CC: [Chief Complaint]

SUBJECTIVE:
[Patient Age] [Patient Gender (M/F)] in usual health until \_ day\_ ago when patient developed dysuria, urgency, and frequency.
Pregnant: \_
Ongoing urologic evaluation or procedures: \_
Catheter: \_
Kidney transplant: \_
Fever/chills: \_
Back/flank pain: \_
Recent treatment for UTI: \_

PMHx:
Uncontrolled DM: \_
Immunosuppression: \_
Recent hospitalization: \_

ROS: No HA/D/CP/SOB.

OBJECTIVE:
GEN: Alert, pleasant, INAD
Vitals: \_
CV: RRR, no M/R/G
PUL: CTAB, no wheeze, rhonchi
ABD: Soft, NT/ND.
BACK: \_ CVA tenderness.

LABS: UA: \_
Prior urine culture results: \_

ASSESSMENT / PLAN:
1. Acute uncomplicated cystitis
Macrobid BID for 5 days
Fosfomycin 3 gm single dose
Bactrim DS BID for 3 days
PRN use of Pyridium 200 mg PO TID
Urine culture not sent.
Discussed symptomatic treatment including tylenol/ibuprofen and the importance of hydration.
RTC if not improved in 3-5 days, sooner if new or worsening symptoms develop.

1. Acute complicated cystitis
Macrobid BID for 7 days
Keflex 500 mg QID for 7 days
Bactrim DS BID for 7 days
PRN use of Pyridium 200 mg PO TID
Urine culture sent
Encouraged f/u with PCP in 48 hours

1. Acute pyelonephritis
Stable for outpatient treatment
Ceftriaxone 1 gm IM given here
Keflex 500 mg QID x10 days
Cipro 500 mg BID x7 days
Urine culture sent
Encouraged f/u with PCP in 48 hours.
To ER if unable to tolerate oral medication or if significantly worsening.