Wales UTI QI: Review of treatment - people with catheters 2019/20

… do not use dipstick testing to diagnose urinary tract infections in adults with urinary catheters**.**
[NICE QS 90[1] , PHW UTI standards 3&5[2]]

Measure: Proportion of episodes of suspected UTI (treated) in adults with urinary catheters that are investigated using dipstick testing (Target 0%)

Data collection period 3 months, at least 2 data cycles

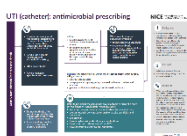**NICE Urinary tract infection (catheter-associated): [3]**
- *… the longer a catheter is in place, the more likely bacteria will be found in the urine; after 1 month nearly all people have bacteriuria*
- *antibiotic treatment is not routinely needed for asymptomatic bacteriuria in people with a catheter.*
- *Do not routinely offer antibiotic prophylaxis to people with a short-term or long-term catheter*

Diagnosis - symptoms UTI (catheter-associated)
Include: fever/rigors, flank pain/tenderness, haematuria, pelvic discomfort, altered mental status or malaise and no other identifiable cause
 See PHW care home diagnostic algorithm

Management NICE UTI (catheter) visual summary

Consider involving or identifying named champions: Continence teams, district nurses, people with catheters (& carers), GPs, out of hours, care homes, pharmacy, urologist, care of the elderly, infection prevention team.

Encourage links/identify lead for 1000Lives: Care Home and Catheter collaborations

Discussion points: Do patients have a catheter passport and a clear plan at discharge about duration of catheter use and trial without catheter?

PHW[2] *Every patient will have a transferable urinary catheter passport*

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[1] NICE QS90 Urinary Tract Infections: https://www.nice.org.uk/guidance/qs90
[2] PHW UTI 9' Key Standards for UTI Prevention, Treatment and Management Standard 3&5
[3] https://www.nice.org.uk/guidance/ng113

Method

1. **Develop a Register** Obtain a list of people with indwelling urinary catheter in your practice.
   If this is not readily available: the list can be developed by cross-referencing (i) People prescribed catheter items (via practice or health board, depending on local supply arrangements) (ii) District nurse database printout or (iii) From continence teams.
2. **Read Code all patients on the register** so that they are readily identifiable when presenting with symptoms, for example in the problem list or significant medical history.
   For example,   66K8 intermittent self-catheterisation
                   8D74 Indwelling urethral catheter
3. For each patient complete a table, e.g. as below,
   (a) Identify whether the person is taking antibiotics for urinary prophylaxis
   (b) the number of acute treatment courses for presumed acute UTI in the previous 3-months (consider listing each antibiotic & date issued)
   (c) Did the process prior to issuing a prescription include urine dip?
       [QUALITY IMPROVEMENT MEASURE]
   (d) To support change it may be useful to document the process prior to issue of script E.g. who was involved (District nurse, GP, nurse). Was the patient seen? Was an MSU sent?
   (e) Temperature – was it normal/high/not known

Identifier	Age	*On prophyl-axis? Yes/no*	*Acute courses for presumed UTI in last 3 months* *Drug name & dates*	*Total number of acute courses*	*Dipped? Y/N*	*Process prior to acute script e.g.* *D/N, GP, nurse? Pt assessed? MSU sent?*	**Temperature** Normal, high, not recorded?	*Notes*
Patient 1			*Course 1 name /date*					
			Course 2 name/date	*2*				
Patient 2			*Course 1 name/date*					

Results

Practice total population	
Total sample people with indwelling urinary catheter, registered with the practice (% practice population)	**N=** **% =**
Number with indwelling urinary catheter **on prophylaxis** % of people with catheters on prophylaxis	N= %
In the last 3 months, number of acute courses for UTI for each patient = E.g. *0,0, 1, 3,3, 5,*	
Mean (average) number of treatment courses per patient (3 months)	
Median (middle reading when ranked) number of treatment courses per patient (3 months)	
Number of acute treatment courses (3 months) which involved documentation of positive dip	**For cluster report**
Percentage of acute treatment courses which involved the documentation of dipstick testing (target zero %)	**For cluster report**

Practice actions & other notes *E.g. Any comment on the antibiotic choice? Are there repeated courses of the same antibiotic after treatment failure?*