



## 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.

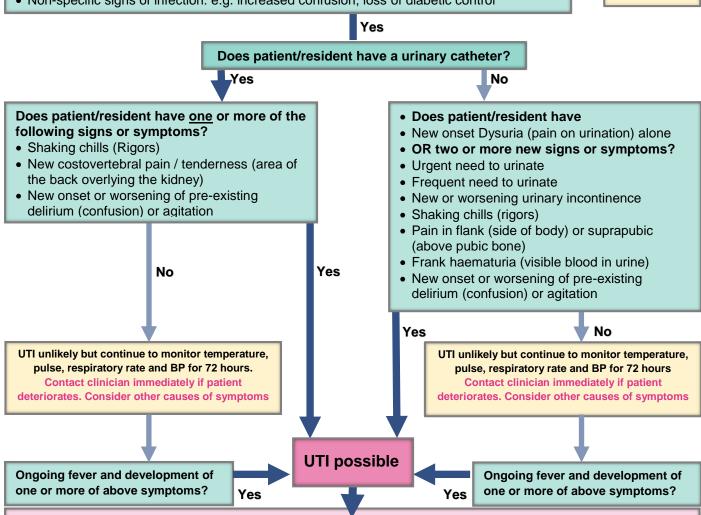
Bacteria can live in the urinary tract and not cause an infection. Up to half of elderly patients/residents who have no symptoms will have a positive urine culture, without a urinary tract infection

## 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

**Preventative** management TARGET UTI Leaflets\*

No



- 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)