



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 PERFORM AN INITIAL URINE DIPSTICK.**

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				UTI possible.	
	Dysuria, pain or burning on passing urine			If Category A ticked: UTI possible , for UTI investigation and management.		
	Category B			Category B — If both ticked: UTI possible , for UTI investigation and management.	Consider other causes as well as UTI. Do not perform urine Dipstick.	
	Fever ($\geq 38^\circ$ or $>1.5^\circ$ above usual temperature) NB paracetamol formulations e.g. Panadol Osteo™ may mask fever			If one of Category B and one or more of Category C ticked: UTI possible , for UTI investigation and management.		
	Confusion, agitation			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.		
	Category C			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.	UTI unlikely. Do not perform urine Dipstick. Consider other causes of symptoms. If concern contact GP as usual and monitor resident for changes.	
	Frequency on passing urine					
	Urgency on passing urine					

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 specific GP request.	/ /
	GP review requested.	/ /
	Assess hydration status and encourage fluid intake if dehydrated.	/ /
	Were antibiotics prescribed? If YES, document prescription (e.g. 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.	/ /	