URINARY TRACT INFECTIONS/UROLITHIASIS

- Uncomplicated Cystitis
  - Females who are otherwise healthy
  - Infant males who are uncircumcised

- Complicated Cystitis
  - Uncircumcised Males over 1-2 years of age
  - Males
  - Pregnancy
  - Elderly
  - Co-morbid disease: DM, renal disease, transplant, immunosupression
  - Anatomic abnormality
  - Obstruction
  - Instrumentation

- Pyelo
  - Infection involving kidneys
  - Uncomplicated (non-toxic patient, tolerating PO, non-pregnant, no significant active co-morbid disease (e.g. well controlled diabetic)
    - May send home if clinically looking well
  - Complicated: toxic or septic, active co-morbid disease

- Imaging:
  - Generally only in pyelo (complicated), children with repeated infection, suspicion of obstructive pathology
  - CT over U/S (unless looking for hydronephrosis) and over IVPs/etc (too much time)

- Treatment:
  - Follow own institution antibiograms.
  - No macrobid if over 65 or in pyelonephritis
  - Ceftriaxone x1 in ED can help overcome mild-moderate resistance of cipro or bactrim

- Urolithiasis
  - Many causes of stones
    - Infection stones most common
      - Usually calcium carbonate
  - Bacteria can live in stones, making infection harder to treat
  - Can forgo imaging in pt with hx of same sx with stones, presenting with classic picture
  - Consider medical expulsive therapy with tamsulosin (Flomax) or nifedipine (Adalat)
    - Home with 1-4 weeks of meds (literature varies)