

UTI ASSESSMENT TOOL FOR CARE HOME STAFF

Older patients (>65) with suspected UTI (urinary tract infection)

- **COMPLETE SECTIONS 1 – 4; SCAN AND SEND TO GP VIA SECURE NHS EMAIL**
- **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.....

Nursing Home.....

Date..... Carer.....

1) Signs of any other infection source?

Cough Shortness of breath

Yes / No

Sputum production

If Yes, circle any NEW symptoms which apply

Nausea/vomiting

Diarrhoea

Abdominal pain

Red/warm/swollen area of skin

2) Complete if patient can communicate symptoms?

Yes / No*

3) Complete for all patients

4) Catheter

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	Blood in urine	
Polyuria	Passing bigger volumes of urine than usual	
Loin pain	Lower back pain	

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	
Blood glucose >7.7 mmol/L in absence of diabetes	
Bloods taken? WCC >12/ μ L or < 4/ μ L	WCC: CRP:
New onset or worsening confusion or agitation	

Yes / No
If Yes, provide
Reason for catheter:
Temp / Perm
Date changed:

5) GP Management Decision – tick all which apply:

***Prescribers should use their clinical judgement when reviewing patients as relevant information may not always be obtainable from patients.**

Review in 24 hours

Mid Stream Urine (MSU) specimen – 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 (please state)

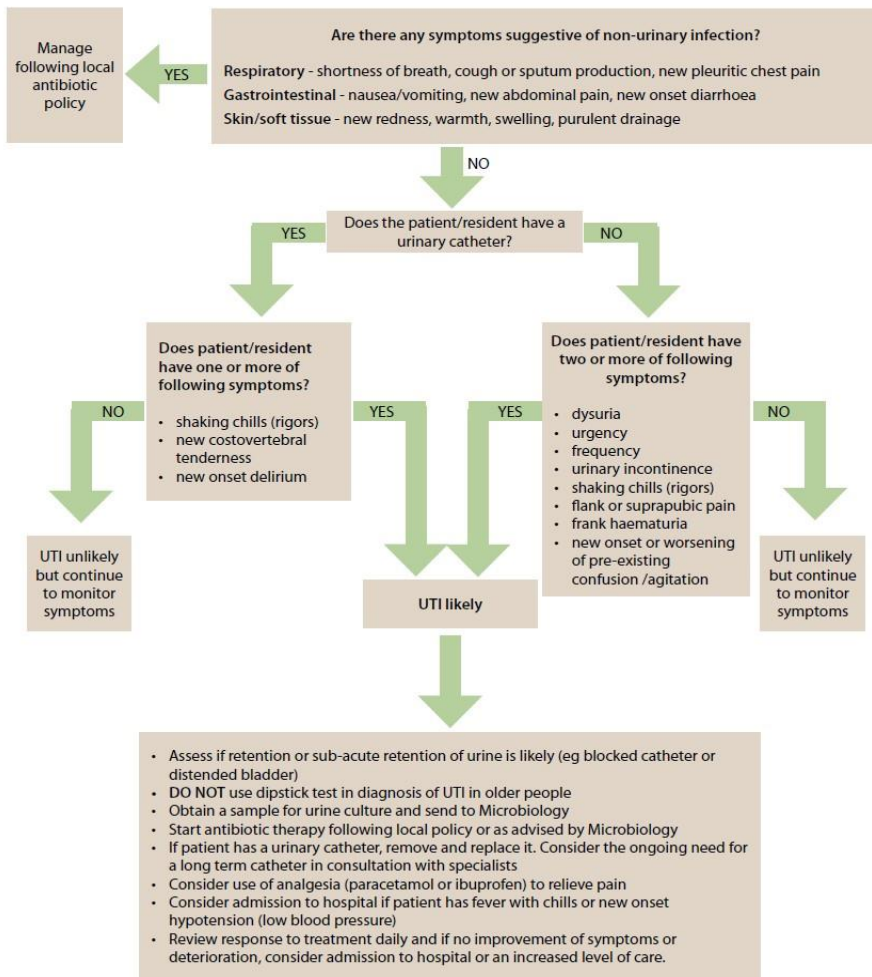
Signed

Date

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/sign-88-management-of-suspected-bacterial-urinary-tract-infection-in-adults.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://elearning.rcgp.org.uk/course/view.php?id=117>

Public Health England – guidance for diagnosis June 2017

<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°C, or new incontinence. [4B+,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 does increase side-effects and antibiotic resistance. [2C,3B+](#)

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 does increase side-effects and antibiotic resistance. [2C,3B+](#)

Public Health England – treatment guidance November 2017

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