

# The Capsule

March 2021



### Backordered Meds

- Generic Geodon

### New Generics

- Insulin Aspart protamine-insulin Aspart
- Asenapine Maleate SubL. Tab  
(brand name: Saphris)
- Lubiprostone Capsules  
(brand name: Amitiza)
- Loteprednol Opth gel .5%  
(brand name: Lotemax opth gel .5%)

## Urinary Tract Infections and Management in LTC

- ❖ UTI is among the most common type of HAIs (healthcare acquired infections) in nursing homes (NH), 20% of all NH infections. On a given day, ~1 in 200 NH residents with NH-onset UTI.
- ❖ Asymptomatic bacteriuria is prevalent in up to 50% of females in long-term care facilities and up to 40% for males.
- ❖ McGeer’s Criteria for LTC urinary tract infection is a very effective algorithm for guiding providers to treating UTIs appropriately.

### UTI Treatment and Prevention

- ❖ The latest McGeer’s update places an emphasis on **obtaining a urine culture and sensitivity (C&S) before initiation of antibiotics**. C&S helps determine specific type of bacteria that is causing the infection. The defined bacteria of the infection dictate the treatment. This process assists avoiding on general or “empiric” anti-biotic therapy which leads drug resistance.

Common Antibiotics Therapies for UTIs		
Medication	Dosage	Monitoring
Bactrim (TMP/SMZ)	800/160mg BID X 3 days	Photosensitivity, rash, fever, headache, sulfa sensitivity
Ciprofloxacin	250mg BID X 3 days	Rash, severe hypersensitivity, restlessness, seizures, Achilles tendon rupture >60 years old
Levofloxacin	250mg QD X 3 days	*Same as ciprofloxacin
Nitrofurantoin macrocrystals	50-100mg QID X 7 days	Anorexia, nausea, hypersensitivity, vomiting
Nitrofurantoin monohydrate macrocrystals	100mg BID X 7 days	*Same as nitrofurantoin macrocrystals
Fosfomycin tromethamine	3g (powder) single dose once	Diarrhea, hypersensitivity, nausea, rash

## UTI Prevention Techniques:

- Educate staff on criteria for urinary tract infections
- Provide training on peri care and catheter care
- Encourage hydration, helps dilute urine and increase frequency of voiding
- Obtain baseline vital signs

- Obtain protocols to notify MD with change in condition
- Review medications
- Perform thorough assessment of urinary incontinence
- Provide training on pain assessment and management
- Referrals as needed to urology for chronic urinary tract infections

### McGeer's Criteria for LTC Urinary Tract Infections

For residents without an indwelling catheter (both criteria 1 and 2 must be present)

- |   |  |
|---|--|
| <p>1. At least 1 of the following sign or symptom subcriteria</p> <ol style="list-style-type: none"> <li>Acute dysuria or acute pain, swelling or tenderness of the testes, epididymis or Prostate</li> <li>Fever or leukocytosis (see Constitutional Criteria in Residents of Long Term Care Facilities) and at least 1 of the following urinary tract subcriteria)               <ol style="list-style-type: none"> <li>Acute costovertebral angle pain or tenderness</li> <li>Suprapubic pain</li> <li>Gross hematuria</li> <li>New or marked increase in incontinence</li> <li>New or marked increase in urgency</li> <li>New or marked increase in frequency</li> </ol> </li> <li>In the absence of fever or leukocytosis, then 2 or more of the following localizing urinary tract subcriteria               <ol style="list-style-type: none"> <li>Suprapubic pain</li> <li>Gross hematuria</li> <li>New or marked increase in incontinence</li> <li>New or marked increase in urgency</li> <li>New or marked increase in frequency</li> </ol> </li> </ol> | <p>2. One of the following microbiologic subcriteria</p> <ol style="list-style-type: none"> <li>At least <math>10^5</math> cfu/mL of no more than 2 species of microorganisms in a voided urine sample</li> <li>At least <math>10^2</math> cfu/mL of any number of organisms in a specimen collected by in-and-out catheter</li> </ol> |
|---|--|

For residents with an indwelling catheter (both criteria 1 and 2 must be present)

- |   |   |
|---|---|
| <p>1. At least 1 of the following sign or symptom subcriteria</p> <ol style="list-style-type: none"> <li>Fever, rigors, or new-onset hypotension, with no alternate site of infection</li> <li>Either acute change in mental status or acute functional decline, with no alternate diagnosis and leukocytosis</li> <li>New-onset suprapubic pain or costovertebral angle pain or tenderness</li> <li>Purulent discharge from around the catheter or acute pain, swelling, or tenderness of the testes, epididymis, or prostate</li> </ol> | <p>2. Urinary catheter specimen culture with at least <math>10^5</math> cfu/mL of any organism(s)</p> |
|---|---|