

Pyelonephritis

CC: Flank pain, fever

Updated: 1/20/11

Physical Examination / Labs:

- Vitals, Temperature
- CVA tenderness
- Digital vaginal exam
- NST / AFI if ≥ 24 weeks
- US with microscopy, r/o other causes of symptoms if no pyuria
- r/o Sepsis (see table of definitions next page)

History:

- Cramping or Contractions
- Flank pain
- Subjective or objective fevers
- Dysuria, frequency
- Nausea / Vomiting
- Fetal movement
- Vaginal bleeding

Orders:

Diagnosis	Orders
Stable patient	<ul style="list-style-type: none"><input type="checkbox"/> Admit to L&D<input type="checkbox"/> CEFM vs NST q shift<input type="checkbox"/> Call for $T > 100.4$ (initiate cooling measures and Tylenol if febrile)<input type="checkbox"/> IVF hydration 1-2 L bolus, then 125 ml/h x 12 hours<input type="checkbox"/> UA with C&S (culture and sensitivity)<input type="checkbox"/> Ancef (Cefazolin) 2g IV q 8 hours<input type="checkbox"/> Consider Gentamycin (2 mg/kg load then 1.5 mg/kg IV q 8 hours) if sepsis, or if no clinical response to Ancef<input type="checkbox"/> Zofram 4 mg IV q 4 hours PRN N/V<input type="checkbox"/> Regular diet<input type="checkbox"/> Bilateral SCD's<input type="checkbox"/> Eggcrate mattress<input type="checkbox"/> IS – use q2 hours while awake
Unstable patient, sepsis	<ul style="list-style-type: none"><input type="checkbox"/> Same as above but consider....<input type="checkbox"/> Admit to L&D vs ICU<input type="checkbox"/> CEFM<input type="checkbox"/> Aggressive cooling measures for $T > 101$<input type="checkbox"/> IVF: NS 2 L bolus minimum, may need much more if hypotensive from sepsis<input type="checkbox"/> Renal sono: r/o stone or obstruction<input type="checkbox"/> Consider MICU consultation

Differential Diagnosis:

UTI, URI, Chorioamnionitis

Necessary Documentation:

- UA
- Vital signs, assessment of hemodynamic stability

Notes:

Discharge:

- Criteria: afebrile > 24 hours with > 48 hours of IV Antibiotic treatment, resolution of symptoms, able to tolerate regular diet
- Instructions: Continue oral antibiotics for a minimum of 7 days, preferale tailored to culture and sensitivity results.
 - Consider suppressive treatment for duration of pregnancy (nitrofurantoin 100mg po daily, or Keflex 500 mg po q day)
