



## 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.**

<b>Resident name</b>				<b>Staff name starting form</b>			
<b>Date of birth</b>		<b>Gender</b>		<b>Date</b>		<b>Time</b>	
<b>Observations</b>	Pulse		Blood pressure		Respiratory rate		Temperature

<b>Assessment — PCA and/or RN</b>	<b>PCA/Nurse to complete</b>			<b>Nurse to complete</b>			
	<b>NEW or WORSE problem with no other reason found in resident without catheter</b>	<input checked="" type="checkbox"/>		<b>Interpretation in resident without catheter</b>	<b>Final interpretation</b> <input checked="" type="checkbox"/>		
	<b>Category A</b>				<b>UTI possible.</b>		
	Dysuria, pain or burning on passing urine			If <b>Category A</b> ticked: <b>UTI possible</b> , for UTI investigation and management.			
	<b>Category B</b>			<b>Category B</b> — If <b>both</b> ticked: <b>UTI possible</b> , for UTI investigation and management.	<b>Consider other causes as well as UTI.</b> <b>Do not perform urine Dipstick.</b>		
	Fever ( $\geq 38^{\circ}$ or $>1.5^{\circ}$ above usual temperature) NB paracetamol formulations e.g. Panadol Osteo™ may mask fever			If <b>one</b> of <b>Category B</b> and <b>one</b> or more of <b>Category C</b> ticked: <b>UTI possible</b> , for UTI investigation and management.			
	Confusion, agitation			If <b>one</b> of <b>Category B</b> ticked: Consider other causes as well as UTI and discuss with GP. <b>Do not perform urine Dipstick</b> (unless specific GP request). If UTI considered possible, for further UTI investigation and management.			
	<b>Category C</b>			If <b>Category C only</b> ticked: <b>Consider other causes as well as UTI.</b> <b>Do not perform urine Dipstick.</b> If concern contact GP as usual and monitor resident for changes.	<b>UTI unlikely.</b> <b>Do not perform urine Dipstick.</b> Consider other causes of symptoms. If concern contact GP as usual and monitor resident for changes.		
	Frequency on passing urine			If <b>Category D</b> ticked: <b>UTI unlikely. Do not perform urine Dipstick.</b> Consider other causes of symptoms. If concern contact GP as usual and monitor resident for changes.			
	Urgency on passing urine						
Urinary incontinence							
Flank, loin, kidney pain or tenderness							
Low abdominal pain							
Visible blood in urine							
<b>Category D</b>							
No signs or symptoms							

<b>Actions — RN to Update</b>	<input checked="" type="checkbox"/> <b>Action — update as conducted (tick <input checked="" type="checkbox"/> if undertaken)</b>	<b>Date of action</b>
	If <b>UTI possible: send urine culture.</b> Preferred collection techniques: MSU, clean-catch (e.g., if incontinent). Transport to lab within 2 hours or refrigerate (4-10°C until transported).	
	<b>Dipstick performed? Do not perform dipstick</b> unless specific GP request.	
	<b>GP review</b> requested.	
	<b>Assess hydration status</b> and encourage fluid intake if dehydrated.	
	<b>Were antibiotics prescribed?</b> If YES, document prescription (e.g. trimethoprim 300mg orally nocte for 3-days).	
<b>Urine culture sent: results followed up?</b> 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.		