



Clinical pathway for older people in aged care homes: Suspected Urinary Tract Infections (UTI)

With Catheter

Nurse/Carer: Complete resident details, assessment and management sections. File in resident notes. **DO NOT USE** this pathway for residents with suspected sepsis, urosepsis or pyelonephritis where you should apply your facility's deteriorating resident pathways. This pathway is suitable for residents with suspected lower urinary tract infections (e.g. cystitis).

Resident name				Staff name starting form						
Date of birth	/	/	Gender	M	F	Date	/	/	Time	:

Observations	Pulse		Blood pressure	/	Respiratory rate		Temperature	
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Assessment — PCA and/or RN	PCA/Nurse to complete		Nurse to complete	
	NEW or WORSE problem with no other reason found in resident with catheter <input checked="" type="checkbox"/>		Interpretation in resident with catheter	Final interpretation <input checked="" type="checkbox"/>
	Category A		Category A — if one of Category A ticked: UTI possible , for further investigation and management. Also consider other causes of symptoms and signs. Contact GP as usual and monitor resident for changes. If Category B ticked: UTI unlikely. Do not perform urine dipstick.	UTI possible. Send urine culture.
	Fever ($\geq 38^{\circ}$ or $>1.5^{\circ}$ above usual temperature) NB paracetamol formulations e.g. Panadol Osteo™ may mask fever			
	Flank, loin, kidney pain or tenderness			
	Rigors, chills, shivering (even if infection at another site possible)			
	Confusion, agitation			
	Category B		UTI unlikely. Do not perform urine dipstick.	
	No signs or symptoms			

Actions — RN to Update	<input checked="" type="checkbox"/> Action — update as conducted (tick <input checked="" type="checkbox"/> if undertaken)	Date of action
	If UTI possible: send urine culture. Collection techniques (in order of preference): MSU (if IDC not needed), CSU from newly inserted IDC, CSU from existing IDC using aseptic techniques from sampling port. Transport to lab within 2 hours or refrigerate (4-10°C) until transported.	/ /
	Urine dipstick — is not recommended. Even with IDC change. Nearly all will have bacteria in urine.	/ /
	GP review requested.	/ /
	Assess hydration status and encourage fluid intake if dehydrated.	/ /
	Were antibiotics prescribed? If YES, document prescription (e.g. nitrofurantoin QID for 5 days or trimethoprim nocte for 3 days).	/ /
	Urine culture sent: results followed up? Lab results usually available within 72 hours. Nursing staff should follow up and discuss with GP (and resident) culture results, review clinical progress and antibiotic plan. Note: Urine culture from IDC usually positive for bacteria even if no UTI.	/ /