Audit Tool for Urinary Tract Prophylaxis

Instructions:
1. The aim of this audit is to enable review of patients currently prescribed antimicrobials for prophylaxis of urinary tract infections (UTIs).
2. Before completing the audit, you must first identify some or all of your patients currently prescribed prophylactic UTI therapy. This can be done either using your prescribing software or alternatively, your local pharmacist in a pharmacy regularly used by your patients would be able to identify your UTI prophylaxis patients. Extracting this information is easier on some prescribing software than others but is very easily accessed on all pharmacy software.
3. Aim to audit a small sample e.g. 5 – 10 of your UTI prophylaxis patients at a time.
4. Fill out each column on the Data Entry Template overleaf for each of your selected UTI prophylaxis patients.
5. If you would prefer to use a Microsoft Excel version of this audit tool, with auto-filled analysis, it is available on **www.antibioticprescribing.ie**
6. To complete this audit cycle you should repeat after 6 months to demonstrate the improvements made e.g. 100% of patients now have review/stop date documented.

Consider the following good practice points when conducting this audit:

- **Definition of recurrent UTI:** Recurrent UTI in adults is defined as 2 or more UTIs in the last 6 months or 3 or more UTIs in the last 12 months.
- Evaluation of clinical features of recurrent UTIs should include sending a mid-stream urine (MSU) sample for culture.
- Specialist opinion should be considered for patients with recurrent UTI. In particular, it is advisable to refer men, pregnant women and children under 16 for specialist opinion. Antimicrobial prophylaxis should only be considered in these groups following specialist advice.
- The patient should be advised upon initiation that antibiotic prophylaxis is prescribed for a fixed period of time, that there is a risk of side effects and that this is not intended to be a long-term medication.
- In patients with an identifiable trigger (e.g. sexual intercourse), single-dose prophylaxis (e.g. post-coital) is as effective as continuous prophylaxis in preventing recurrent UTI, but with fewer side-effects, and should thus be the preferred option.
- Recurrent lower urinary tract symptoms are often NOT due to infection, and it is important to consider other diagnoses (*e.g. sexually-transmitted infections, postmenopausal atrophic vaginitis, vulvovaginal candidiasis, vulval lichen sclerosis, psoriasis, vulvodynia*), to avoid unnecessary antibiotic exposure.
- Antibiotic prophylaxis is generally not appropriate for the prevention of UTI in catheterised patients because of the limited benefit and the risk of antibiotic-associated harm to the patient.
- Long-term nitrofurantoin use is associated with multiple adverse effects, including liver damage, pulmonary fibrosis and peripheral neuropathy. If patients are on nitrofurantoin for longer than 6 months additional monitoring may be required for these conditions and treatment should be withdrawn if they emerge.
- Always review antimicrobial prophylaxis at 3- 6 months, with a view to stopping. There is limited evidence of any additional benefit from such prophylaxis beyond 3-6 months but there is significant evidence of harm.
- Patients who have any breakthrough infections or with urine cultures confirming resistance to the prophylactic agent, should have their prophylaxis stopped (exposure to antibiotic without benefit) and a clinical review to discuss ongoing management and/or need for referral.

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Date:……		Patient 1	Patient 2	Patient 3	Patient 4	Patient 5
Patient	*Name*					
	Age					
	Gender	☐ Male ☐ Female	☐ Male ☐ Female	☐ Male ☐ Female	☐ Male ☐ Female	☐ Male ☐ Female
Antibiotic Choice and Duration	*Antibiotic Name*					
	Who initiated this prophylactic therapy?	☐ This Practice ☐ Previous GP ☐ Urology ☐ Other hospital source ☐ Unknown	☐ This Practice ☐ Previous GP ☐ Urology ☐ Other hospital source ☐ Unknown	☐ This Practice ☐ Previous GP ☐ Urology ☐ Other hospital source ☐ Unknown	☐ This Practice ☐ Previous GP ☐ Urology ☐ Other hospital source ☐ Unknown	☐ This Practice ☐ Previous GP ☐ Urology ☐ Other hospital source ☐ Unknown
	Start Date					
	Is Review/Stop Date documented?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Is review overdue? (>6mths)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Most Recent Renal Function Result (eGFR or CrCl) (NOTE: Nitrofurantoin is contraindicated in eGFR < 45 mL/ min)					
	Has resistance been identified to the prophylactic agent during the course of therapy? (Review MSU results)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Has patient had any breakthrough UTIs while on prophylaxis?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Has the patient an indwelling catheter in-situ?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Outcomes & Actions	*Comment/Additional Info*					
	Action Required?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Action Taken? *(Outline what actions you have taken/ plan to take*					

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Are there changes you can implement in your practice to improve UTI prophylactic practices in the future:

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