

CLINICAL PEER REVIEW

Diagnosis: Urinary tract infection in females

Primary Provider: _____

Date of visit: _____ **Chart number:** _____

INDICATOR CHECKLIST

Incicator	Yes/No/NA	Comments
1. Was a complete H & P performed in the past year?		
2. Documentation of subjective symptoms: dysuria, frequency, urgency, hematuria, abdominal pain, odor, nocturia.		
3. Documentation of risk factors: previous UTI, DM, pregnancy, recent new sexual partner, use of diaphragm, abnormalities of urinary tract.		
4. Documented urine microscopy		
5. Documented appropriate medication prescription: 3-day vs. 10-day vs. prophylactic treatment (see guideline).		
6. Appropriate patient education documented: hydration, warning signs of complication, empty bladder after intercourse.		
7. Appropriate follow-up performed: C & S if no improvement in 2-3 days, post-tx culture for complicated UTI.		

Scoring: _____

Reviewer signature: _____ **Date:** _____

Primary Provider Comments: _____

Primary Provider signature: _____

Date: _____