



Decision aid for suspected urinary tract infection (UTI) in older and frail people (Long Term Care Homes)

Use symptoms/signs to guide management. Urine dipsticks no longer recommended in the diagnosis of UTI in people >65 years. Only send urine cultures for SYMPTOMATIC patients.

Bacteria can live in the urinary tract and not cause an infection. Up to half of elderly patients/residents who have no symptoms will have a positive urine culture, without a urinary tract infection

Check for any symptoms/signs

- Localised symptoms or signs of UTI e.g. New onset dysuria; incontinence; urgency
- Temperature 38°C or above; 36°C or below; 1.5°C above normal twice in the last 12 hours
- Non-specific signs of infection: e.g. increased confusion; loss of diabetic control

No

Preventative management
TARGET UTI Leaflets*

Yes

Does patient/resident have a urinary catheter?

Yes

No

Does patient/resident have one or more of the following signs or symptoms?

- Shaking chills (Rigors)
- New costovertebral pain / tenderness (area of the back overlying the kidney)
- New onset or worsening of pre-existing delirium (confusion) or agitation

No

Yes

UTI unlikely but continue to monitor temperature, pulse, respiratory rate and BP for 72 hours.
Contact clinician immediately if patient deteriorates. Consider other causes of symptoms

Ongoing fever and development of one or more of above symptoms?

Yes

UTI possible

Does patient/resident have

- New onset Dysuria (pain on urination) alone
- **OR two or more new signs or symptoms?**

- Urgent need to urinate
- Frequent need to urinate
- New or worsening urinary incontinence
- Shaking chills (rigors)
- Pain in flank (side of body) or suprapubic (above pubic bone)
- Frank haematuria (visible blood in urine)
- New onset or worsening of pre-existing delirium (confusion) or agitation

Yes

No

UTI unlikely but continue to monitor temperature, pulse, respiratory rate and BP for 72 hours
Contact clinician immediately if patient deteriorates. Consider other causes of symptoms

Ongoing fever and development of one or more of above symptoms?

Yes

- Contact Medical/Clinical Staff to request review of patient/resident
- Obtain sample of urine and send to Microbiology - include clinical details and proposed/current treatment on form
- Assess if retention of urine is likely – blocked catheter or distended bladder
- If prescribed antibiotics, start treatment according to antimicrobial guidelines.
- IF PATIENT/RESIDENT HAS A URINARY CATHETER, REMOVE AND REPLACE IT **AFTER COMMENCING ANTIBIOTICS**. Consider the ongoing need for long term catheter in consultation with specialists
- Ensure adequate hydration
- Consider use of analgesia to relieve pain
- Consider escalation of care if patient/resident has fever with chills or new onset hypotension (low Blood Pressure)
- Review response to treatment daily and if no improvement of symptoms or deterioration, consider increased level of care
- Ensure urine culture results are reviewed when available to streamline antibiotic therapy