

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** – No longer recommended in pts >65 years
- CLEAR URINE – UTI highly unlikely
- Consider MSU if possible if ≥ 2 signs of infection (especially dysuria, Temp>38°C or new incontinence)

Patient:.....

DOB:.....

Care Home:.....

Date:..... Carer:.....

1) Signs of any other infection source?

Y / N If Y circle any NEW symptoms which apply:

Cough Shortness of breath Sputum production Nausea/vomiting Diarrhoea Abdominal pain Red/warm/swollen area of skin

2) Patients who can communicate symptoms:

Y / N

3) All Patients:

4) Catheter

NEW ONSET Sign/Symptom	What does this mean?	Tick if present	Sign/Symptom	Record Observations	Yes / No
Dysuria	Pain on urinating		Temperature above 38.3°C or below 36°C or shaking chills (rigors) in last 24 hours		If YES: Reason for catheter:
Urgency	Need to pass urine urgently/new incontinence		Heart Rate >90 beats/min (If Known)		
Frequency	Need to urinate more often than usual		Respiratory rate >20 breaths/min (If Known)		Temp / Perm
Suprapubic tenderness	Pain in lower tummy/above pubic area		Bloods taken? (If Known) WCC >12/ μ L or < 4/ μ L	WCC: CRP:	
Haematuria	Blood in urine		New onset or worsening confusion or agitation		Date changed:
Polyuria	Passing bigger volumes of urine than usual				
Loin pain	Lower back pain				

5) GP Management Decision - circle all which apply:

Prescribing guidance at: <http://bit.ly/1PVG7G4>

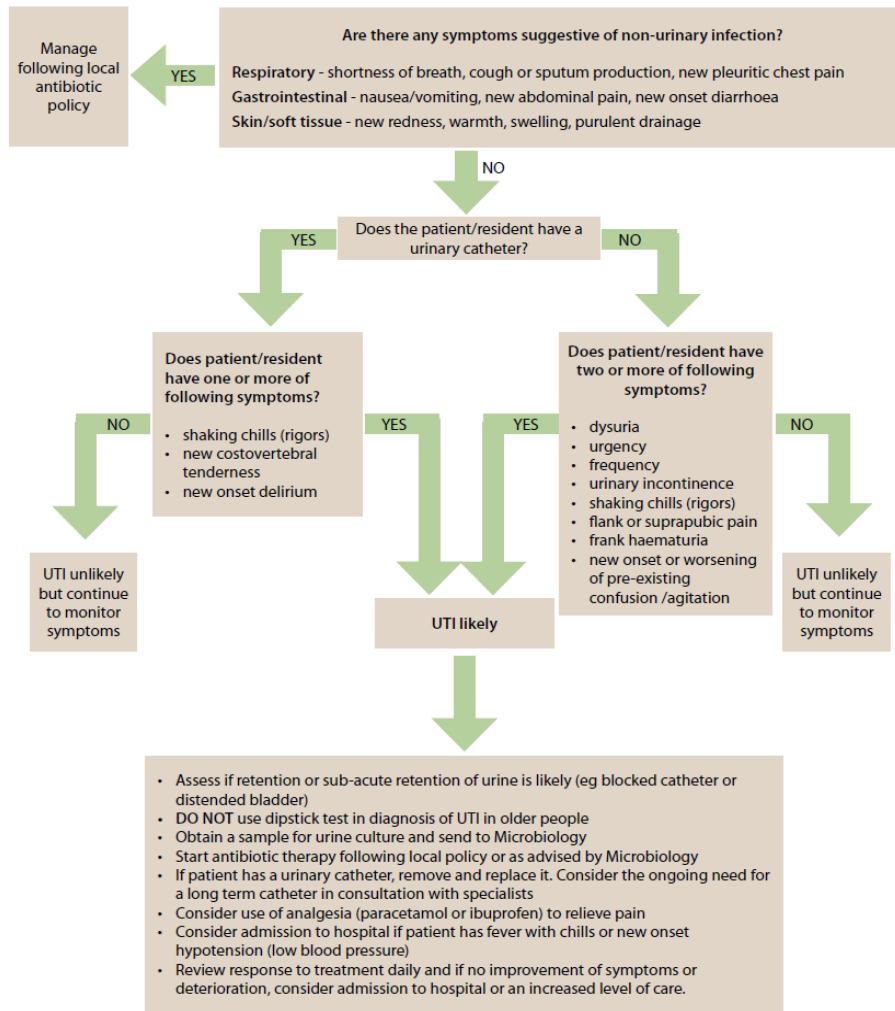
- Review in 24 hours
- Mid-Stream Urine specimen (MSU) – if possible if ≥ 2 signs of infection (especially dysuria, Temp>38°C or new incontinence) or failed treatment
- Uncomplicated lower UTI
- Pyelonephritis

Antibiotic prescribed:

• Other 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°C or 1.5°C increase above baseline occurring on at least two occasions in last 12 hours.
Hypothermia (low temperature of <36°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>

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 Autumn 2014 <http://www.rcgp.org.uk/courses-and-events/online-learning/ole/urinary-tract-infections.aspx>

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° 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+}