

# Care Home UTI Assessment Tool



Halton

Clinical Commissioning Group

Patient:.....  
 DOB:.....  
 Care Home:.....  
 Date:..... Carer:.....

**Older patients (≥65) with suspected UTI (urinary tract infection)**

**Guidance for Care Home staff**

- Complete 1) to 4) and patient details and fax to GP - original to patient notes
- **DO NOT PERFORM URINE DIPSTICK** – NOT recommended in pts ≥65 years
- CLEAR URINE – UTI highly unlikely
- **Send MSU** particularly if treatment failure or ≥ 2 signs of infection (especially dysuria, Temp≥38°C or **new** incontinence)

When completed please scan on EMIS record and Read Code R08zz

**1) Catheter** N / Y Reason for Catheter:.....

**2) Signs of any other infection source?** N / Y **If yes circle any NEW symptoms**

Cough	Shortness of breath	Sputum production	Nausea/vomiting	Diarrhoea	Abdominal pain	Red/warm/swollen area of skin
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3) Can patient communicate symptoms?		Y / N
NEW ONSET Sign/Symptom	What does this mean?	Tick if present
Dysuria	Pain on urinating	
Urgency	Need to pass urine urgently/new incontinence	
Frequency	Need to urinate more often than usual	
Suprapubic tenderness	Pain in lower tummy/above pubic area	
Haematuria	Visible blood in urine	
Polyuria	Passing bigger volumes of urine than usual	
Loin pain	Lower back pain	

4) Record for all patients:	
Sign/Symptom	Tick if present
Temperature above 38°C or below 36°C or shaking chills (rigors) in last 24 hours	
Heart Rate >90 beats/min	
Respiratory rate >20 breaths/min	
Diabetic ?	
If not diabetic - Blood glucose >7.7 mmol/L	
<b>New</b> incontinence	
<b>New onset or worsening</b> confusion or agitation	

Any other information: .....

**5) GP to Action - circle all which apply:**

- (a) Patient visit required
- (b) Uncomplicated lower UTI
- (c) Mid Stream Urine specimen (MSU) required (if 2 or more signs of infection)
- (d) Pyelonephritis (dysuria, Temp>38°C or new incontinence) or failed treatment

(e) Antibiotic prescribed: (Please Document)

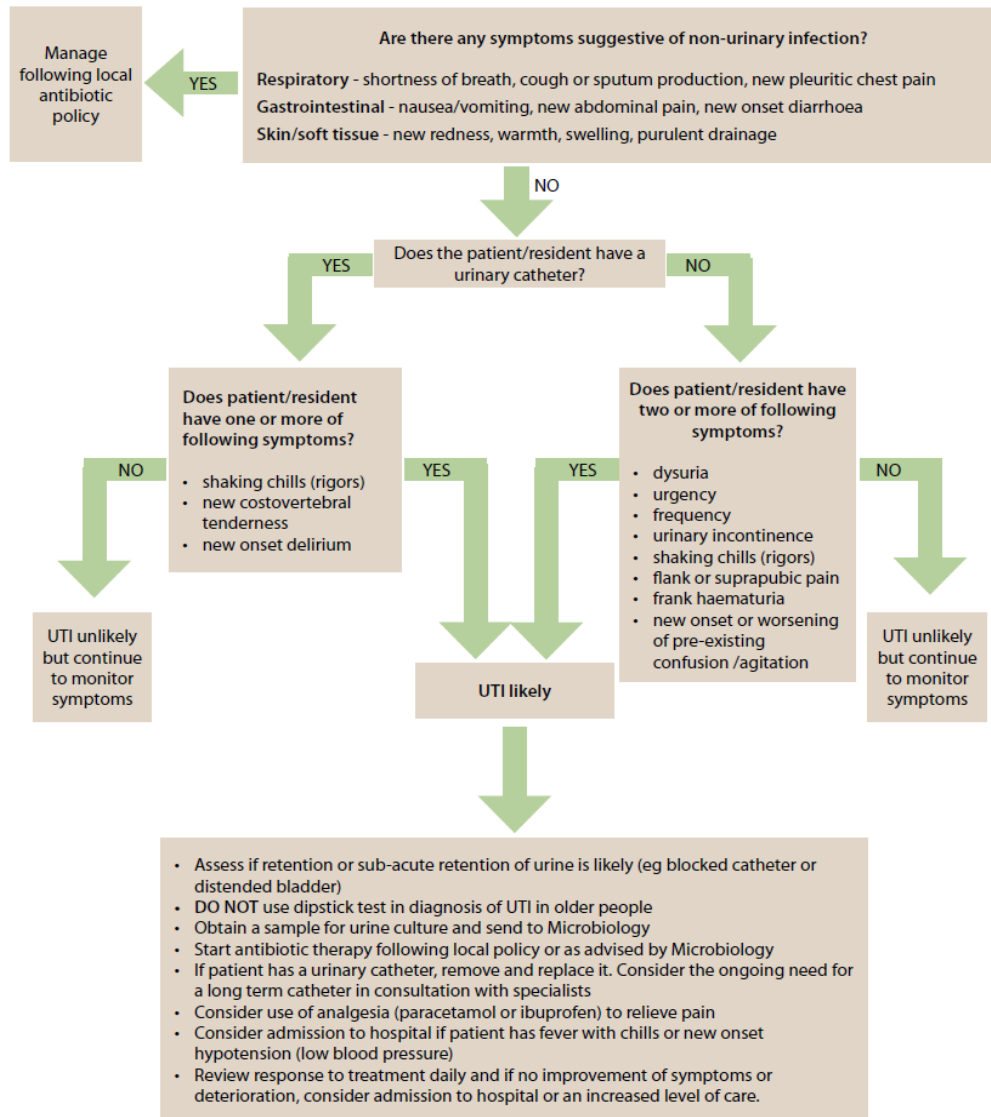
(f) Any other actions:

Has Care Home been contacted with clinical decision: Yes No

Signed:.....Date: .....

## DIAGNOSIS AND MANAGEMENT OF SUSPECTED UTI IN OLDER PEOPLE

Decision aid to guide management of patients/residents with fever defined as temperature  $>37.9^{\circ}\text{C}$  or  $1.5^{\circ}\text{C}$  increase above baseline occurring on at least two occasions in last 12 hours.  
Hypothermia (low temperature of  $<36^{\circ}\text{C}$ ) may also indicate infection, especially those with comorbidities.  
Be alert to non-specific symptoms of infection such as abdominal pain, alteration of behaviour or loss of diabetes control.



Developed by the Scottish Antimicrobial Prescribing Group • [www.scottishmedicines.org.uk/SAPG/](http://www.scottishmedicines.org.uk/SAPG/)

<http://www.sign.ac.uk/guidelines/fulltext/88/index.html>

## Public Health England – guidance for diagnosis April 2011

<https://www.gov.uk/government/publications/urinary-tract-infection-diagnosis>

### URINE CULTURE IN WOMEN AND MEN > 65 YEARS

- **Do not send urine for culture in asymptomatic elderly** with positive dipsticks
- Only send urine for **culture if two or more signs of infection**, especially dysuria, fever  $> 38^{\circ}$  or new incontinence.<sup>4,5C</sup>
- **Do not treat asymptomatic bacteriuria** in the elderly as it is very common.<sup>1B+</sup>
- Treating does not reduce mortality or prevent symptomatic episodes, but increases side effects & antibiotic resistance.<sup>2,3,B+</sup>

### URINE CULTURE IN WOMEN AND MEN WITH CATHETERS

- **Do not treat asymptomatic bacteriuria** in those with indwelling catheters, as bacteriuria is very common and antibiotics increase side effects and antibiotic resistance.<sup>1B+</sup>
- Treatment does not reduce mortality or prevent symptomatic episodes, but increase side effects & antibiotic resistance.<sup>2,3,B+</sup>
- Only send urine for **culture in catheterised<sup>7B-</sup> if features of systemic infection.**<sup>1,5,6C</sup> However, always:
  - Exclude other sources of infection.<sup>1C</sup>
  - Check that the catheter drains correctly and is not blocked.
  - Consider need for continued catheterisation.
  - If the **catheter** has been in place for **more than 7 days, consider changing** it before/when starting antibiotic [treatment](#).<sup>1,6C, 8B+</sup>
- **Do not give antibiotic prophylaxis for catheter changes** unless history of symptomatic UTIs due to catheter change.<sup>9,10B+</sup>

## Public Health England – treatment guidance May 2016

<https://www.gov.uk/government/publications/managing-common-infections-guidance-for-primary-care>

References: Nina, S et al (2014). Investigation of suspected urinary tract infection in older people. BMJ 349.

TARGET toolkit for training on UTI's from RCGP January 2017 [http://www.rcgp.org.uk/~/\\_link.aspx?id=2FC34B3CA5B446F19CB795B37AFF5083&z=z](http://www.rcgp.org.uk/~/_link.aspx?id=2FC34B3CA5B446F19CB795B37AFF5083&z=z)

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