

*Taddle Creek*

**Family Health Team**

**MEDICAL DIRECTIVE**

<b>Title:</b>	Uncomplicated Urinary Tract Infection for In-Person Encounters	<b>Number:</b>	TCFHT-MD07
<b>Activation Date:</b>	18-September-2011	<b>Review Date:</b>	28-March-2023
<b>Next Review Date:</b>	28-March-2024		

**Sponsoring/Contact Person(s)**  
*(name, position, contact particulars):*

Victoria Charko  
790 Bay Street, Suite 522  
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416-591-1222

Dr. Alissia Valentinis  
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Toronto, Ontario M5G 1N8  
416-260-1315 x 307

<b>Order and/or Delegated Procedure:</b>	<b>Appendix Attached:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Title:</b>
Using this directive, the implementer is able to assess, diagnose and treat uncomplicated urinary tract infections (UTIs) during in-person patient encounters.	
<b>Recipient Patients:</b>	<b>Appendix Attached:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <b>Title:</b> Appendix A – Authorizer Approval Form
Recipients must: <ul style="list-style-type: none"><li>• Be active patients of a TCFHT primary care provider who has approved this directive by signing the Authorizer Approval Form</li><li>• Be female (sex-assigned-at-birth), at least 16 years of age and under 75 years of age</li><li>• Meet the conditions identified in this directive</li></ul>	
<b>Authorized Implementers:</b>	<b>Appendix Attached:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Implementers must be TCFHT-employed Regulated Health Care Providers or Physician Assistant (under the supervision of a physician).

Implementers must complete the following preparation and sign the Implementer Approval Form:

- Assess own knowledge, skill and judgment to competently assess, diagnose and treat uncomplicated urinary tract infections
- Review “Acute simple cystitis in females” from UpToDate, accessible from <https://www.uptodate.com/contents/acute-simple-cystitis-in-females>
- Review pages 1-3, 9-16 of “Antibiotics & Common Infections ABX-2: Uncomplicated Cystitis & Skin” accessible from <https://www.rxfiles.ca/rxfiles/uploads/documents/ABX-2-Newsletter-Cystitis-and-SSTI.pdf>
- Review guidelines for collecting a clean catch (midstream) urine specimen, accessible from <https://medlineplus.gov/ency/article/007487.htm>
- Obtain most recent edition of “Anti-infective Guidelines for Community-acquired Infections” (Anti-Infective Review Panel, 2019) and review the Acute Urinary Tract Infection – Female: Uncomplicated section. Can be purchased from <https://www.mumshealth.com/guidelines-tools/anti-infective>.
- Review page 1 of “Antibiotics & Common Infections: Stewardship, Effectiveness, Safety & Clinical Pearls”, accessible from <https://www.pharmacists.ca/cpha-ca/assets/File/education-practice-resources/WebinarSlideDeck/2017/AntibioticsCommonInfectionsNewsletter2016.pdf>
- Review mechanisms of action of recommended antibiotics in pharmacology reference textbook and/or Compendium of Pharmaceuticals and Specialties (CPS)
- Provide appropriate triage, assessment and diagnosis and generate a comprehensive plan of care, in consultation with, and under the direct supervision of an authorizer of this directive, for a minimum of 3 patients presenting with a concern for a possible uncomplicated lower urinary tract infection

**Indications:**

Appendix Attached:  No  Yes

Title:

All three indications are required to proceed with the medical directive:

1. Female (sex-assigned-at-birth) patients, ages 16-75, meeting clinical criteria for a probable uncomplicated lower urinary tract infection

**Clinical Criteria for Probable Uncomplicated Lower Urinary Tract Infection**

Patient presents with one or more of the following symptoms:

- Dysuria
- Urinary frequency
- Urinary urgency, with or without incontinence

And could be accompanied by the following symptoms:

- Suprapubic pain or pressure
  - Hematuria that is not explained by menses
  - Cloudy appearance of urine
2. Midstream urine specimen reveals presence of leukocytes (more than trace amount) or presence of nitrites (any positive, including trace amount) on testing with chemical reagent strip
  3. Temperature < 38.0°C without antipyretics

**Contraindications:**

- Age less than 16 years or greater than 75 years
- Male sex or male sex-assigned-at-birth
- The presence of one or more symptoms suspicious for a complicated urinary tract infection including temperature > 38.0°C or 100.4F, nausea and/or vomiting, middle back or flank pain that is constant and does not change with position
- Known pregnancy, late or unknown last menstrual period (LMP)
- Chronic kidney disease (CKD) and an eGFR <60ml/min
- Severe or complex medical issues (e.g. immunosuppressive therapies, active cancer, uncontrolled diabetes, etc.)
- More than 3 urinary tract infections in the last year
- On antibiotic prophylaxis for chronic urinary tract infections
- Patient has a history of renal calculi

For patients presenting with the above contraindications, the implementer obtains history, performs a physical assessment, documents findings and consults with a physician or nurse practitioner in a timely manner for further direction on patient care.

**Consent:**

Appendix Attached:  No  Yes  
 Title:

- Patient’s consent is implied for implementer to assess and treat uncomplicated UTI, as patient has presented seeking treatment and is a Family Health Team patient where interprofessional practice is expected
- Patient informed of purpose of testing, as well as when results will be available and that they will be informed of results
- Patient is able to give informed consent and is cooperative
- Patient is informed of the importance of up-to-date contact information in the event of positive results

**Guidelines for Implementing the Order/Procedure:**

Appendix Attached:  No  Yes  
 Title: Appendix C – Guidance for Prescribing Antibiotics  
 Appendix D – Sample Lab Requisitions  
 Appendix E – Sample Prescription

For assessment and treatment of patients who meet the **Indications** described above:

- Implementer performs assessment including:
  - History (presenting symptoms; urine characteristics; LMP; past history of UTI and treatment; allergies to antibiotics)
  - Assessment bilaterally for costovertebral angle tenderness to rule out pyelonephritis
  - Temperature
- Implementer obtains a midstream urine sample and applies patient label to specimen bottle. Urine specimen should then be tested with chemical reagent strip using aseptic technique.
- Assess urine characteristics with the sample provided
- If midstream urine specimen reveals presence of leukocytes (more than trace amount) or presence of nitrites (any positive, including trace amount), implementer communicates with patient that she likely has a UTI
- Implementer documents the assessment in the EMR using the TCFHT-MD07 stamp
- Implementer prepares lab requisition for urinalysis and culture & sensitivities using the supervising primary care provider initials in Practice Solutions. Implementer provides the patient with education about when to expect laboratory results.
- Lab requisition should be signed as below:
  - Signature
  - Implementer Name/Primary Care Provider Name (Medical Directive TCFHT-MD07)
- If indicated and per implementer's clinical judgment, include first-void NAAT urine testing for gonorrhea and chlamydia on both the Ministry of Health and Public Health requisitions (Appendix D). Risk factors for gonorrhea and chlamydia include sexually active youth 25 years old and younger, history of prior sexually transmitted infection (STIs), new sex partner in the past 60 days, multiple partners or having a sex partner with multiple concurrent partners, sex with partners recently treated for STI, no or inconsistent use of condoms outside of a mutually monogamous partnership, trading sex for money or drugs, sexual contact with sex workers, meeting anonymous partners on the Internet.
- Implementer selects an antibiotic based on the clinical guidance provided in Appendix C and generates a prescription authorized by the primary care provider or consulting provider. Implementer will consult the PCP or pharmacist if guidance or clarification on selecting an antibiotic is needed.
  - If patient has had UTI in past 3 months, consider using a different antibiotic than with which previously treated
  - If patient has had UTI in past 1 month, must repeat urine culture & sensitivities and treat based on results
- Prescription should be signed as below:
  - Signature
  - Implementer Name/Primary Care Provider Name (Medical Directive TCFHT-MD07)
- Implementer counsels the patient about the potential for allergic reaction, medication side effects and confirms they understand when to initiate the first dose of antibiotic, the dosing frequency, duration of therapy and the need to complete the entire treatment even if they start to feel better.

- Implementer ensures the patient has a clear understanding of when to expect symptom improvement (within 24-48 hours of starting antibiotics), signs and symptoms of a worsening infection (temperature > 38.0°C or 100.4°F, nausea and/or vomiting, middle back or flank pain that is constant and does not change with position), and to seek medical assistance if their symptoms are not improving within 48 hours or are worsening.
- Implementer educates all patients on evidence-based strategies to prevent UTIs including regular voiding, adequate fluid intake of a minimum of 1.5L/day, and voiding immediately after intercourse.

Implementer to follow up with lab results promptly when available and review with the patient's primary care provider

**Documentation and Communication:**

**Appendix Attached:**  No  Yes  
**Title:** Appendix F – TCFHT-MD07-  
 Uncomplicated\_Urinary\_Tract\_Infection Stamp

- Documentation in the patient's EMR needs to include: name and number of the directive and name of the implementer (including credentials) using the following PS Stamp: TCFHT-MD07\_Uncomplicated\_Urinary\_Tract\_Infection
- Information regarding implementation of the procedure and the patient's response should be documented in the patient's EMR in accordance with standard documentation practice (College of Nurses, 2008).
- Standard documentation is recommended for prescriptions, requisitions and requests for consultation
- Implementer will send a message in Practice Solutions to patient's primary care provider, notifying him/her that patient was seen and to review note in EMR for details

**Review and Quality Monitoring Guidelines:**

**Appendix Attached:**  No  Yes  
**Title:**

- Routine review will occur annually on the anniversary of the activation date. Review will involve a collaboration between the authorizing primary care providers and the authorized implementers.
- At any such time that issues related to the use of this directive are identified, TCFHT must act upon the concerns and immediately undertake a review of the directive by the authorizing primary care providers and the authorized implementers.
- This medical directive can be placed on hold if routine review processes are not completed or if indicated for an ad hoc review. During the hold, implementers cannot perform the procedures under authority of the directive and must obtain direct, patient-specific orders for the procedure until it is renewed.
- If new information that will significantly impact patient outcomes (e.g. changes to best practice for management of uncomplicated UTI, medication safety alerts, etc.) becomes available at any time prior to the review date, the directive will be reviewed by the authorizing physician/nurse practitioner and a minimum of one implementer.

**References:**

Anti-infective Review Panel. (2019). *Anti-infective guidelines for community-acquired infections*. Toronto: MUMS Health Clearinghouse.

College of Nurses of Ontario. (2008). *Practice Standard: Documentation*. Retrieved from [https://www.cno.org/globalassets/docs/prac/41001\\_documentation.pdf](https://www.cno.org/globalassets/docs/prac/41001_documentation.pdf)

Gupta, K. (2022). *Acute Simple Cystitis in Females*. Retrieved from <https://www.uptodate.com/contents/acute-simple-cystitis-in-females>

MedLine Plus. (2023). *Clean catch urine sample*. Retrieved from <https://medlineplus.gov/ency/article/007487.htm>

Rx Files. (2016). *Antibiotics & Common Infections. Stewardship, Effectiveness, Safety & Clinical Pearls*. Retrieved from <https://www.pharmacists.ca/cpha-ca/assets/File/education-practice-resources/WebinarSlideDeck/2017/AntibioticsCommonInfectionsNewsletter2016.pdf>

Rx Files. (2017). *Antibiotics & Common Infections. ABX-2: Uncomplicated Cystitis & Skin*. Retrieved from <https://www.rxfiles.ca/rxfiles/uploads/documents/ABX-2-Newsletter-Cystitis-and-SSTI.pdf>

**NOTE:**

**This medical directive is based on TCFHT’s previous medical directive RN-1UTI entitled, “Assessment, Diagnosis, and Treatment of Uncomplicated Urinary Tract Infections (UTI),” which required revision in formatting to reflect the growth of the TCFHT organization. The majority of the content of RN-1UTI has remained the same for the revised TCFHT-MD07 version. Therefore, all approved Implementers and Authorizers for medical directive RN-1UTI “Assessment, Diagnosis, and Treatment of Uncomplicated Urinary Tract Infections (UTI)” have grandfathered approval for TCFHT-MD07 “Uncomplicated Urinary Tract Infection.”**



**Appendix B:**

**Implementer Approval Form**

To be signed when the implementer has completed the required preparation, and feel they have the knowledge, skill, and judgement to competently carry out the actions outlined in this directive.

<b>Name</b>	<b>Signature</b>	<b>Date</b>
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## Appendix C:

### Guidance for Prescribing Antibiotics

1. Confirm any drug allergies with the patient prior to selecting an antibiotic. Avoid any antibiotic that is within the same drug class as the patient's allergy.
2. Clarify if the patient has had any antibiotics in the last 3 months. If they have taken antibiotics, select an alternative drug class.
3. If the patient has had a previous UTI, review previous urine cultures in the chart. If there is a history of an antibiotic-resistant pathogen, select an alternative class.
4. If you need guidance or clarification on choosing an alternative, consult with the PCP or pharmacist.

### Antibiotic Choices for Uncomplicated UTI

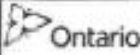
	Antibiotic	Dose / Duration / Instructions	Contraindication / Notes
First Line	Macrobid (Nitrofurantoin Mono/microcrystals)	100mg PO BID x 5 days	- Allergy to Macrobid (nitrofurantoin) - Chronic Kidney Disease w/ eGFR < 60 - History of previous UTI resistant to Macrobid (nitrofurantoin)
	Fosfomycin (macrolide class)	3G PO powder dissolved in ½ cup of cold water x 1 dose	- Allergy to macrolides (erythromycin, etc.) - Chronic Kidney Disease w/ eGFR < 60 - History of previous UTI resistant to macrolides (gentamycin, etc.)
	Trimethoprim / sulfamethoxazole (TMP/SMX) (Sulfa class)	160/800 mg PO BID x 3 days	- Allergy to Sulfa drugs - History of previous UTI resistant to trimethoprim/sulfamethoxazole
Second Line	Amoxicillin	500mg PO TID x 7 days	- Allergy to penicillins; *caution if history of allergy to cephalosporins; - History of previous UTI resistant to ampicillin
	Ciprofloxacin	250mg PO BID x 3 days	- Allergy to fluoroquinolones - History of previous UTI resistant to ciprofloxacin
	Norfloxacin	400mg PO BID x 3 days	- Allergy to fluoroquinolones - History of previous UTI resistant to ciprofloxacin
Third Line	Cephalexin	500mg PO BID x 7days	- Allergy to cephalosporins; *caution if history of allergy to penicillins - History of previous UTI resistant to cefazolin
	Levofloxacin	250mg PO OD x 3 days	- Allergy to fluoroquinolones - History of previous UTI resistant to ciprofloxacin

\*Based on Anti-Infective Guidelines for Community-Acquired Infections (2019 ed.) by MUMS Health

## Appendix D:

### Sample Lab Requisitions

<b>Ontario</b> Ministry of Health and Long-Term Care <b>Laboratory Requisition</b> Requisitioning Clinician / Practitioner		<b>Laboratory Use Only</b>	
Name Alissia Valentinis  Address 790 Bay Street Suite 522, Box 58/59 Toronto, Ontario M5G 1N8		Clinician/Practitioner's Contact Number for Urgent Results ( 416 ) 591-1222 Ext. _____  Service Date yyyy mm dd _____	
Clinician/Practitioner Number 018613	CPSO / Registration No. 79090	Health Number ON 3600 714 343	Version Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F
Check (✓) one: <input checked="" type="checkbox"/> OHIP/Insured <input type="checkbox"/> Third Party / Uninsured <input type="checkbox"/> WSIB		Provincial/Other Provincial Registration Number Patient's Telephone Contact Number ( 416 ) 466-8214	
Additional Clinical Information (e.g. diagnosis)  <input type="checkbox"/> Copy to: Clinician/Practitioner Last Name: _____ First Name _____  Address _____		Patient's Last Name (as per OHIP Card) <b>Mouse</b> Patient's First & Middle Names (as per OHIP Card) <b>Mickey</b> Patient's Address (including Postal Code) <b>31 Inwood Ave          Toronto, ON M4J 3Y2</b>	
<i>Note: Separate requisitions are required for cytology, histology / pathology and tests performed by Public Health Laboratory</i>			
<input checked="" type="checkbox"/> <b>Biochemistry</b>		<input checked="" type="checkbox"/> <b>Hematology</b>	
Glucose <input type="checkbox"/> Random <input type="checkbox"/> Fasting HbA1C Creatinine (eGFR) Uric Acid Sodium Potassium ALT Alk. Phosphatase Bilirubin Albumin Lipid Assessment (includes Cholesterol, HDL-C, Triglycerides, calculated LDL-C & Chol/HDL-C ratio; individual lipid tests may be ordered in the "Other Tests" section of this form)		CBC Prothrombin Time (INR) <b>Immunology</b> Pregnancy Test (Urine) Mononucleosis Screen Rubella Prenatal: ABO, RhD, Antibody Screen ( titre and ident. if positive) Repeat Prenatal Antibodies	
Albumin / Creatinine Ratio, Urine <input checked="" type="checkbox"/> Urinalysis (Chemical) Neonatal Bilirubin: Child's Age: _____ days _____ hours Clinician/Practitioner's tel. no. _____ Patient's 24 hr telephone no. _____ Therapeutic Drug Monitoring: Name of Drug #1 _____ Name of Drug #2 _____ Time Collected #1 _____ hr. #2 _____ hr. Time of Last Dose #1 _____ hr. #2 _____ hr. Time of Next Dose #1 _____ hr. #2 _____ hr.		<b>Microbiology ID &amp; Sensitivities (if warranted)</b> Cervical Vaginal Vaginal / Rectal – Group B Strep Chlamydia (specify source): _____ GC (specify source): _____ Sputum Throat Wound (specify source): _____ <input checked="" type="checkbox"/> Urine Stool Culture Stool Ova & Parasites Other Swabs / Pus (specify source): _____	
		<b>Viral Hepatitis (check one only)</b> Acute Hepatitis Chronic Hepatitis Immune Status / Previous Exposure Specify: <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C or order individual hepatitis tests in the "Other Tests" section below	
		<b>Prostate Specific Antigen (PSA)</b> <input type="checkbox"/> Total PSA <input type="checkbox"/> Free PSA Specify one below: <input type="checkbox"/> Insured – Meets OHIP eligibility criteria <input type="checkbox"/> Uninsured – Screening: Patient responsible for payment	
		<b>Vitamin D (25-Hydroxy)</b> <input type="checkbox"/> Insured - Meets OHIP eligibility criteria: osteopenia; osteoporosis; rickets; renal disease; malabsorption syndrome; medications affecting vitamin D metabolism <input type="checkbox"/> Uninsured - Patient responsible for payment	
		<b>Other Tests - one test per line</b>	
I hereby certify the tests ordered are not for registered in or out patients of a hospital.		<b>Specimen Collection</b> Time _____ of hour clock Date _____ yyyy/mm/dd	
		<b>Fecal Occult Blood Test (FOBT) (check one)</b> <input type="checkbox"/> FOBT (non CCC) <input type="checkbox"/> ColonCancer-Check FOBT (CCC) no other test can be entered on this form.	
Victoria Charko RN As per medical directive TCFHT-MD 07  <input checked="" type="checkbox"/> Clinician/Practitioner Signature		<b>Laboratory Use Only</b>	
		Date 17/03/2023	

 <b>Ministry of Health and Long-Term Care</b> <b>Laboratory Requisition</b> Requisitioning Clinician / Practitioner		<b>Laboratory Use Only</b>			
Name <b>Alissia Valentinis</b> Address <b>790 Bay Street</b> <b>Suite 522, Box 58/59</b> <b>Toronto, Ontario M5G 1N8</b>		Clinician/Practitioner's Contact Number for Urgent Results ( 416 ) 591-1222 Ext		Service Date yyyy mm dd	
Clinician/Practitioner Number <b>018613</b>	CPSO / Registration No. <b>79090</b>	Health Number <b>ON 3600 714 343</b>	Version	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Date of Birth yyyy mm dd <b>2001 01 01</b>
Check (✓) one: <input checked="" type="checkbox"/> <b>OHIP/Insured</b> <input type="checkbox"/> <b>Third Party / Uninsured</b> <input type="checkbox"/> <b>WSIB</b>		Province/Other Provincial Registration Number		Patient's Telephone Contact Number ( 416 ) 466-8214	
Additional Clinical Information (e.g. diagnosis)		Patient's Last Name (as per OHIP Card) <b>Mouse</b> Patient's First & Middle Names (as per OHIP Card) <b>Mickey</b> Patient's Address (including Postal Code) <b>31 Inwood Ave</b> <b>Toronto, ON M4J 3Y2</b>			
<input type="checkbox"/> Copy to: Clinician/Practitioner Last Name: First Name Address					
<b>Note: Separate requisitions are required for cytology, histology / pathology and tests performed by Public Health Laboratory</b>					
<input checked="" type="checkbox"/> <b>Biochemistry</b>		<input checked="" type="checkbox"/> <b>Hematology</b>		<input checked="" type="checkbox"/> <b>Viral Hepatitis (check one only)</b>	
Glucose <input type="checkbox"/> Random <input type="checkbox"/> Fasting		CBC		Acute Hepatitis	
HbA1C		Prothrombin Time (INR)		Chronic Hepatitis	
Creatinine (eGFR)		<b>Immunology</b>		Immune Status / Previous Exposure Specify: <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C or order individual hepatitis tests in the "Other Tests" section below	
Uric Acid		Pregnancy Test (Urine)		<b>Prostate Specific Antigen (PSA)</b>	
Sodium		Mononucleosis Screen		<input type="checkbox"/> Total PSA <input type="checkbox"/> Free PSA	
Potassium		Rubella		Specify one below: <input type="checkbox"/> Insured - Meets OHIP eligibility criteria <input type="checkbox"/> Uninsured - Screening: Patient responsible for payment	
ALT		Prenatal: ABC, RhD, Antibody Screen (titre and Ident. if positive)		<b>Vitamin D (25-Hydroxy)</b>	
Alk. Phosphatase		Repeat Prenatal Antibodies		<input type="checkbox"/> Insured - Meets OHIP eligibility criteria: osteopenia; osteoporosis; rickets; renal disease; malabsorption syndromes; medications affecting vitamin D metabolism	
Bilirubin		<b>Microbiology ID &amp; Sensitivities (if warranted)</b>		<input type="checkbox"/> Uninsured - Patient responsible for payment	
Albumin		Cervical		<b>Other Tests - one test per line</b>	
Lipid Assessment (Includes Cholesterol, HDL-C, Triglycerides, calculated LDL-C & Chol/HDL-C ratio; individual lipid tests may be ordered in the "Other Tests" section of this form)		Vaginal			
Albumin / Creatinine Ratio, Urine		Vaginal / Rectal - Group B Strep			
<input checked="" type="checkbox"/> <b>Urinalysis (Chemical)</b>		Chlamydia (specify source): urine NAAT			
Neonatal Bilirubin:		<input checked="" type="checkbox"/> <b>GC (specify source): urine NAAT</b>			
Child's Age: days hours		Sputum			
Clinician/Practitioner's tel. no.		Throat			
Patient's 24 hr telephone no.		Wound (specify source):			
Therapeutic Drug Monitoring:		<input checked="" type="checkbox"/> <b>Urine</b>			
Name of Drug #1		Stool Culture			
Name of Drug #2		Stool Ova & Parasites			
Time Collected #1 hr. #2 hr.		Other Swabs / Pus (specify source):			
Time of Last Dose #1 hr. #2 hr.					
Time of Next Dose #1 hr. #2 hr.					
I hereby certify the tests ordered are not for registered in or out patients of a hospital.		Specimen Collection Time 24 hour clinic Date 2023/03/02			
<b>Victoria Charko RN</b> <b>As per medical directive TCFHT-MD 07</b>		<b>Fecal Occult Blood Test (FOBT) (check one)</b> <input type="checkbox"/> FOBT (non CCC) <input type="checkbox"/> ColonCancerCheck FOBT (CCC) no other test can be ordered on this form			
<input checked="" type="checkbox"/> <b>Laboratory Use Only</b>					
Clinician/Practitioner Signature <b>Victoria Charko RN</b> Date <b>17/03/2023</b>					



Date received yyyy / mm / dd	PHOL No.
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**General Test Requisition**

ALL Sections of this Form MUST be Completed

<p><b>1 - Submitter</b></p> <p style="text-align: right;">Courier Code</p> <p>790 Bay Street Suite 522, Box 58/59 Toronto, Ontario M5G 1N8</p> <p style="text-align: right;">Address City &amp; Province Postal Code</p> <hr/> <p>Clinician Initial / Surname and OHIP / CPSO Number AV/Valentinis/018613 ? Tel: 416-591-1222 Fax: 416-591-1227</p> <hr/> <p><b>cc Doctor Information</b></p> <p>Name: _____ Tel: _____ Lab/Clinic Name: _____ Fax: _____ CPSO #: _____ Address: _____ Postal Code: _____</p>	<p><b>2 - Patient Information</b></p> <table border="1"> <tr> <td>Health No.</td> <td>Sex F</td> <td>Date of Birth: yyyy / mm / dd 2013/01/01</td> </tr> <tr> <td>Medical Record No.</td> <td colspan="2"></td> </tr> <tr> <td>Patient's Last Name (per OHIP card) Duck</td> <td colspan="2">First Name (per OHIP card) Baby</td> </tr> <tr> <td colspan="3">Patient Address 76 Patrick St Toronto, ON M6R 1B5</td> </tr> <tr> <td>Postal Code M6R 1B5</td> <td colspan="2">Patient Phone No. 416-260-1315</td> </tr> <tr> <td colspan="3">Submitter Lab No.</td> </tr> <tr> <td colspan="3">Public Health Unit Outbreak No.</td> </tr> </table> <hr/> <p><b>Public Health Investigator Information</b></p> <p>Name: _____ Health Unit: _____ Tel: _____ Fax: _____</p>	Health No.	Sex F	Date of Birth: yyyy / mm / dd 2013/01/01	Medical Record No.			Patient's Last Name (per OHIP card) Duck	First Name (per OHIP card) Baby		Patient Address 76 Patrick St Toronto, ON M6R 1B5			Postal Code M6R 1B5	Patient Phone No. 416-260-1315		Submitter Lab No.			Public Health Unit Outbreak No.		
Health No.	Sex F	Date of Birth: yyyy / mm / dd 2013/01/01																				
Medical Record No.																						
Patient's Last Name (per OHIP card) Duck	First Name (per OHIP card) Baby																					
Patient Address 76 Patrick St Toronto, ON M6R 1B5																						
Postal Code M6R 1B5	Patient Phone No. 416-260-1315																					
Submitter Lab No.																						
Public Health Unit Outbreak No.																						

<p><b>3 - Test(s) Requested</b> (Please see descriptions on reverse)</p> <p>Test: Enter test descriptions below</p> <p>Gonorrhea, chlamydia NAAT</p>	<p><b>Hepatitis Serology</b></p> <p>Reason for test (Check (✓) only one box):</p> <p><input type="checkbox"/> Immune status <input type="checkbox"/> Acute infection <input type="checkbox"/> Chronic infection</p> <p>Indicate specific viruses (Check (✓) all that apply):</p> <p><input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C (testing only available for acute or chronic infection; no test for determining immunity to HCV is currently available)</p>
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<p><b>4 - Specimen Type and Site</b></p> <p><input type="checkbox"/> blood / serum    <input type="checkbox"/> faeces    <input type="checkbox"/> nasopharyngeal <input type="checkbox"/> sputum    <input checked="" type="checkbox"/> urine    <input type="checkbox"/> vaginal smear <input type="checkbox"/> urethral    <input type="checkbox"/> cervix    <input type="checkbox"/> BAL <input type="checkbox"/> other - (specify) _____</p>	<p><b>Patient Setting</b></p> <p><input checked="" type="checkbox"/> physician office/clinic    <input type="checkbox"/> ER (not admitted) <input type="checkbox"/> inpatient (ward)    <input type="checkbox"/> inpatient (ICU)    <input type="checkbox"/> institution</p>
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<p><b>5 - Reason for Test</b></p> <p><input checked="" type="checkbox"/> diagnostic    <input type="checkbox"/> immune status <input type="checkbox"/> needle stick    <input type="checkbox"/> follow-up <input type="checkbox"/> prenatal    <input type="checkbox"/> chronic condition <input type="checkbox"/> immunocompromised <input type="checkbox"/> post-mortem <input type="checkbox"/> other - (specify) _____</p> <p>Date Collected: _____ yyyy / mm / dd</p> <p>Onset Date: _____ yyyy / mm / dd</p>	<p><b>Clinical Information</b></p> <p><input type="checkbox"/> fever    <input type="checkbox"/> gastroenteritis    <input type="checkbox"/> respiratory symptoms <input type="checkbox"/> STI    <input type="checkbox"/> headache / stiff neck    <input type="checkbox"/> vesicular rash <input type="checkbox"/> pregnant    <input type="checkbox"/> encephalitis / meningitis    <input type="checkbox"/> maculopapular rash <input type="checkbox"/> jaundice <input checked="" type="checkbox"/> other - (specify) <u>dysuria</u></p> <p><input type="checkbox"/> influenza high risk - (specify) _____ <input type="checkbox"/> recent travel - (specify location) _____</p>
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For HIV, please use the HIV serology form. - For referred cultures, please use the reference bacteriology form. To re-order this test requisition contact your local Public Health Laboratory and ask for form number F-SD-SCG-1000. Current version of Public Health Laboratory requisitions are available at [www.publichealthontario.ca/requisitions](http://www.publichealthontario.ca/requisitions)  
The personal health information is collected under the authority of the Personal Health Information Protection Act, s.36 (1)(c)(iii) for the purpose of clinical laboratory testing. If you have questions about the collection of this personal health information please contact the PHOL Manager of Customer Service at 416-235-6556 or toll free 1-877-604-4567. F-SD-SCG-1000 (08/2013)



### Appendix E:

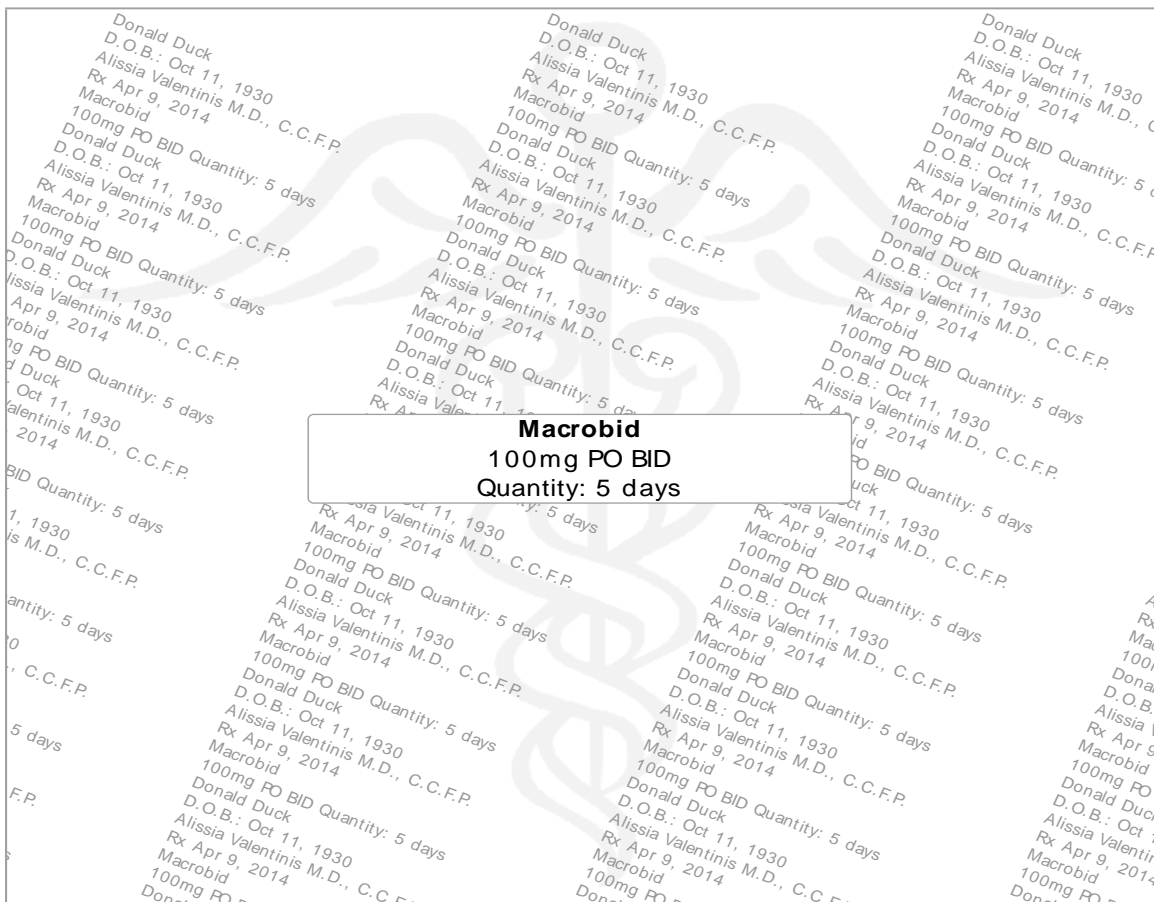
## Sample Prescription

Alissia Valentinis M.D., C.C.F.P  
CPSO #79090  
790 Bay Street  
Suite 522, Box 58/59  
Toronto, Ontario M5G 1N8  
Tel: 416-591-1222 Fax: 416-591-1227

**Rx**

**For:** Donald Duck  
187 Bay Street  
Toronto, ON  
N4N 5J5  
DOB: Oct 11, 1930 M  
416-555-5555 (H)

Apr 9, 2014



**Macrobid**  
100mg PO BID  
Quantity: 5 days

Donald Duck  
D.O.B.: Oct 11, 1930  
Alissia Valentinis M.D., C.C.F.P.  
Rx Apr 9, 2014  
Macrobid  
100mg PO BID Quantity: 5 days  
*Rebekah Barrett*  
Rebekah Barrett, RN930  
Medical Directive TCFHT-MD07

Professional ID:

Alissia Valentinis M.D., C.C.F.P.

**Appendix F:****TCFHT-MD07\_Uncomplicated\_Urinary\_Tract\_Infection Stamp**

S:

- Hx of «dysuria,» «urinary frequency,» «urgency,» «suprapubic pain/pressure,» «cloudy urine» X • days
- No «fever,» «nausea and/or vomiting,» «back pain»
- «- Back pain but not middle of back or flank, not constant, does change with position»
- «- LMP: •, not pregnant, menses not late»
- «- No chronic kidney disease»
- «- No severe or complex medical issues»
- «- No hx of renal calculi»
- ««- • UTIs in the past year«, most recent UTI • «weeks»«months» ago»», antibiotic taken - •»
- «Confirmed NKDA» «Allergies to • noted/updated in pt profile»
- «- No antibiotic use in the past 3 months»«- Antibiotics used in the past 3 months: •»

O:

- T: •
- «No» «Positive» CVA tenderness
- Urine dip: • leuks, • nitrites, • protein, • blood
- Urine characteristics: «clear,» «cloudy,» «hematuria,» «foul smell»

A: «Symptoms consistent with UTI»

P:

- «- Urine sent to lab for C&S and urinalysis»«, and chlamydia/gonorrhea NAAT for screening»; provider to f/u with results
- «- Rx for • given for empiric treatment»
- «- Pt educated about potential allergic reaction to abx, abx side effects, dosing and need to complete abx course even if symptoms improve»
- «- Pt counselled to seek urgent medical care if symptoms not improving within 24-48hrs of starting abx or if symptoms worsening (temp > 38.0C or 100.4F, nausea and/or vomiting, middle back or flank pain that is constant and does not change with position)»
- «- Pt educated about evidence-based strategies to prevent UTIs including regular voiding, adequate fluid intake of a minimum of >1.5L/day, and voiding immediately after intercourse»

\*actions and interventions in accordance with Medical Directive TCFHT-MD07