

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?

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

2 Does the patient have a UTI?

SIGNS OF 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?

• DELIRIUM

- Pain
- Infection
- Poor nutrition
- Constipation
- Poor hydration
- Medication
- Environmental change

CALL GP IF CONCERNED