Overview of Triple P in UTI- Study

Adults, UTI<28d, admitted to the Emergency Departement (all, i.e. intended for out- & inpatient care, N=300)

Baseline data collection, phlebotomy, risk management (medical, biopsychosocial, functional) in all screened

*Inclusion criteria:
  >18 years
  acute (i.e. symptoms less than 28 days) and UTI as a main diagnosis
  >1 clinical symptom (core body temperature ≥ 38.0° C, urgency, frequency of micturition, dysuria, suprapubic pain, flank pain, costovertebral angle tenderness, nausea and vomiting)
  >1 urinary criterion (pyuria (>20 leukocytes/μl) and/or nitrites)
in patients without antibiotic pretreatment.
informed consent by patient or available relatives or an independent physician

Patients with UTI & exclusion criteria

Eligible, i.e. fulfilled inclusion criteria*, no exclusion criteria (N=250)

no informed consent*

Inclusion D1 (N=250), factorial design

Randomization D1 (N=250)

- clinical control for hospitalization**
  + standard antibiotic therapy****

- clinical control for hospitalization**
  + PCT/Pyuria-guided antibiotic therapy*****

- ProADM for hospitalization***
  + standard antibiotic therapy****

- ProADM for hospitalization***
  + PCT/Pyuria-guided antibiotic therapy*****

In hospitalized patients reassessment on D3

**Hospitalization depends on hospitalization criteria (1-5)

***Combined risk management: hospitalization criteria (2-5) & ProADM

****Antibiotic therapy in accordance to standard guidelines

*****PCT≥0.25 or PCT decrease <80% or pyuria not normalized or pyuria decrease <90%
  --> Maintain antibiotic therapy & reassess D5/D7

Assessment of functional status at discharge from treatment site

- EQ5D questionnaire for patient self evaluation
- Urine containers with urinalysis and urine culture: D3 after enrollment, D7 after end of therapy, D 30 after enrollment, and in case of recurrence within 90 days
- Phone interview at 30 and 90 days after enrollment (for complications, functional status, rehospitalization)