

Assessment tool: Guidance for care home staff regarding older people (>65 years) with suspected UTI

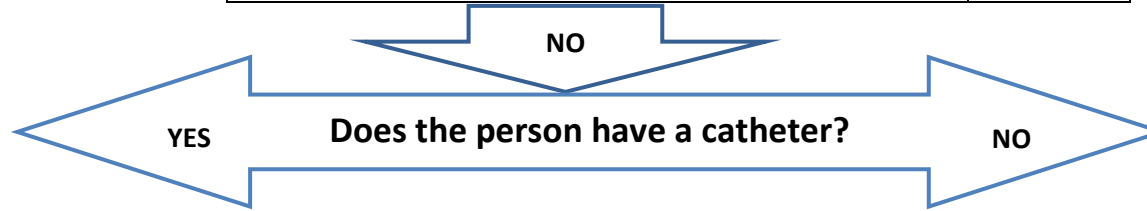
Complete resident's details, flow chart and actions (file in resident's notes). **DO NOT PERFORM URINE DIPSTICK (unless requested by GP*)**

Resident:..... DOB:.....
 Completed by:..... Date:.....
 Care Home:.....

Any symptoms suggesting alternative diagnosis?	Tick if present
Respiratory: shortness of breath, cough/sputum, new chest pain	
Gastrointestinal: nausea/vomiting, new abdominal pain/cramps, new onset diarrhoea.	
Skin/soft tissue: new redness, warmth, swelling, purulent drainage (pus).	

ANY TICKS → **UTI unlikely.**
 Phone GP practice for advice on management.

New Problem	Tick if present
Inappropriate shivering/chills OR temperature < 36°C or >38°C. If measured document.....°C	
Lower back pain (flank/kidney pain)	
New or worsening confusion or agitation	



New Problem	Tick if present
Pain on passing urine	
Need to pass urine urgently OR new or worsening incontinence	
Need to pass urine much more often than usual	
Lower abdominal or back pain (suprapubic or flank/kidney pain)	
Blood in urine	
Inappropriate shivering/chills OR temperature <36°C or >38°C. If measured document.....°C	
New or worsening confusion or agitation	

UTI possible – Actions needed	Tick when done
Obtain urine sample and arrange catheter change if catheterised: see reverse of form.	
Phone GP practice for advice on management.	
Encourage fluids.	

2 OR MORE TICKS →

1 OR MORE TICKS →

NO TICKS →

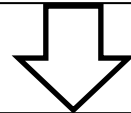
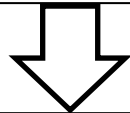
UTI unlikely
 If concerned about resident, please seek guidance from GP practice OR 111 out of hours

LESS THAN 2 TICKS →

Could it be SEPSIS
Slurred speech, Extreme shivering/muscle pain, Passing no urine in 18 hours, Severe breathlessness, "I feel like I might die", Skin mottled/discoloured?
Get medical help immediately!³

Obtaining a Urine Sample in Patients Assessed to have Symptoms of a UTI

Residents with urinary catheters: sampling and changing catheter



For Nursing Residents

- Only an **appropriately trained person** must take catheter urine sample, using aseptic non-touch technique.
- If antibiotics are prescribed for UTI, catheter change should be performed by an **appropriately trained person** where possible before antibiotics are commenced.

For Residential Residents

- Contact **Community Nursing Service** 0300 323 3316 to arrange for a sample to be taken.
- If antibiotics are prescribed for UTI, catheter change should be arranged with **community nurse** where possible before antibiotics are commenced.

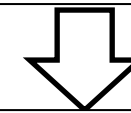
Prior to prescribing antibiotics to treat a UTI clinicians should carry out a full clinical assessment to review medical history, physical examination, pulse, BP, temperature & symptoms⁴. As a minimum this information could be acquired following a telephone consultation with the patient and/or main carer. A face-to-face review must be completed in cases of uncertain diagnosis. Results of dipstick testing must not be used to diagnose a UTI in patients 65 years and older.

Follow the Greater Manchester Antimicrobial Guidelines when prescribing antibiotics for UTI⁵.”

References

1. NHS Nottingham, UTI assessment form. Guidance for Care Home Staff
2. SIGN 88: Management of suspected bacterial urinary tract infection in adults July 2006 (updated July 2012)
3. The UK Sepsis Trust – Sepsis symptom card.
4. NICE (2015) QS90 Urinary tract infections in adults
5. Greater Manchester Antimicrobial Guidelines November 2017 access via www.gmmmg.nhs.uk

Residents without a urinary catheter: obtaining a urine sample



Urine cultures are very important in the elderly to guide antibiotic choice

- Try to obtain a urine sample, in a clean single use container, when the resident is in the middle of passing urine (rather than at the start).
- Collect the urine in a sterile sample container e.g. Green urine monovette tube.
- Fill in the resident’s details and type of sample carefully to help the lab to process it.
- Samples should be taken to the GP practice as soon as possible. If there is a delay, they can be refrigerated until taken to the GP practice at the next available opportunity.
- Ensure that the GP practice know that the patient’s symptoms must be reported on the form submitted to the lab.

***In certain circumstances the GP may request a dipstick test in order to exclude a UTI with a negative result. Diagnosis of UTI should be based on clinical assessment and symptoms NOT on a positive result.**