

DIAGNOSIS OF UTI

1 SYMPTOMS

Patients without a catheter

One of the following...

- Acute dysuria
- Acute pain, swelling or tenderness of the testes, epididymis or prostate
- Fever* or Leukocytosis** and 1+ of the **symptoms list**
- 2+ of the **symptoms list**

SYMPTOMS LIST:

Acute costovertebral angle pain or tenderness
Suprapubic pain
Gross hematuria
New or marked increase in incontinence or urgency or frequency

Patients with a catheter

One of the following...

- Fever*, rigors or new-onset hypotension with no alternate site of infection
- Acute change in mental status/acute functional decline with no alternate diagnosis **and** leukocytosis
- New-onset suprapubic pain **or** costovertebral angle pain or tenderness
- Purulent discharge from around the catheter
- Acute pain, swelling, or tenderness of the testes, epididymis or prostate

* Fever: single oral >37.8°C, repeated oral >37.2°C, repeated rectal >37.5°C or >1.1°C increase from baseline

** Leukocytosis: >14,000 leukocytes/mm³

2 URINE CULTURE AND SENSITIVITY

Both of the following...

- ≥10⁵ cfu/L
- ≤2 organisms

3 ANTIBIOTIC TREATMENT

Treat with appropriate antibiotics, as per sensitivity test values and CrCl values

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ASSESSMENT OF UTI

If resident does **not** meet symptom criteria, it may be **asymptomatic bacteriuria**. **Do NOT send a urine C&S or treat with antibiotics**. Push fluids for 24H then reassess, and review for alternate diagnosis.

Non-specific symptoms which do NOT indicate a UTI include...

- Worsening mental status, increased confusion, delirium or agitation*
 - Worsening functional status*
 - Falls (new or more often)
 - Cloudy, foul-smelling, dark-colored urine or pyuria
 - Positive dip stick test results
- *May indicate UTI for catheterized residents, if they meet certain criteria

Urine C&S should NOT be sent for...

- Admission screening
- Follow-up after antibiotic treatment

When you notice UTI symptoms...

- * Inform doctor/nurse practitioner of resident's symptoms and request for an **order for urine C&S** (document indications and order on resident's chart)
- * Collect urine through clean void or midstream, in-and-out catheter or freshly applied condom catheter
- * If catheter has been indwelling for ≥ 14 days, change catheter then send in urine sample

Review with MD/NP if, at any point:

localizing genitourinary symptoms develop;
Fever >38.9 ; HR >100 ; RR >30 ; BP <90 systolic; or
resident is unable to eat or drink

Created by the Antimicrobial Stewardship Program, adopted from guidelines published by SHEA, Saskatchewan Infection Prevention and Control Program, and the Government of Saskatchewan

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