

Care home suspects a resident has a UTI and has ruled out other sources of infection  
(see reference sheet)



NEW ONSET Symptoms	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	
Delirium	Confusion - new onset or worsening of preexisting	

Less than 2 symptoms  
(or 1 if urinary catheter)  
**UTI UNLIKELY:**

- Observe
- Manage symptoms
- Encourage fluid intake



2 or more symptoms- **UTI LIKELY**  
Please record vital signs



Vital Signs	Result	
Temperature		
Heart Rate		
Respiratory rate		
Blood glucose		Diabetic? Y / N
Bloods taken?		WCC: CRP:
Catheter	Temp Perm	



Action Plan	Done
Phone GP : state symptoms and vital signs	
Collect Mid Stream Urine specimen and send to microbiology lab	
Fax this tool to GP	
Name/ sign/ designation	Date/ Time

Patient:.....  
DOB:.....  
Nursing Home:.....Date:.....

**GP Management Decision**

Prescribing guidance at  
<https://www.eclipsesolutions.org/Cornwall/info.a.spx?paraid=679>

Face to face review by GP undertaken?  
Yes  No   
(If YES then GP to complete below. If NO then carer to complete based on conversation with GP)

**DIAGNOSIS**

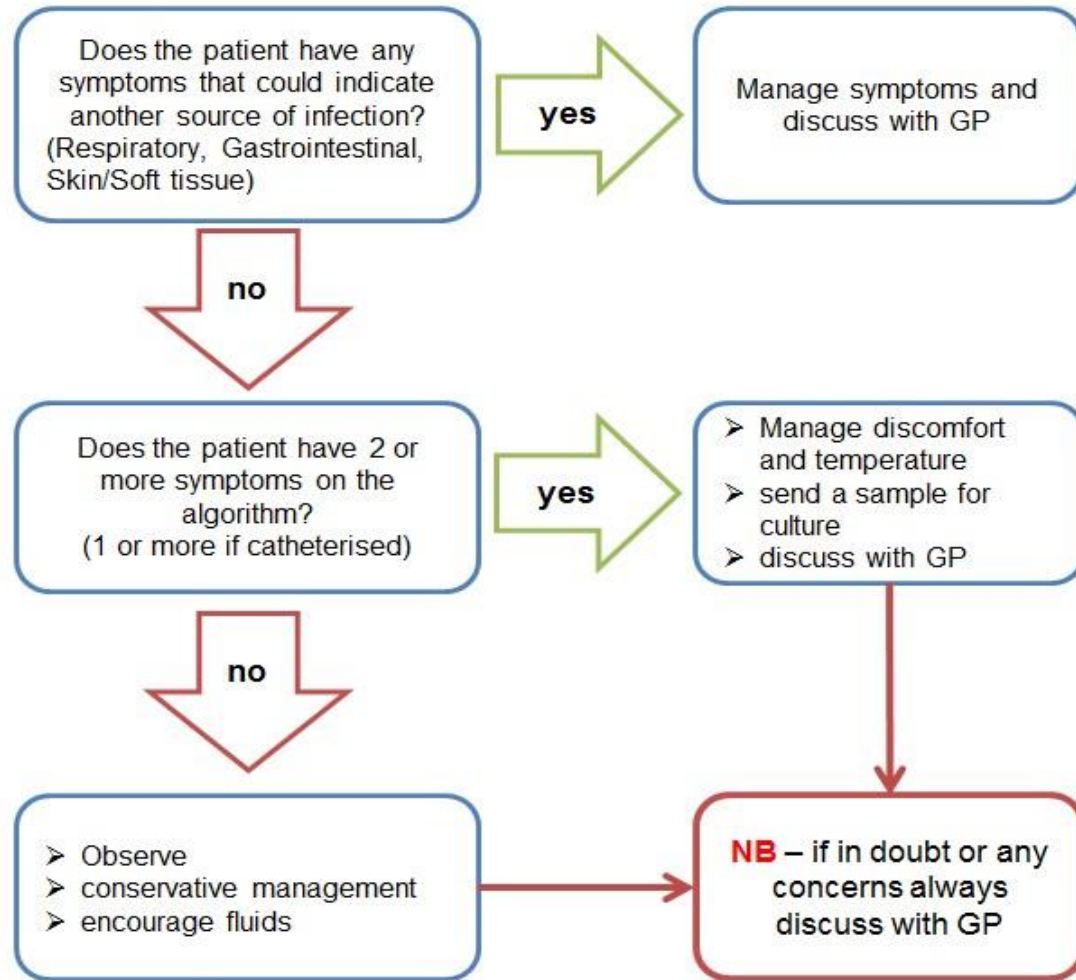
Lower UTI  
 Pyelonephritis  
 Currently not clear. Await MSU & monitor patients symptoms  
 Other .....

**PLAN** (tick all that apply)

Review in 24 hours  
 Mid Stream Urine specimen (MSU)  
 Antibiotics prescribed & details.....  
 Other .....

Sign & print..... Date.....  
Designation.....

**Management pathway for when care home suspects UTI (Simplified guidelines from Sign 88)**



**URINE CULTURE IN WOMEN AND MEN > 65 YEARS**

•	Only send urine for culture if <b>two or more signs of infection</b> , especially dysuria, fever > 38° or new incontinence.
•	Do not treat asymptomatic bacteriuria in the elderly as it is very common.
•	Treating does not reduce mortality or prevent symptomatic episodes but increases side effects & antibiotic resistance.

**URINE CULTURE IN WOMEN AND MEN WITH CATHETERS**

•	<b>Do not treat asymptomatic bacteriuria</b> in those with indwelling catheters, as bacteriuria is very common, and antibiotics increase side effects and antibiotic resistance.
•	Treatment does not reduce mortality or prevent symptomatic episodes, but increase side effects & antibiotic resistance.
•	Only send urine for <b>culture in catheterised</b> if features of <b>systemic infection</b> . However, always: <ul style="list-style-type: none"> <li>• Exclude other sources of infection.</li> <li>• Check that the catheter drains correctly and is not blocked.</li> <li>• Consider need for continued catheterisation.</li> <li>• If the catheter has been in place for more than 7 days, consider changing it before/when starting antibiotic treatment.</li> </ul>
•	<b>Do not give antibiotic prophylaxis for catheter changes</b> unless history of symptomatic UTIs due to catheter change.
•	Face to face review between patient and prescribing clinicians is NICE Quality Standard when diagnosing a UTI (UTI's in adults QS90, June 2015)

**Useful resources:**

Public Health England - Urinary tract infection: diagnostic tools for primary care updated Sept 2019 <https://www.gov.uk/government/publications/urinary-tract-infection-diagnosis>

Public Health England – treatment guidance updated November 2019 <https://www.gov.uk/government/publications/managing-common-infections-guidance-for-primary-care>

NICE NG113 Urinary tract infection (catheter-associated): antimicrobial prescribing November 2018 <https://www.nice.org.uk/guidance/ng113/chapter/Recommendations>

SIGN 88 Management of suspected bacterial urinary tract infection in adults updated July 2012 <https://www.sign.ac.uk/assets/sign88.pdf>