THE NUFFIELD PRACTICE

SUSPECTED URINARY TRACT INFECTIONS (UTIs) IN RESIDENTS

In the over 65s urine dipsticks can become unreliable and as such, up to 50% of residents’ samples and 90% from those with long-term catheters may test positive despite them not actually having a UTI. When positive in the absence of symptoms, treatment is of no benefit and may cause harm. If you are concerned that a resident has a UTI, do not routinely dip urine samples, instead please fill in as much of this checklist as you can before calling the GP.

1. Is the patient acutely unwell?
   - HR >90 bpm
   - RR > 20 bpm
   - Systolic BP <100 mmHg
   - Not passed urine in 12 hours
   - Temperature <36 °C

   **SIGNS OF SEPSIS**
   - HR >90 bpm
   - RR > 20 bpm
   - Systolic BP <100 mmHg
   - Not passed urine in 12 hours
   - Temperature <36 °C

   **SIGNS OF PYELONEPHRITIS**
   - Pain in the back/side/groin
   - Flu-like symptoms
   - Vomiting
   - Shaking/chills
   - Temperature >37.9 °C

   **CALL GP IF CONCERNED**

2. Does the patient have a UTI?
   - New onset pain upon urination
   - Temperature above normal
   - New incontinence
   - Increased frequency/urgency of urination
   - New/worsening confusion
   - Pain centrally below the belly button
   - Bloody urine

   **If patient has a catheter:** is it blocked?

   **CALL GP IF CONCERNED**

3. What else could be causing this patient’s symptoms?
   - Pain
   - Infection
   - Poor nutrition
   - Constipation
   - Poor hydration
   - Medication
   - Environmental change

   **CALL GP IF CONCERNED**