URINARY TRACT INFECTION (UTI)

STOP

Asymptomatic bacteriuria is the presence of bacteria in the urine without symptoms of a urinary tract infection (UTI). Antibiotics are generally not indicated for asymptomatic bacteriuria. Assess the resident for symptoms and follow the resident's care plan and applicable clinical guidance.

Bacteria in urine does not always mean UTI.

CLINICAL SIGNS & SYMPTOMS	SYMPTOMS NOT INDICATIVE OF A UTI
• Acute dysuria *Or two or more of the following:* • Fever: oral temperature greater than-37.9^{0}C on two occasions within 12 hours • New flank or suprapubic pain or tenderness • New or increased urinary frequency/urgency • Gross hematuria	• Cloudy, milky or turbid urine • Malodorous urine • Change in urine color • Falls • Behavioural changes without additional clinical symptoms of a UTI, worsening functional status or changing mental status Continue to monitor, encourage fluids when appropriate, and assess for other causes.

PUBLIC HEALTH ONTARIO UTI PROGRAM BEST PRACTICES

- Obtain urine cultures only when indicated clinical signs and symptoms are present. Prescribe antibiotics only when specified criteria are met.
- Reassess antibiotic treatment when culture and susceptibility results are received.
- Do not use urine dipsticks to diagnose a UTI.
- Collect and store urine specimens correctly; refrigerate promptly if transport is delayed. If left at room temperature, it can result in a false positive.
- Urine specimens should be collected only as a midstream or via in/out catheter.
- Facilities are encouraged to monitor the number of urine specimens sent for culture and the number of residents treated with antibiotics for a UTI.





PREVENTION

- Perform hand hygiene to prevent the spread of germs.
- Empty drainage bags when half full, at least once per shift, or per home policy.
- Keep the drainage bag below bladder level and secure the tubing.
- Remove urinary catheters as soon as clinically appropriate.
- Encourage regular toileting and prompt incontinence care.
- Provide daily perineal care, wiping front to back.
- Encourage fluids when appropriate, considering restrictions or thickened-fluid needs.

This flow sheet was retrieved from:

PHO's Urinary Tract Infection (UTI) Program:

When to obtain urine cultures in medically stable non-catheterized residents.

(November 2019)

I think my resident may have a UTI

Stop. Assess the resident. Does the resident have:

Clinical signs and symptoms of a UTI

Resident has new difficult or painful urination (Acute dysuria)

OR

Two or more of the following:

- Fever (oral temperature greater than 37.9°C or 1.5°C above baseline on two occasions within 12 hours)
- New flank pain or suprapubic pain or tenderness
- New or increased urinary frequency, urgency
- Gross hematuria

YES

Take action

- **Discuss** with physician or nurse practitioner.
- If empiric antibiotics are prescribed, collect urine specimen for culture and susceptibility before antibiotic therapy is initiated.
- Urine specimen can be obtained as a mid-stream or in/out catheter specimen.

Review, assess, and consult

Review urine culture results:

- Bacterial count greater than 10^8 CFU/L, with signs and symptoms is compatible with UTI
- More than two different organisms indicates contamination

Reassess resident for signs and symptoms:

- Consult with the resident's physician or nurse practitioner (NP) about the urine culture results and the resident's status.

NO

Non-specific symptoms only

- Worsening functional status
- Worsening mental status (e.g., new behavioural changes, increased confusion, acute delirium or agitation)
- Falls should not be considered a presentation of infection

YES

Encourage and monitor, assess and discuss

1. **Encourage and monitor** increased fluid intake for the next 24 hours, unless resident has clinical contraindications.
2. **Assess** for constipation and other causes of behaviour change.
3. **Discuss** with physician or nurse practitioner.

Reassess for UTI signs and symptoms after 24 hours

UTI symptoms develop

YES → Take action

NO

- **No urine culture required**
- **No UTI treatment required**
- **Assess further regarding cause of non-specific symptoms**

This resource is part of Public Health Ontario's UTI Program. It focuses on practice change 1 and 2. For more information, please visit publichealthontario.ca/UTI or email uti@oahpp.ca.

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Ontario Agency for Health Protection and Promotion
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