# UTI 9’
## Key Standards for UTI Prevention, Treatment and Management

### Prevention

**Standard 1** – Policies and procedures are in place for the care and management of patients with urinary incontinence.

- a. Continence assessment process and the provision and use of containment products.
- b. The use and availability of bladder scanners in all inpatient areas to aid decision making
- c. An evidence based Urinary Catheter (UC) care pathway to support the risk assessment process and need for UC insertion.
- d. Infection prevention and control policies that support best practice e.g. ANTT, SICP
- e. Audit processes to monitor compliance with policies

**Standard 2** - All clinical staff inserting, caring for and managing patients with UC must have adequate training.

- a. A 4 yearly competence assessment for those inserting catheters and competence assessment in ANTT
- b. Current mandatory training in Infection prevention and control.
- c. Keeping accurate records of catheter management i.e. date of insertion, expected/actual date of removal, justification for insertion, daily assessment of need and medical device details.
- d. Audit processes to monitor compliance

**Standard 3**- Every patient will have a transferable UC passport:

- a. A continuous accurate record of catheter management.
- b. Information for patients and/or carers about their device and its management
- c. Audit processes to monitor compliance

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Standard 4 - Good hydration in the prevention of UTI is managed according to best practice and national guidance:

This includes:

a. Risk assessment of individual needs for hydration interventions
b. Engaging the principles of Public Health Wales ‘water keeps you well campaign’ in all settings
c. Compliance with ‘All Wales Nutrition and Catering Standards for Food and Fluid Provision for Hospital Inpatients’ (2011)
d. Involving the patient, and where appropriate their relatives and carers, in understanding the benefits of good hydration
e. Accurate recording of fluid balance so that hydration can be assessed correctly
f. Provision of tools and drinking equipment that allows the patient participate in maintaining their own hydration
g. Audit processes to monitor compliance

Sampling & Diagnostics

Standard 5 – Diagnosis, when UTI is suspected, adheres to a recognised criteria:

This includes:

a. HCW training in accurately assessing the signs and symptoms of UTI according to defined criteria
b. Consider the use of algorithm to assist decision making
c. Accurate recording of the assessment of UTI and the subsequent actions taken.
d. Avoiding the use of dipsticks for UTI diagnosis in all but predetermined patient groups
e. Audit processes to monitor compliance

Standard 6 – Sampling of urine, where UTI is suspected, adheres to best practice.

This includes:

a. HCW training in the correct handling, collection, storage and transport of specimens
b. Policy for the correct handling, collection, storage and transport of specimens
c. Adherence to a current Laboratory Procedure SM1B41: investigation of urine algorithm to assist decision making
d. Audit processes to monitor compliance

Treatment & Management

Standard 7 - Antibiotic treatment of urinary tract infections will follow ‘All Wales’ treatment guidelines.

This includes:

a. Adherence to the national formulary for primary or secondary care prescribing as appropriate
b. Practicing best principals of antimicrobial stewardship e.g. ‘start smart then focus’
c. Audit processes to monitor compliance
**Standard 8** - Antibiotic prophylaxis for UTI will follow treatment guidelines and include:

- **a.** Adherence to national formulary for primary or secondary care prescribing as appropriate
- **b.** Reviewing the patient every 6 months to reduce risk of increased antimicrobial resistance.
- **c.** Audit processes to monitor compliance

**Outcome Measurement**

**Standard 9** - Mandatory national surveillance of *Escherichia coli* (*E.coli*) bacteraemia will be used to inform reduction strategies for UTI and will include:

- **a.** Investigation of all cases and assessment to determine sources linked to UTI.
- **b.** Annual PPS of prescribing will be used to inform prescribing compliance in primary and secondary care setting