**Care Home UTI Assessment Tool**

Patient: ………………………….……………..

DoB: ……………………….............................

Care home: ……….…………………………...

Date:…………………Carer: …………….…...

**Older patients (>65) with suspected UTI (urinary tract infection)**

**Guidance for care home staff**

* Complete **1)** to **4)** and **patient details** and forward to GP – original to patient notes
* **DO NOT PERFORM URINE DIPSTICK** – Not recommended in pts >65
* CLEAR URINE – UTI highly unlikely
* **Send MSU** particularly if treatment failure or >2 signs of infection (especially dysuria, temp >38c or **new**

 incontinence)

**1) Catheter Y / N** Reason for catheter …..……………………………………………………………………………………………..

**2) Signs of any other infection source? Y / N If yes, circle any NEW symptoms**

Cough Shortness of breath Sputum production Nausea/vomiting Diarrhoea Abdominal pain Red/warm/swollen area of skin

 catheter…………………………………………………………………………………………………..

|  |  |  |
| --- | --- | --- |
| **3) Can patient communicate symptoms Y / N** |  | **4) Record for all patients:** |
| **New onset sign/symptom** | **What does this mean?** | **Tick if present** |  | **Sign/symptom** | **Tick if present** |
| Dysuria | Pain on urinating |  |  | Temp above 38c or below 36c or shaking chills (rigors) in last 24 hrs |  |
| Urgency | Need to pass urine urgently/new incontinence |  |  | Heart rate >90 beats/min |  |
| Frequency | Need to urinate more often than usual |  |  | Respiratory rate >20 breaths/min |  |
| Suprapubic tenderness | Pain in lower tummy/above pubic area |  |  | Diabetic? |  |
| Haematuria | Visible blood in urine |  |  | If not diabetic – blood glucose >7.7mmol/L |  |
| Polyuria | Passing bigger volumes of urine than usual |  |  | New incontinence |  |
| Loin pain | Lower back pain |  |  | New onset or worsening confusion or agitation |  |

Any other information …………………………………………………………………………………………………….……………………………………………………………………………

**5) GP to Action – circle all which apply:** e) Antibiotic prescribed: (please document)

a) Patient visit required

b) Uncomplicated lower UTI

c) Mid-stream urine specimen (MSU) required (if 2 or more signs of infection)

d) Pyelonephritis (dysuria, temp >38c or new incontinence) or failed treatment f) Any other actions:

Has care home been contacted with clinical decision: Yes No Signed:………………………………………………… Date: ………………

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**For Primary Care Use only**

**URINE CULTURE IN WOMEN AND MEN >65 YEARS**

* **Do not send urine for culture in asymptomatic elderly with positive dipsticks**
* **Only send urine for culture if two or more signs of infection, especially dysuria, fever >38c or new incontinence**
* **Do not treat asymptomatic bacteriuria in the elderly as it is very common**
* **Treating does not reduce mortality or prevent symptomatic episodes, but increases side effects & antibiotic resistance**

**URINE CULTURE IN WOMEN AND MEN WITH CATHETERS**

* **Do not treat asymptomatic bacteriuria in those with indwelling catheters, as bacteriuria is very common, and antibiotics increase side effects and antibiotic resistance**
* **Treatment does not reduce mortality or prevent symptomatic episodes but increase side effects & antibiotic resistance**
* **Only send urine for culture in catheterised if features of systemic infection. However, always:**
	+ **Exclude other sources of infection**
	+ **Check that the catheter drains correctly and is not blocked**
	+ **Consider need for continued catheterisation**
	+ **If the catheter has been in place for more than 7 days, consider changing it before/when starting antibiotic treatment**
* **Do not give antibiotic prophylaxis for catheter changes unless history of symptomatic UTIs due to catheter change**

UKHSA

[UTI Prevention and Awareness toolkit](https://elearning.rcgp.org.uk/pluginfile.php/172235/mod_book/chapter/803/UKHSA-NHSE%20UTI%20prevention%20and%20awareness%20toolkit%202023_final.pdf)

Diagnosis tools

[Diagnosis of UTIs – quick reference tool for Primary Care](https://assets.publishing.service.gov.uk/media/5f89809ae90e072e18c0ccc2/UTI_diagnostic_flowchart_NICE-October_2020-FINAL.pdf)

References: Nina S et al (2014). Investigation of suspected urinary tract infection in older people. BMJ 349

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