Clinical Procedure for the Management of Pyelonephritis

For use in:	Wards and A&E
By:	All Medical staff
For:	Junior Doctors / Specialist Nurses / Physician Associates
Division responsible for document:	Surgical Division
Key words:	UTI, pyelonephritis
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Compliance links: *(is there any NICE related to guidance)*	N/A
If Yes - does the strategy/policy deviate from the recommendations of NICE? If so why?	No

Presentation

History

- Recent UTI (not always).
- Increased risk in pregnancy.
- Loin pain and tenderness.
- Fever > 38 degrees.
- Nausea and vomiting and dehydration.
- Generalised abdominal pain.

Investigation

Standard observations and

- Urinalysis
  - Leucocytes and possible nitrites.
  - MSU for Microscopy, C&S and pregnancy testing in females.
- Bloods
  - U+E's, FBC, CRP.
  - Blood cultures if the patient is pyrexial >38°C, has signs of systemic inflammatory response syndrome (SIRS) or sepsis.

All patients need an USS of the renal tract +/- X-Ray KUB within 14hrs of admission.

If evidence of hydronephrosis or clinical suspicions of a ureteric calculus, then a Non-Contrast Ct-KUB (NCCT) should be performed within 14hrs of admission.

In the later stages of pregnancy hydronephrosis on USS is to be expected. Further imaging such as a NCCT may occasionally be required in selected cases to exclude a stone and this will require discussion between senior urology and radiology staff.

Management

Initial

Intravenous antibiotics according to Trust guidelines.

http://intranet/antimicrobial_resources/htm/index.htm

Intravenous fluids until patient improving and taking a sufficient oral intake.

Analgesia: Regular IV Paracetamol.

As required NSAID per rectum e.g. Diclofenac.

Supplemented with an oral opiate or parenteral if vomiting.

Give anti-emetic.

In the last trimester of pregnancy avoid NSAID's to prevent premature closure of the ductus arteriosus in foetus.

Discharge

Prescribe a 2-week course of appropriate oral antibiotic.

Follow up

Out-patient review at 6 weeks.