Best practice guidelines for uncomplicated urinary tract infections to reduce rates of antibiotic resistance: A CE module

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The Purpose
The purpose of the Clinical Doctorate Capstone Project was to develop an evidence-based (EBP) continuing education (CE) module for the appropriate treatment of uncomplicated UTIs in women.

Module objectives:
- To be able to differentiate between complicated and uncomplicated urinary tract infections.
- To describe the symptoms of uncomplicated UTI.
- To discuss causes of increasing rates of antibiotic resistance.
- To identify the differential diagnoses for dysuria.
- To incorporate the current EBP guidelines recommended by IDSA into care decisions.
- To implement the first-line of treatment for uncomplicated UTIs.
- To increase awareness of current EBP guidelines for treatment.

Conclusion
- CE module for Primary Care Providers in various settings
- The CE module will be submitted to the Arizona Nursing Association (AZNA) for approval of one credit hour.
- Seeking manuscript publication in scholarly, evidence-based and best practice journal.

Acknowledgments
I would like to express my deepest appreciation and gratitude to my chair, Dr. Diane John for her unwavering support, patience, words of encouragement, and guidance. This capstone project would not have been possible without Dr. John. I have been very fortunate to have you as my chair to guide me through this journey.

Synthesis of evidence
- Non-compliance amongst providers regarding adherence to EBP guidelines.
- Non-adherence to recommended EBP guidelines will reduce antibiotic resistance.
- Empiric treatment appears to be the norm for treatment of UTIs.
- Indiscriminate use of antibiotics affect everyone.
- The Infectious Disease Society of America has put forth the latest guidelines for appropriate treatment of UTIs.
- Prescribing etiquette is the tendency to follow precedence than EBP guidelines.
- Malcolm Knowles' Adult Learning Theory was used to guide the development of the CE module.

References


Introduction
- Uncomplicated urinary tract infections (UTIs) account for 8.6 million visits to clinics.
- Total cost of care: $2.4 billion annually.
- Prescription evaluation costs $218 million.
- Unnecessary antibiotic use and patient non-compliance are a risk for antibiotic resistance.
- An alarming increase at 20% to 40% of antibiotic-resistant bacteria in a single year.

The Problem
- Poor management of uncomplicated urinary tract infections (uUTI) have resulted in an increase in antibiotic resistance. There is a need to educate providers about the use of EBP guidelines to manage women with (uUTIs).

Implications for practice
- Anticipated increased adherence to EBP guidelines for practice.
- Anticipated decreased rates of antibiotic resistance.
- Anticipated increased in healthcare expenditures for patients and the healthcare system.

Conclusion
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