

Urinary Tract Infections

Sample Responses to Patient Portal Messages

The following are examples of asynchronous messages (e.g., MyChart messages) received by telemedicine clinicians for patients diagnosed with urinary tract infections (UTI). The messages below assume a diagnosis of a UTI has already been established after a virtual visit. The responses below assume the clinician is responding to the patient. Patients should be strongly discouraged from sending asynchronous messages for urgent concerns.

- **“I’m still feeling discomfort. What can I do to manage the pain?”**
 - **Possible response:** Most people begin to feel better within 24–48 hours of starting antibiotics. If you don’t have improvement by the third day of antibiotics, please let a clinician know. You can take over-the-counter medications like acetaminophen or ibuprofen to help with pain. Some people also find relief with urinary analgesics like phenazopyridine (e.g., Azo®) if the pain is really bad, though these should only be used short term—usually for 1–2 days. Be sure to drink plenty of fluids to help flush your system. Although it is not clear if they increase the risk of a UTI, douches, powders, harsh soaps in the genital area, and noncotton underwear can be irritating and worsen symptoms. It might be best to avoid these in general.¹
- **“What can I do to prevent another urinary tract infection?”**
 - **Possible response:** There are several steps you can take to reduce the risk of a future urinary tract infection. These include (1) staying well hydrated—aim for 6–8 glasses of water daily, (2) urinating immediately after sexual activity, (3) wiping front to back after using the bathroom, and (4) avoid holding in urine for prolonged periods of time. Also, if you use diaphragms or spermicides, you may want to discuss changing your method of birth control as these can increase the risk of UTIs. If your UTIs become increasingly frequent (meaning several per year even after all these initial steps), there are other both nonantibiotic and antibiotic options you can discuss with your clinician.
- **“When should I be worried that my UTI might be getting worse?”**
 - **Possible response:** Most people begin to feel better within 24–48 hours of starting antibiotics. If you don’t have improvement by the third day of antibiotics, please let a clinician know as this might mean you might need different antibiotics or that you have a different medical problem and not a UTI. You should seek an in-person visit if you develop fevers, chills, back pain, or vomiting or just generally feel unwell.¹

- **“Should I repeat a urine test after I finish antibiotics to make sure the infection is completely gone?”**
 - **Possible response:** It is not necessary to repeat a urine test after you finish the antibiotic course. Sometimes, there may be residual bacteria left. But as long as you are feeling better, you don’t need another urine culture or more antibiotics. Taking more antibiotics may cause more harm than good (like a vaginal yeast infection, diarrhea, a rash). In addition, treating with more antibiotics can make the next infection more likely to be resistant to common antibiotics. If, however, you are not having an improvement in your symptoms after 3 days of antibiotics or you are having a worsening of symptoms at any time, you may need to provide a urine sample in clinic or at the lab to help with the next steps in making you feel better.

References

1. Trautner BW, Cortés-Penfield NW, Gupta K, et al. Clinical practice guideline by Infectious Diseases Society of America (IDSA): 2025 guideline on management and treatment of complicated urinary tract infections: Introduction and methods. Clin Infect Dis. 2025 Dec 30:ciaf459. PMID: 41467387.

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