



ABSTRACTS IN URGENT CARE

Guideline for Recurrent Urinary Tract Infections in Women

Take Home Point: This guideline recommends that urinalysis with symptoms should be used to diagnose recurrent urinary tract infection (rUTI) and emphasizes culture-guided antibiotic therapy, supportive care, and preventative measures to reduce antimicrobial resistance and overtreatment.

Citation: Ackerman A, Bradley M, D'Anci K, et al. Updates to recurrent uncomplicated urinary tract infections in women: AUA/CUA/SUFU guideline (2025). *J Urol.* 2026; 215(1):3–12.

Relevance: Understanding of female rUTI has evolved with new insights into its pathophysiology. This updated guideline provides recommendations for the evaluation and management of women with rUTI.

Study Summary: This updated guideline was produced by the American Urological Association, the Canadian Urological Association, and the Society of Urodynamics, Female Pelvic Medicine & Urogenital Reconstruction. The update reflects the evolving understanding of rUTI.

Recommendations include obtaining urinalysis, urine culture, and sensitivity testing with each symptomatic episode of acute cystitis before initiating treatment in patients with rUTI. To establish a diagnosis of rUTI, clinicians should document evidence of inflammation (pyuria) and uropathogenic bacteria in association with symptomatic episodes. For symptomatic UTIs in women, clinicians should use first-line therapy with nitrofurantoin, trimethoprim-sulfamethoxazole (TMP-SMX), or fosfomycin based on the local antibiogram. Clinicians should not treat asymptomatic bacteriuria. Cranberry may be offered as an option for prophylaxis in women with rUTI.

Editor's Comments: This guideline is directly relevant to urgent care, in which recurrent urinary symptoms are common and antibiotic decisions are often made quickly. Be-

sides appropriate diagnosis and treatment, discussion of nonantibiotic prevention, such as cranberry products or increased fluid intake when appropriate, can reduce unnecessary antibiotic exposure. ■

Nasal Sprays, Behavioral Intervention for Respiratory Tract Infections

Take Home Point: In this study, nasal sprays reduced illness days and symptom severity in patients with respiratory tract infections (RTIs), while a behavioral intervention promoting physical activity and stress management was associated with fewer infections.

Citation: Little P, Vennik J, Rumsby K, et al. Nasal sprays and a behavioural intervention for respiratory tract infections in primary care: 12-month follow-up of a randomised open-label trial. *Br J Gen Pract.* 2026;76(768):e572-e582. doi:10.3399/BJGP.2025.0269.

Relevance: RTIs are a common presentation to urgent care centers (UCCs), with most cases caused from a viral etiology. Antimicrobials are not helpful for viral RTIs, creating a need for evidence-based alternatives that clinicians can offer to patients for symptom relief. Evidence supporting interventions for symptomatic relief of viral RTIs is limited.

Study Summary: This was a 4-arm randomized controlled trial of patients recruited from participating general practitioner practices in the United Kingdom. Participants were aged ≥ 18 years and had ≥ 1 comorbidity or risk factor, such as heart disease, asthma or lung disease, or diabetes, and/or ≥ 3 RTIs in a typical year. Participants were randomly assigned to usual care, Vicks First Defence nasal spray (VFD), isotonic buffered saline nasal spray, or a behavioral website promoting physical activity and stress management. Outcomes were assessed with questionnaires every 28 days for 12 months and at 6 and 12 months to recall infections since the start of the trial.

The authors recruited 13,799 participants over 3 successive winter seasons. Participants receiving usual care ($n=3,052$) had a mean of 21.8 illness days in a 12-month period (standard deviation [SD] 35.2), compared with 17.8 days (SD 27.9) with VFD ($n=3,076$; adjusted incidence rate ratio [IRR] 0.84; 99% CI, 0.79–0.90; $p<0.0001$) and 17.7



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days (SD 21.1) with saline (n=3,142; IRR 0.83; 99% CI, 0.78–0.89; $p<0.0001$). Illness days were not significantly reduced with the behavioral website (n=2,811; 19.5 days [SD 31.2]; IRR 0.94; 99% CI, 0.88–1.01; $p=0.03$).

The occurrence of infections was lower in the behavioral website group (adjusted risk ratio [RR] 0.96; 95% CI 0.93–0.99; $p=0.006$) but not in the nasal spray groups. Moderately severe symptoms and workdays lost were significantly reduced in all intervention groups. Participants in both nasal spray groups were less likely to intend to seek care for subsequent infections and had significantly lower scores for perceived stress and depression. Anxiety scores were significantly lower in the behavioral website group compared with the usual care group.

Editor's Comments: This study offers findings that may be useful to urgent care clinicians when discussing supportive treatment for RTIs. The benefits of nasal sprays may have been underestimated because participants had to request additional sprays, and adherence may have been limited. The association between the behavioral intervention and reduced occurrence of RTIs may be useful when counseling patients about preventive measures. ■

Physical Examination Reliability in Diagnosing Kids' Pneumonia

Take Home Point: This study suggests that individual auscultation findings, including rhonchi, crackles, and decreased breath sounds, did not demonstrate sufficient interrater reliability between emergency medicine clinicians to be used independently when assessing children for the diagnosis of pneumonia.

Citation: Hooli S, Reeder R, Cutler L, et al; Pediatric Emergency Care Applied Research Network (PECARN) PedCAPS Investigators. Reliability of physical examination findings in youths diagnosed with pneumonia. *JAMA Netw Open*. 2026;9(8):e2630074. doi:10.1001/jamanetworkopen.2026.30074.

Relevance: Respiratory illness commonly brings children to urgent care centers and emergency departments, where caregivers and clinicians are often concerned with identifying and treating community-acquired pneumonia (CAP) while minimizing radiation exposure.

Study Summary: This cohort study evaluated the interrater

reliability (IRR) of physical examination findings using data from an ongoing prospective, multicenter cohort study designed to derive and validate a pediatric CAP severity (PedCAPS) clinical prediction rule within the Pediatric Emergency Care Applied Research Network (PECARN). Children aged 3 months through 17 years who were diagnosed with CAP at 7 academic pediatric emergency departments (EDs) in the United States were recruited. ED clinicians, including attending physicians, advanced practice clinicians, and pediatric emergency medicine fellows, completed a standardized case report form (CRF) detailing each patient's symptoms, comorbidities, and physical examination findings. A second ED clinician independently examined the patient and completed an identical CRF within 60 minutes of the first examination, with no interventions provided between examinations.

A total of 252 children were enrolled in the IRR component of the PedCAPS study, with 249 (98.8%) having both clinical and radiographic diagnoses of pneumonia. No physical examination finding demonstrated substantial IRR (defined as $\kappa>0.7$). The highest IRR was observed for wheezing ($\kappa=0.50$; 95% CI, 0.39–0.62) and retractions ($\kappa=0.49$; 95% CI, 0.37–0.60). There were no significant differences in the IRR of physical examination findings between the 124 patients discharged from the ED and the 128 patients who were admitted.

Editor's Comments: Because the raters did not receive standardized prestudy training on the terminology used, some variation in IRR scores might be expected. However, the study demonstrates meaningful variability among clinicians in assessing physical examination findings. This is particularly relevant in urgent care settings, where CAP diagnoses are often based primarily on clinical assessment. ■

Antimicrobial Stewardship Programs in Urgent Care

Take Home Point: The results of this systematic review suggest that antimicrobial stewardship programs (ASPs) can improve the quality and appropriateness of antimicrobial prescribing while maintaining favorable clinical outcomes in urgent care settings.

Citation: Amjad M, Morley J, Fiaz R. Antimicrobial stewardship in urgent care settings: a systematic review of prescribing, clinical, and microbiological outcomes. *Cureus*. 2026;18(8):e114916. doi:10.7759/cureus.114916.

Relevance: Antimicrobial resistance is an increasing global concern. Urgent care occupies a unique position to implement antimicrobial stewardship because of its high volume of patients with acute infectious conditions, both bacterial and viral.

Study Summary: This systematic review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines using 4 major electronic databases: MEDLINE (PubMed), Embase, Web of Science, and Scopus. Included studies evaluated implementation of or clinician adherence to an ASP in an urgent care setting caring for adult or pediatric patients.

The authors identified 12 studies for review. Education- and guideline-based approaches produced some of the largest reductions in prescribing, including an 80% reduction in broad-spectrum antibiotic use for pharyngitis and reductions of 29.5%–55.2% for acute otitis media. Audit-and-feedback and decision-support approaches generally produced smaller reductions, although the changes were still often statistically significant. Importantly, the authors noted that antimicrobial stewardship in urgent care did not always mean reducing antibiotic use; in some cases, it meant using antibiotics in a more appropriately targeted manner.

Editor's Comments: As urgent care research is still developing, most of the included studies were conducted at

single centers and used quasiexperimental or before-and-after designs without concurrent control groups. This increases their susceptibility to confounding and temporal bias and limits generalizability. However, this is one of the few reviews specifically focused on available evidence for ASPs in urgent care settings. It therefore provides a useful foundation for organizations seeking to improve antimicrobial stewardship and prescribing practices by identifying the most impactful pieces of an ASP. ■

Point-of-Care High-Sensitivity Troponin I for Rapid ACS Assessment

Take Home Point: The results of this study suggest that the i-STAT point-of-care (POC) high-sensitivity cardiac troponin I (hs-cTnI) o/2-hour algorithm had high efficacy and negative predictive value (NPV) for myocardial infarction (MI) among ED patients with symptoms of possible acute coronary syndrome (ACS).

Citation: Mahler S, Ashburn N, Villenthi A, et al. Validation of a o/2-Hour Point-Of-Care High Sensitivity Troponin Algorithm: A Multisite US Study. *Acad Emerg Med.* 2026;33(7):e70379. doi: 10.1111/acem.70379.

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Relevance: Rapid POC high-sensitivity troponin testing may be relevant to urgent care settings evaluating patients with possible acute coronary syndrome.

Study Summary: This was a prospective, multisite, observational cohort study of adult ED patients with symptoms suggestive of possible ACS at 3 EDs in North Carolina. The authors sought to validate a 0/2-hour algorithm for the i-STAT POC hs-cTnI assay that had previously been derived in Australia. Participants underwent standard-of-care evaluation for possible ACS, including central laboratory hs-cTnI testing. Blood samples collected simultaneously were also tested by research personnel using the i-STAT POC hs-cTnI assay. Clinicians were blinded to the POC hs-cTnI results, which were not used to guide patient care. The primary outcome was MI during the index visit. Secondary outcomes included cardiac death or MI at 30 days and major adverse cardiovascular events (MACE).

The authors analyzed data from 578 patients, of which 48% (279/578) were female and 40% (233/578) were non-White. The original Australian derived 0/2-hour algorithm had an efficacy of 54.8% (317/578), with 36.3% (210/578) classified to the observation zone and 8.8% (51/578) to the rule-in zone. Among the 317 patients classified to the rule-out zone, 0.6% (2/317) had an index MI, yielding a negative predictive value (NPV) for index MI of 99.4% (95% CI: 97.7%–99.9%). The single sample rule-out (0-hour hs-cTn <5 ng/L) criteria were met by 48.4% (280/578) and demonstrated a NPV of 99.6% (95% CI: 98.0%–100.0%) for index MI. The optimized 0/2-hour algorithm increased efficacy to 60.0% (347/578) and had an NPV of 99.4% (95% CI 97.9%–99.9%).

Editor's Comments: High-sensitivity cardiac troponin testing has traditionally relied on central laboratory platforms, whereas these newer POC hs-cTnI assays can provide rapid testing at the bedside. The efficacy and NPV for this POC test could significantly impact patient care in urgent care settings. However, this was an observational study conducted in EDs. Therefore, further research is needed to ensure patient safety. ■

Evaluating Thoracolumbar Spinal Injury

Take Home Point: The results of this study suggest that the combination of a normal physical examination (PE) and normal spine radiographs can reliably exclude pediatric thoracolumbar spinal injuries (TLSIs) requiring intervention.

Citation: Prabhala T, Herzog A, Scheub R, et al. Evaluation of thoracolumbar spine injury utilizing plain film and phys-

ical exam in the pediatric population: a multicenter study. *J Trauma Acute Care Surg.* 2026;100(6):915-921. doi:10.1097/TA.0000000000004941.

Relevance: Pediatric TLSIs are relatively uncommon, and the need for intervention is low. However, evaluation of suspected injuries may involve cross-sectional imaging (computed tomography or magnetic resonance imaging) and associated radiation exposure. Identifying patients who can be adequately evaluated with physical examination and plain radiographs alone could help reduce unnecessary imaging.

Study Summary: This was a retrospective observational study of pediatric patients (ages 1–18 years) presenting to 5 U.S. Level I pediatric trauma centers who were identified through local trauma registries. Patient age, race, weight, body mass index, injury mechanism, comorbidities, and associated PE findings, including tenderness, gross deformity, and neurologic deficit, were recorded. Cross-sectional imaging reports were reviewed to identify fracture location as thoracic, lumbar, or both. All included patients had undergone plain radiography as part of their evaluation. The deidentified radiographs were subsequently reviewed by blinded radiologists to determine whether spinal injury was visible.

Of 17,093 patients seen at the 5 centers during the study period, 232 had complete data available for analysis. Among these patients, 109 (47%) sustained isolated thoracic injuries, 81 (35%) sustained isolated lumbar injuries, and 42 (18%) sustained both thoracic and lumbar injuries. Radiographs were 82.7% sensitive for injury and 100% sensitive for injury requiring surgery. In the study, 164 (70%) had PE findings suggestive of TLSI. In the 133 patients with thoracic spine radiographs, the combination of a normal thoracic spine PE and normal radiographs excluded >99% of injuries and 100% of injuries requiring intervention. No patients with a normal lumbar spine radiograph required intervention.

Editor's Comments: The retrospective design may have introduced selection bias, particularly in decisions regarding imaging and intervention. The study setting may also limit generalizability to urgent care, where patients are often lower acuity and mechanisms of injury may be less severe. However, the finding that a normal physical examination combined with normal radiographs identified patients who did not require intervention may be useful to urgent care clinicians when seeing a pediatric patient with possible TLSIs. ■