



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

Without 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			

Assessment — PCA and/or RN	PCA/Nurse to complete		Nurse to complete	
	NEW or WORSE problem with no other reason found in resident without catheter <input checked="" type="checkbox"/>		Interpretation in resident without catheter	Final interpretation <input checked="" type="checkbox"/>
	Category A		If Category A ticked: UTI possible , for UTI investigation and management. Category B — If both ticked: UTI possible , for UTI investigation and management. If one of Category B and one or more of Category C ticked: UTI possible , for UTI investigation and management. If one of Category B ticked: Consider other causes as well as UTI and discuss with GP. Do not perform urine dipstick (unless specific GP request). If UTI considered possible, for further UTI investigation and management. If Category C only ticked: Consider other causes as well as UTI . Do not perform urine dipstick . If concern contact GP as usual and monitor resident for changes. If Category D ticked: UTI unlikely . Do not perform urine dipstick .	UTI possible. Send urine culture.
	Dysuria, pain or burning on passing urine			Consider other causes as well as UTI. Do not perform urine dipstick in initial assessment. After full assessment, where other causes considered and UTI is possible, urine dipstick test can be used to rule out UTI.
	Category B			
	Fever (≥38° or >1.5° above usual temperature) NB paracetamol formulations e.g. Panadol Osteo™ may mask fever			
	Confusion, agitation		If dipstick performed, provide rationale for test.	
	Category C			
	Frequency on passing urine			
	Urgency on passing urine			
Urinary incontinence		UTI unlikely. Do not perform urine dipstick.		
Flank, loin, kidney pain or tenderness				
Low abdominal pain				
Visible blood in urine				
Category D				
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 . Preferred collection techniques: MSU, clean-catch (e.g., if incontinent). Transport to lab within 2 hours or refrigerate (4-10°C until transported).	/ /
	Dipstick performed? Do not perform dipstick unless full assessment completed and UTI still possible.	/ /
	GP review requested.	/ /
	Assess hydration status and encourage fluid intake if dehydrated.	/ /
	Were antibiotics prescribed? If YES, document prescription (e.g. nitrofurantoin 100mg orally QID for 5 days, or trimethoprim 300mg orally 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.	/ /