



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 PERFORM AN INITIAL URINE DIPSTICK.**

Resident name			Staff name starting form		
Date of birth	Gender		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 with catheter <input checked="" type="checkbox"/>	Interpretation in resident with catheter	Final interpretation <input checked="" type="checkbox"/>
	Category A	<p>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.</p> <p>If Category B ticked: UTI unlikely. Do not perform urine Dipstick. Consider other causes of symptoms. If concern contact GP as usual and monitor resident for changes.</p>	UTI possible.
	Fever ($\geq 38^\circ$ or $>1.5^\circ$ above usual temperature) NB paracetamol formulations e.g. Panadol Osteo™ may mask fever		UTI unlikely. Do not perform urine Dipstick. Consider other causes of symptoms. If concern contact GP as usual and monitor resident for changes.
	Flank, loin, kidney pain or tenderness		
	Rigors, chills, shivering (even if infection at another site possible)		
Confusion, agitation			
Category B			
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. 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. Note: Urine culture from IDC >48h usually positive for bacteria even if no UTI.		