NHS Coventry and Warwickshire Integrated Care Board

Flowchart for older people >65 years with Suspected Urinary Tract Infection (UTI) Guidance for Nursing/Care Home

Resident Name: …… DOB: …… Nursing/Care Home: ……

Do not perform urine dipsticks: Dipsticks become more unreliable with increasing age over 65 years. By 80 years half of older adults in care, and most with a urinary catheter, will have bacteria present in the bladder/urine without an infection. This 'asymptomatic bacteriuria' is not harmful, and although it causes a positive urine dipstick, antibiotics are not beneficial and may cause harm.

No ← **Does the resident have a catheter?** → Yes

Check for all new signs/symptoms of a UTI	Tick if present
Pain on passing urine?	
OR 2 or more of the following:	
New frequency/urgency to use the toilet (dysuria)?	
New incontinence?	
Low abdominal pain in the tummy?	
Visible blood in the urine?	
New worsening confusion/agitation and for how long?	
Temperature 1.5c above the resident's normal temperature twice in the last 12 hours?	
If delirium/debility only: consider other causes before treating resident for UTI and consider **PINCH ME** (below)	

Check for other causes of delirium if relevant (PINCH ME)

P: Pain
I: Other infection
N: Poor nutrition
C: Constipation
H: Poor hydration
M: Other medication
E: Environmental change

Symptoms of a UTI associated with using a catheter	
Do not dipstick catheter urine	Tick if present
Pain low down in the tummy or groin?	
Temperature 1.5c above the resident's normal temperature twice in the last 12 hours?	
Feeling cold and shivery?	
New worsening confusion/agitation and for how long?	
Please consult a GP/District Nurse to consider if the catheter requires changing.	

Please consult the GP/ACP if a resident has new dysuria i.e. (frequency/urgency) alone or 2 or more of the symptoms in the boxes provided above.

- Encourage residents to rest and drink plenty of fluids and maintain a fluid balance chart.
- Please be mindful of any resident that are on a fluid restriction and encourage fluids within the prescribed capacity.
- Offer pain relief as appropriate.

If a resident is unwell, please refer to the deteriorating resident pathway in place for the home

If a UTI is suspected and antibiotics are considered/prescribed by the GP a urine sample should be sent *before* antibiotics are given if appropriate. Treatment should not be delayed whilst obtaining the sample or awaiting result

Residents without a urinary catheter: Obtaining a Urine Sample.

Urine cultures/sample are very important for older people to guide antibiotic choice

- Try to obtain a urine sample when the resident is in the middle of passing urine (rather than at the start).
- Put the urine in a 'Red Top' urine bottle, filling to the 10ml line.
- Complete relevant pathology request form with all the resident details, e.g., Name, DOB and NHS number and reasons for taking the sample.
- Samples should be taken to the GP practice ***as soon as possible***. If there is a delay, they should be refrigerated (in a designated sample fridge) until taken to the GP practice at the next possible opportunity.

GP/ACP Management Decision – Please update the resident remote monitoring system with relevant information

- ○ Review in 24 hours
- ○ Mid-Stream urine – if possible, if >2 signs of infection (especially dysuria, temp >38c or new incontinence)
- ○ Uncomplicated lower UTI **Antibiotic prescribed:** ……
- ○ Pyelonephritis
- ○ Other **Signed by senior staff member:** …… **Date:** ……

Diagnosis of urinary tract infections - quick reference tool for primary care (publishing.service.gov.uk)