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| ASSESSMENT FINDINGS AND PLAN  |
| **Assessment:** Problem focused acute cystitis is an inflammation of the urinary epithelium majorly facilitated by bacteria from the gut flora. It can happen in any place within the urinary tract covering prostrate, urethra, prostrate, kidney, or ureter. According to Mayo Foundation to Medical Education (2015), UTIs may occur when the bacteria outside the body gets to the urinary tract via the urethra where it starts multiplying. Besides, McCance, Huether, Bashers and Rote (2016) argue that more advanced cases might reveal diffuse hemorrhage, supported exudates on surfaces of epithelial, or pus formation. **Plan:** Based on the case of the patient, plan of care encompasses two phases for dealing with the acute presentation of acute cystitis. The initial phase is treating the sudden presentation of the disease concentrating on the symptoms of the disease and the treatment. The second phase involves training and recommendations to the patient for controlling the occurrences that may occur in future (Intramed, 2015). **Differential diagnosis:*** Lower ureteral stones ICD10 N20.1
* Overactive bladder ICD10 N32.81
* Bladder neck obstructions ICD10 N32.0
* Chlamydia infection ICD10 A74.9

**Pharmacological treatment:**According to Clark, Finkel, Rey, and Whalen (2015), controlling the pain, NSAIDs, treating the infection, for prophylaxis, an antibiotic is prescribed. Naproxen: 500 mg every 4-6 hours for pain as required. Bactrim: 80mg/400 mg 1-2 tablet PO Q12hr-24 hrs. for 7 days, prophylaxis and therapeutic. The antibiotic is effective for treating complicated and uncomplicated urinary tract infection. **Non-pharmacological treatment:** In addition to the medications, the patient requires knowledge on how to protect against any contagious with UTI microorganism that may occur in future. Medscape (2015) claim that the patient needs to be well hydrated after hematuria resolutions. Besides, patient postcoital urination is crucial**Follow-up and Prognosis**The patient requires following-up with his primary care provider in 2-weeks. The primary care provider will evaluate the respond of the patient for treatment and performing CBC, U/C, and U/A.  |

**References**

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