Lifespan Health System
Issuing Departments: *Urology, Medicine, Emergency Medicine*
Title: *Urology/Medicine Admitting Guidelines for RIH and TMH*

PYELONEPHRITIS/RENAL ABSCESS/UROSEPSIS*/UTI:

- **Admission to Medicine:**
  - Renal or perinephric abscess without renal obstruction requiring IR drainage
  - Pyelonephritis/Urosepsis/UTI without renal obstruction
    - Includes chronic indwelling tubes or those with diverting urostomy
  - Pyelonephritis/Urosepsis/UTI associated with obstruction
    - Requiring PCN/IR procedure
    - With significant cardiopulmonary comorbidities that could affect resuscitation (as determined by the emergency department)
    - With signs of end organ dysfunction
      - Includes significant AKI (defined as creatinine ≥2x baseline), new O2 requirement, troponin elevation

- **Admission to Urology:**
  - Pyelonephritis/Urosepsis/UTI with obstruction requiring stent in patients *without* significant cardiopulmonary comorbidities or signs of end-organ dysfunction (see above for example definitions/comorbidities that go to Medicine)

ICU Patients with PYELONEPHRITIS/RENAL ABSCESS/UROSEPSIS*/UTI:

- Patients who require MICU admission after GU procedures (post-op patients) should be transferred to Urology. Medicine/Hospitalists will serve as consultants if requested. (e.g. at RIH: a SICU patient should be seen by the MICU fellow; a 5ISC patient should be seen by the Medicine Consult Service).
- In cases where MICU Attendings think patients will be better served on Medicine, there ought to be an Attending-to-Attending discussion between GU and Medicine/Hospitalist Attendings to set expectations for patient care in the ICU setting.

Additional information on Transfers between services:

- Transfer from Urology to Medicine is appropriate if ongoing sequelae of Urosepsis or resuscitation efforts fail (ongoing diuresis, new O2 requirements, etc.) or new active medical issues develop while patient is admitted to Urology.

GROSS HEMATURIA:

- **Admission to Medicine:**
  - Gross hematuria in the setting of other active medical pathology
  - Gross hematuria in the setting of recent cardiac/vascular procedure necessitating antiplatelets/anticoagulation
  - Gross hematuria secondary to significant coagulopathy (medical or pharmacological)
- **Admission to Urology:**
  - Gross hematuria without other active medical pathology
  - Gross hematuria in the setting of chronic (non-acute) anticoagulation/antiplatelet therapy
  - Gross hematuria after recent urologic procedure

URINARY RETENTION:

- **Admission to Medicine:**
  - Urinary retention with medical complications (e.g. anemia, AKI [defined as creatinine ≥2x baseline]) requiring foley catheter as the only GU intervention
- **Admission to Urology:**
  - Urinary retention requiring surgical intervention beyond foley catheter

TESTICULAR INFECTION:

- **Admission to Medicine:**
  - Uncomplicated epididymoorchitis
  - Scrotal cellulitis
- **Admission to Urology:**
  - Epididymoorchitis requiring surgical intervention (defined as operative procedure or bedside I&D) in the absence of active significant comorbidities that require active management (e.g. poorly controlled DM that would warrant inpatient Medicine admission)
  - Necrotizing infection (Fournier's gangrene) of the scrotum/penis

*Urosepsis is not an appropriate Clinical Documentation Integrity Term and should not be used accordingly. **Sepsis, urinary source** (or sepsis secondary to UTI/Pyelonephritis) is recommended. We have used the term "urosepsis" for the purposes of this guideline only.