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
- Does patient/resident have a urinary catheter?

- 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

- 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

- 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

- No
  - 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
  - UTI possible

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

- Yes
  - Does patient/resident have
    - New onset delirium (confusion) or agitation

- No
  - UTI possible

- Yes
  - 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 - Ideally after commencing antibiotics or with minimal delay to 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

TARGET UTI Leaflet English
TARGET UTI Leaflet Welsh (Cymraeg)

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