

Care Home UTI Assessment Tool



St Helens
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)

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

3) Can patient can 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	
New incontinence	
New onset or worsening 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)

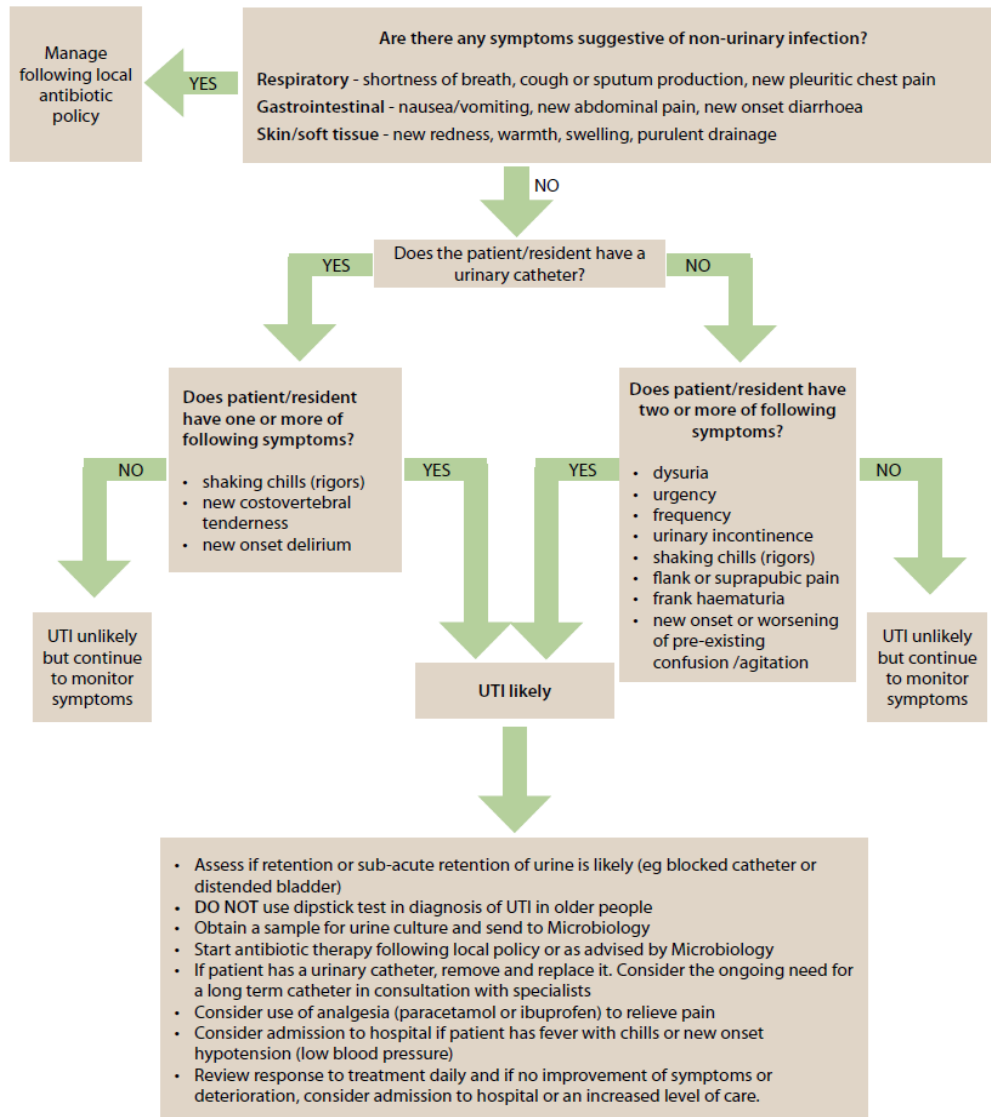
(f) Any other actions:

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°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.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.^{4,5C}
- **Do not treat asymptomatic bacteriuria** in the elderly as it is very common.^{1B+}
- Treating does not reduce mortality or prevent symptomatic episodes, but increases side effects & antibiotic resistance.^{2,3,B+}

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.^{1B+}
- Treatment does not reduce mortality or prevent symptomatic episodes, but increase side effects & antibiotic resistance.^{2,3,B+}
- Only send urine for **culture in catheterised^{7B-} if features of systemic infection.**^{1,5,6C} However, always:
 - Exclude other sources of infection.^{1C}
 - 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](#).^{1,6C, 8B+}
- **Do not give antibiotic prophylaxis for catheter changes** unless history of symptomatic UTIs due to catheter change.^{9,10B+}

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

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