treatment Protocol
URINARY COMPLAINT

Initial Date: December 14, 2020

Revised Date:

Section 11-76

This protocol is for trained CIP Paramedics only. If during assessment, procedure, or treatment the patient is found to have a medical emergency in need of hospital treatment, the CIP visit will be suspended, and local MCA protocols utilized.

Purpose: To provide guidelines for CIP paramedics to assess a patient with a urinary complaint, provide initial treatment and differentiate between the patients who will require ED evaluation vs, alternatives such as treatment on scene or at alternative destinations.

Aliases: Urinary retention, painful urination, blood in urine, urinary tract infection

- I. Follow **CIP Patient General Assessment and Care protocol**
- II. Obtaining additional history and vital signs including the following:
 - a. Time of onset, duration of complaint
 - b. History of previous similar complaints and treatment required
 - c. Presence of systemic symptoms: fever, chills, diaphoresis, weakness, dizziness, changes in mental status, breathing difficulty, chest pain, etc.).
- III. Diagnostics to consider:
 - a. Urinary Analysis urine dip stick (clean catch, straight catheterization, new/current Foley specimen) **see CIP Specimen Collection protocol**
 - b. Urine Culture and Sensitivity
- IV. Patients with any of the following, consider transport to ED **see CIP Medical Direction protocol:**
 - a. Systemic symptoms
 - b. Vital sign changes or instability
 - c. Significant lab abnormalities
 - d. Altered level of consciousness
 - e. Signs consistent with sepsis **see sepsis protocol**
- V. On-scene medication administration may include:
 - a. Use of approved MCA protocols and medications up to the extent of standard paramedic treatment according to protocol.
 - b. If urine is positive for infection, consider oral and/or IV antibiotics
 - i. PO Antibiotics
 1. Cephalexin 500 mg. QID 3-10 days
 2. Trimethoprim/Sulfamethoxazole 160 mg/800 mg BID 5-10 days
 3. Ciprofloxacin 500mg. QID. 3-10 days. Note concern for tendonitis and tendon rupture after treatment
 - ii. IV Antibiotics
 1. Per physician's order and supply
 - c. Analgesics
 - i. Phenazopyridine (Pyridium) 95 mg PO

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- ii. Acetaminophen PO (Max dose 650 mg)
 - iii. Ibuprofen PO (Max dose 600 mg)
 - d. If urine is negative for infection and urinary retention is suspected, consider urethral catheter insertion **see Urinary Catheter protocol**
- VI. Counsel/Educate
- a. Hydration
 - b. Pain management
 - c. When to contact a health care provider