This decision support tool is effective as of February 2014. For more information or to provide feedback on this or any other decision support tool, e-mail certifiedpractice@crnbc.ca

RECURRENT URETHRITIS (MALE)

DEFINITION

Persistence of urethral symptoms when the onset of treatment for urethritis* was at least two weeks prior, treatment was taken as directed, and there has been no re-exposure or new exposure to infection through sexual contact (e.g., new sexual contact or untreated contact) and test results for Chlamydia and gonorrhea were negative. For those clients who present with urethral symptoms, but do not fit the definition for recurrent urethritis use the Urethritis Decision Support Tool.

*Urethritis refers to inflammation of the urethra that is caused by any etiology that manifests as urethral discharge, dysuria, urethral itching or meatal erythema. Urethritis is categorized as a syndrome.

POTENTIAL CAUSES

Bacterial

- *Neisseria gonorrhoea* (GC)
- *Chlamydia trachomatis* (CT)
- *Mycoplasma genitalium*
- *Ureaplasma urealyticum*

Viral

- Adenovirus
- HSV (herpes simplex virus)

Protozoa

- *Trichomonas vaginalis*

Non-STI

- secondary to catheterization or other instrumentation, or trauma of the urethra
- in association with other factors that contribute to urinary tract infection
- underlying urology conditions

CRNBC monitors and revises the CRNBC certified practice decision support tools (DSTs) every two years and as necessary based on best practices. The information provided in the DSTs is considered current as of the date of publication. CRNBC-certified nurses (RN(C)s) are responsible for ensuring they refer to the most current DSTs.

The DSTs are not intended to replace the RN(C)'s professional responsibility to exercise independent clinical judgment and use evidence to support competent, ethical care. The RN(C) must consult with or refer to a physician or nurse practitioner as appropriate, or whenever a course of action deviates from the DST.

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PREDISPOSING RISK FACTORS

- sexual contact with a new partner (refer to urethritis DST)
- sexual contact with an untreated partner (refer to urethritis DST)
- interventions or manipulations that may cause urethral irritation such as catheterization or inserting foreign objects into the urethra
- incomplete treatment for previous urethritis diagnosis
- antibiotic resistant organisms not sensitive to previous treatment choice

TYPICAL FINDINGS

Sexual Health History

- recent history of treatment for urethritis
- persistent urethral symptoms
  - dysuria, urethral discharge, urethral itching/irritation, or meatal erythema **and**
    - all medication has been taken as directed
    - onset of treatment was ≥ 2 weeks prior
    - no re-exposure to untreated sexual contact
    - no exposure to new sexual contact
    - test results were negative for gonorrhea and chlamydia

Note: If above criteria are not met – then refer to Urethritis (Male) DST

Physical Assessment

- urethral discharge
- urethral irritation
- meatal erythema

Diagnostic Testing

- repeat urethral swab for
  - smear for typical intracellular diplococci (TID) and polymorphonuclear leukocytes (PMNs) (required if available)
  - culture & sensitivity (C&S) for *N. gonorrhoeae*

Note: if urethral discharge is present, it is appropriate to collect the discharge from the meatal opening without inserting the swab directly into the urethra

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AND

- urine specimen for Nucleic Acid Amplification Test (NAAT) for chlamydia and gonorrhea
- ideally the client should not have voided in the previous 1-2 hours/collect first 10-20 ml
- urethral swab for NAAT CT/GC only if urine NAAT CT/GC testing is unavailable
- consider HSV polymerase chain reaction (PCR) swab

Interpreting Microscopy Results

See Recurrent Urethritis Algorithm (Male) on page 4.

Not all registered nurses will have immediate access to microscopy lab results for smears. Even if microscopy results cannot be accessed immediately, urethral smear is required if available in in order to determine the presence or absence of urethral infection upon completion of treatment for urethritis. Microscopy results are interpreted as follows:

- gram stain microscopy positive for ≥ 5 polymorphonuclear leukocytes per high power field (x1000) **and** typical intracellular diploccoci is indicative of presumptive gonorrhea – refer to urethritis DST for treatment options, consider potential drug resistance, and consider referral to physician or nurse practitioner
- gram stain microscopy positive for ≥ 5 polymorphonuclear leukocytes per high power field (x1000) **without** typical intracellular diploccoci is indicative of recurrent urethritis
- microscopy results of < 5 polymorphonuclear leukocytes requires consultation with physician or nurse practitioner about immediate treatment

Note: Polymorphonuclear leukocytes are sometimes referred to as polys, pus cells, or white blood cells.

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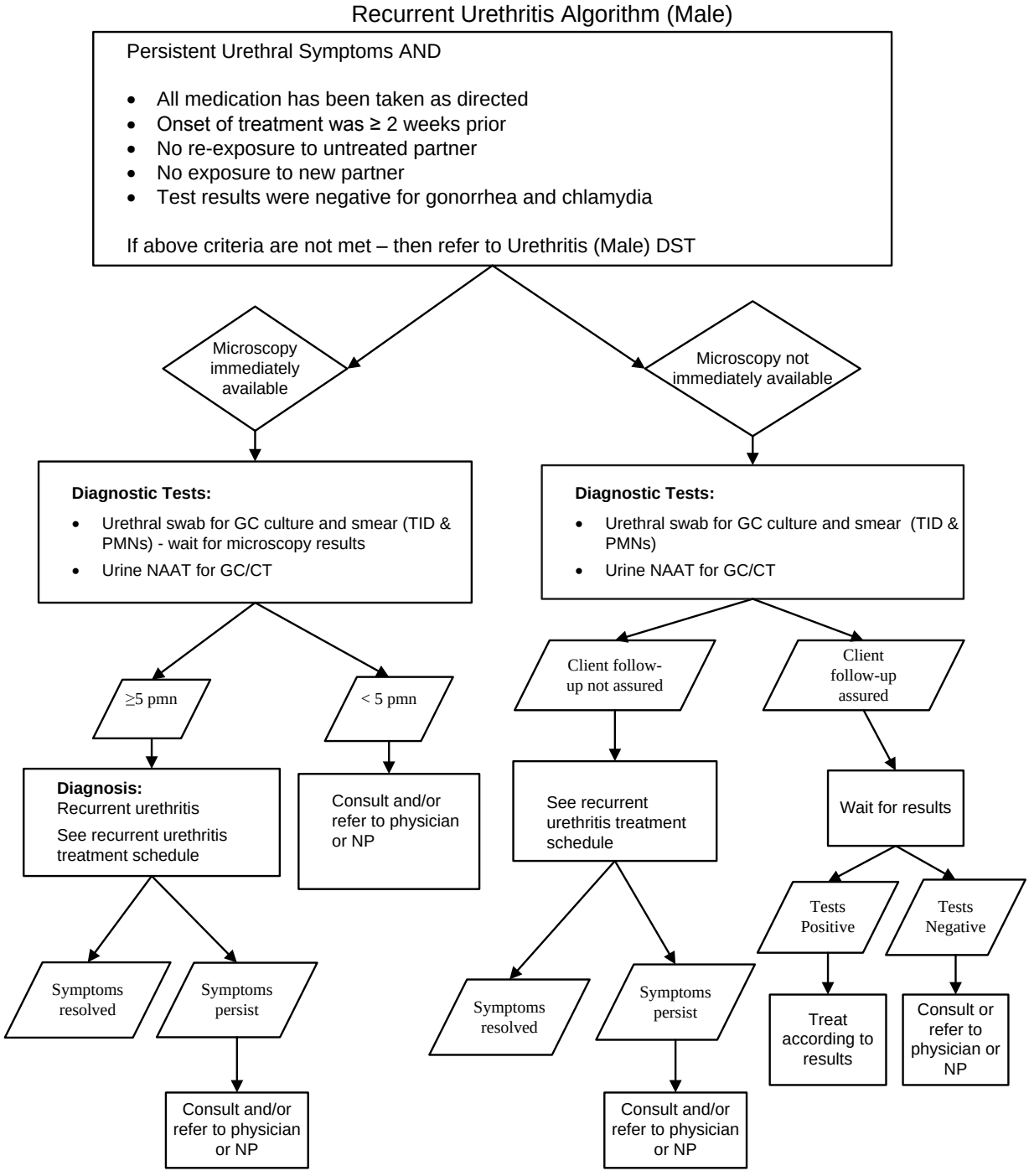
CLINICAL EVALUATION



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MANAGEMENT AND INTERVENTIONS

Goals of Treatment

- alleviate symptoms
- prevent complications

TREATMENT OF CHOICE FOR RECURRENT URETHRITIS

First Choice:

Note: If treatment for recent urethritis included azithromycin, then choose doxycycline 100 mg po bid for 7 days as the first choice treatment for recurrent urethritis. If treatment for recent urethritis included doxycycline then choose azithromycin 1 gm po as the first choice treatment for recurrent urethritis.

doxycycline 100 mg po bid for 7 days

OR

azithromycin 1 gm po

Second Choice:

Note: Use erythromycin 500 mg po qid for 7 days if azithromycin 1 gm po is unavailable

erythromycin 500 mg po qid for 7 days .

If unable to tolerate erythromycin 500 mg po qid for 7 days then use:
erythromycin 250 mg po qid for 14 days

TREATMENT OF SEXUAL CONTACTS

Sexual contacts of clients who have recurrent urethritis do not require treatment.

PARTNER NOTIFICATION

Sexual contacts of clients who have recurrent urethritis do not require notification.

FOLLOW UP

Consult or refer if tests are negative and symptoms persist.

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POTENTIAL COMPLICATIONS

Males

- epididymitis
- stricture (rare)
- sexually acquired reactive arthritis
- prostatitis (rare)

CLIENT EDUCATION

Counsel client

- regarding the appropriate use of medications (dosage, side effects and need for re-treatment if dosage not completed)
- regarding harm reduction measures (e.g., condom use)
- regarding the importance of revisiting clinic if symptoms persist after treatment has been completed for one week
- that sexual contacts of clients with recurrent urethritis do not require treatment

CONSULTATION AND/OR REFERRAL

Refer to physician or nurse practitioner if symptoms persist or recur after completed therapy for recurrent urethritis and all tests are negative.

DOCUMENTATION

- non-reportable
- as per agency policy

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REFERENCES

For help obtaining any of the items on this list, please contact CRNBC Helen Randal Library at circdesk@crnbc.ca

More recent editions of any of the items in the Reference List may have been published since this DST was published. If you have a newer version, please use it.

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