

## COLLECTIVE PRESCRIPTION

Initiate diagnostic measures in the presence of symptoms and signs suggestive of a urinary tract infection (cystitis and pyelonephritis) and initiate first-line oral pharmacological treatment for cystitis in an individual 14 years of age and older

N° : 888022

Institution:

Validity Period:

### CLINICAL SITUATION OR TARGET POPULATION

An individual 14 years of age or older who has at least two of the following symptoms or signs of recent onset suggestive of cystitis:

- ▶ Burning sensation and discomfort during urination or difficulty in urinating (dysuria)
- ▶ Urgent urination (urgency)
- ▶ Frequent urination (frequency)
- ▶ Suprapubic pain or tenderness
- ▶ Hematuria (blood in the urine)

### OR

An individual 14 years of age or older who has two or more of the following symptoms or signs of recent onset, suggestive of pyelonephritis:

- ▶ Fever
- ▶ Costovertebral angle (back) or flank pain
- ▶ At least one of the above symptoms or signs suggestive of cystitis

### AUTHORIZED HEALTH PROFESSIONALS OR OTHER AUTHORIZED PERSONS CONCERNED BY THIS PRESCRIPTION<sup>1</sup>

! *Health-care facilities that wish to draft collective prescriptions using this template **must specify in this section the health professional or group of health professionals** who can execute this prescription. The instruction in italics (!) must be deleted from the version that will be made available.*

### CONTRAINDICATIONS TO USING THIS PRESCRIPTION

#### SAME CONTRAINDICATIONS AS SPECIFIED IN NATIONAL MEDICAL PROTOCOL NO. 888022:

Medical history:

- ▶ Anatomical or functional abnormality of the urinary tract
- ▶ Contraindication to the use of all recommended antibiotics
- ▶ Hemodialysis or chronic renal disease (e.g., kidney stone) other than severe renal failure
- ▶ Indwelling urinary catheter
- ▶ Pregnancy

<sup>1</sup> The authorized health professional or other authorized person must be sure to have the necessary qualifications to execute the prescription (e.g., training).

- ▶ Recurrence (early relapse within 2-4 weeks or reinfection occurring more than twice per 6 months or more than 3 times per year) of cystitis or pyelonephritis (with or without complicating factors)
- ▶ Urinary tract surgery within the last 3 months<sup>2</sup>

Symptomatology consistent with:

- ▶ Epididymo-orchitis
- ▶ Gynecologic pathology (e.g., pelvic inflammatory disease, ectopic pregnancy, ruptured ovarian cyst)
- ▶ Hemodynamic instability (e.g., hypotension, tachycardia)
- ▶ Prostatitis
- ▶ Suspicion of sepsis (e.g., significant tachypnea, altered state of consciousness) or significant impairment of general condition
- ▶ Urinary retention (inability to empty the bladder accompanied by a sensation of bladder fullness or abdominal pain) (see [related PMN](#))

#### CONTRAINDICATIONS TO INITIATING TREATMENT (SPECIFIC TO COLLECTIVE PRESCRIPTION):

- ▶ Breastfeeding
- ▶ Immunosuppression<sup>3</sup>
- ▶ Symptoms consistent with a sexually transmitted infection (STI) (e.g., cervicitis or urethritis caused by *Chlamydia trachomatis* or *Neisseria gonorrhoeae*)
- ▶ Unusual vaginal discharge (e.g., vulvovaginal candidiasis, bacterial vaginosis)
- ▶ Suspected pyelonephritis

### QUÉBEC'S NATIONAL MEDICAL PROTOCOL

Refer to current Québec's national medical protocol [No. 888022](#) written by the Institut national d'excellence en santé et en services sociaux and available on its website, when executing this prescription.

### LIMITS OR SITUATIONS WHERE A CONSULTATION WITH AN AUTHORIZED PRESCRIBER IS MANDATORY<sup>4</sup>

- ▶ **When assessing the health condition:**
  - [Risk factors](#) for an STI in a symptomatic person
- ▶ **After obtaining the results of the medical biology analyzes :**
  - Negative urinalysis results despite the presence of recent symptoms and signs suggestive of a urinary tract infection
  - Negative urine culture result when cystitis is suspected
  - Bacterial resistance to the prescribed antibiotic

<sup>2</sup> Uncomplicated bladder catheterization and cystoscopy are not considered as urinary tract surgery.

<sup>3</sup> <https://msss.gouv.qc.ca/professionnels/vaccination/piq-vaccinologie-pratique/immunodepression>.

<sup>4</sup> Depending on the activities reserved by law or regulation, as well as the ease and skills of the authorized professional who applies the collective prescription, an authorized prescriber may be required in the presence of the limits and situations listed above for the continuation of clinical management or as a precautionary principle.

► **During or after treatment:**

- Appearance of a contraindication, intolerance or an allergic reaction to the medication during treatment and whose characteristics of the person or local bacterial resistance limit the choice of another antibiotic among those listed in the protocol [no. 888022](#).
- Persistence, worsening of symptoms and signs, or deterioration in the individual's general condition following the start of antibiotics

## DOCUMENTING

Complete the community pharmacist liaison form, if applicable. Consult the template available in the section entitled "[Medical protocols and related prescription](#)" section on INESSS's website.

## IDENTIFICATION OF RESPONDING PRESCRIBER

- ! *Health-care facilities that wish to draft collective prescriptions using this template **must specify in this section the mechanism of identification of the responding prescriber** who will have to be indicated on the liaison form upon individualization of this collective prescription. The instruction in italics (!) must be deleted from the version that will be made available.*

## IMPLEMENTATION PROCESS

1. **DEVELOPMENT OF CURRENT VERSION** (identification of the authorized prescriber or prescribers concerned and of the person responsible, if applicable)

2. **VALIDATION OF CURRENT VERSION** (identification of the authorized prescriber or prescribers concerned and of the person responsible, if applicable)

3. **APPROVAL OF CURRENT VERSION BY THE REPRESENTATIVE OF THE INSTITUTION'S CPDP**

Last Name:

First Name:

Signature:

Date:

Last Name:

First Name:

Signature:

Date:

4. **APPROVAL OF THE COLLECTIVE PRESCRIPTION BY THE SIGNING AUTHORIZED PRESCRIBERS (NON-INSTITUTIONAL)**

Last and first name	Licence number	Signature	Telephone	Fax

5. **REVIEW**

Effective date:

Date of last review (if applicable):

Scheduled date of next review: