

pyelonephritis

bacterial infection of upper urinary tract that usually develops from UTI (common bacteria esp E coli)
infection of kidneys diff UTI that climbs up ureter → kidneys

PATHOPHYSIOLOGY

- often a result of reflux of urine from inadequate closure of **ureterovesical junction** during voiding (urine retention)
- effect of inflammation

acute:

- high fever - systemic
- chills
- nausea/vomiting
- dysuria/pururia
- flank pain: severe or constant dull ache occurs in flank area - systemic extends toward umbilicus

treatment

- follow-up urine culture → must be obtained to determine if infection has resolved!
 - nephrectomy
 - antibiotics - culture first before starting antibiotics
- treatment necessary if pt progresses to renal atrophy or end stage renal disease (dialysis or transplant)
- goal: prevent damage

chronic:

- usually occurs by long-standing UTIs with relapses + reinfections, may lead to chronic renal failure
- bladder irritation
- chronic fatigue
- aching in one or both kidneys

nursing management

- ↑ fluid intake (2000 ml/day)
- cranberry supplements (acidify urine)
- no caffeine/alcohol
- meds
- limit physical activity

