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.