

Management of Urinary Tract Infections in Nursing Homes



Do Not use Dipsticks to diagnose UTI in Care Home Residents

Asymptomatic bacteriuria is very common and not associated with increased illness.

Treating asymptomatic bacteriuria increases antibiotic resistance and does not reduce morbidity (illness).

The evidence base for using antibiotics for prophylaxis of UTI is poor. Long term use promotes antibiotic resistance.

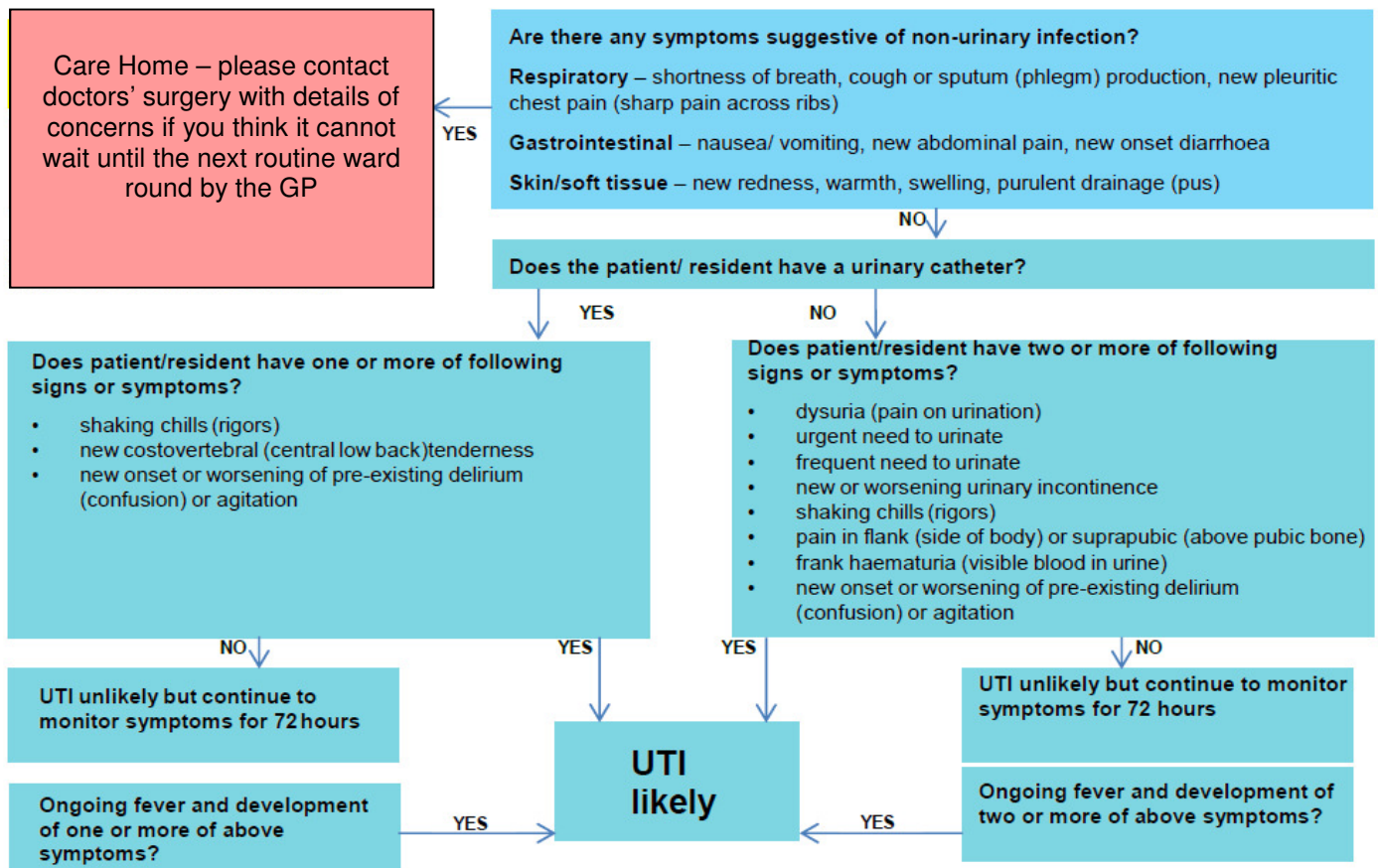
Catheterised patients who have more than 3 UTI in a year *may* be considered for 6 months of nightly prophylactic trimethoprim or nitrofurantoin – but its usefulness should be reassessed at 6 months

Dipsticks

1. Diagnosis should be made on symptoms and signs of sepsis – DO NOT use dipstick to diagnose urine infection
2. Presence of nitrates indicates likely bacteriuria but up to 80% of nursing home patients have bacteriuria even when they do not have an infection. Therefore presence of nitrates can be normal.
3. Presence of leucocytes is not specific to urine infection and can be affected by technique of testing, presence of blood, and presence of bacteria – whether infection present or not. Therefore presence of leucocytes can be normal.
4. A false positive blood result in urine can be caused by highly concentrated urine, straining and medication.
5. Send urine for culture only if 2 or more signs of infection – especially a fever or new incontinence or pain on micturition
6. DO NOT send a urine for culture if no signs or symptoms of a UTI

Catheterised Patients

1. DO NOT treat asymptomatic bacteriuria in catheterised patients. Bacteriuria is very common. Use of antibiotics increases antibiotic resistance and does not reduce mortality (illness).
2. ONLY send urine for culture if features of a systemic infection and a 7 day course is recommended based on laboratory identified sensitivities and results. Start antibiotics after results from laboratory received if clinical condition allows.
3. If antibiotics are started for a UTI, the catheter should be removed (and replaced if necessary) before starting the antibiotic.



Decision Aid for Diagnosis and Management of Suspected UTI in Older People

Please always read guidance to use this form correctly

Do Not use Dipsticks to diagnose UTI in Care Home Residents

Resident's Name

Resident's Date of Birth

Completed by

1. Does the Resident have a temperature of more than 37.9 °C on 2 occasions in the last 12 hours?

Yes (please give details below) No (do not continue – pt is unlikely to have an infection)

1. Temperature	Date	Time
2. Temperature	Date	Time

2. Are there any symptoms suggestive of non-urinary tract infection?

Yes (please give details below) No

E.g Respiratory

Gastrointestinal

Skin/Soft Tissue

Shortness of breath	<input type="checkbox"/>	Nausea//Vomiting	<input type="checkbox"/>	New redness	<input type="checkbox"/>
Cough or sputum	<input type="checkbox"/>	New abdominal pain	<input type="checkbox"/>	Warm area	<input type="checkbox"/>
New chest pain	<input type="checkbox"/>	New onset diarrhoea	<input type="checkbox"/>	Pus	<input type="checkbox"/>

3. For the catheterised Resident

Does the Resident have any 1 of the following?

Shaking chills/Rigors

New central low back tenderness (kidney area)

New or worsening confusion or agitation

3a. If Resident has NONE of the above:

- UTI is unlikely.
- **DO NOT DIP THE URINE**
- DO NOT send a urine to the laboratory
- Do monitor for 72 hours, then repeat questionnaire as part of reassessment.

3b. If Resident DOES have at least 1 of the above:

- **DO inform the doctor (using this sheet)**
- **DO send a urine specimen to laboratory**
- **DO NOT DIP THE URINE**

4. For the non-catheterised Resident

Does the Resident have any 2 of the following?

Pain on urination	<input type="checkbox"/>
Urgent need to urinate	<input type="checkbox"/>
Frequent need to urinate	<input type="checkbox"/>
New or worsening urinary incontinence	<input type="checkbox"/>
Shaking chills/Rigors	<input type="checkbox"/>
Pain in side of body (flank) or above pubic bone	<input type="checkbox"/>
Visible blood in urine (do not use dipstick)	<input type="checkbox"/>
New onset or worsening or pre-existing confusion or agitation	<input type="checkbox"/>

4a. If Resident does NOT have at least 2 of the above:

- UTI is unlikely.
- **DO NOT DIP THE URINE**
- DO NOT send a urine to the laboratory
- Monitor for 72 hours then repeat questionnaire as part of reassessment.

4b. If Resident DOES have at least 2 of the above:

- DO inform the doctor (using this sheet)
- DO send a urine specimen to the laboratory
- **DO NOT DIP THE URINE**