

PROTOCOL #11 – Testing and Triage, University of New Mexico

**Pyelonephritis**

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**History and Evaluation of patient**

- Paying close attention to suprapubic pain, CVA tenderness, and flank pain
- Vitals
- Fetal Heart Rate tracing and toco for contractions

\*\* Some patients with pyelonephritis may develop contractions or have PTL secondary to the infection.

- Abdominal Ultrasound- biometric of fetus

**Laboratory Assessment**

- U/A and C&S
- CBC with diff
- If the patient appears septic then further testing may be needed such as a Chest X-Ray, CT Scan, Blood cultures and Renal Ultrasound. Consult attending before ordering.

**Non admission: OK to discharge if all of the following present**

- No evidence of above symptoms for pyelonephritis ( fever, CVA tenderness)
- Labs or patient not consistent with Sepsis picture
- Vitals stable
- No fetal distress present
- No evidence PTL
- If the patient has a UTI, treat with appropriate antibiotic as an out patient. Send urine for culture before D/C.
- Discuss with attending before discharge

**Admission: Admit if patient has any of the following:**

- Fever
  - CVA tenderness
  - Sepsis
  - Any evidence of PTL
  - Start IVF
  - Ancef 2g IV q 6 hours ( if no allergies). May need to consider other antibiotics if medication allergies present. May also need to consider additional antibiotics if septic (i.e. gentamicin).
  - Make sure culture is sent
  - May need to admit to L&D if contracting, to monitor for cervical change.
- \*\*Most of the time contractions resolve with IVF and antibiotics. However, may need to consider tocolysis if patient has PTL (would use Magnesium Sulfate if needed).

- May need to consider Renal Ultrasound. Consult with attending first before ordering.