Urinary Tract Infections in LTCF Checklist

**Typical Symptoms (1)**

(No indwelling catheter)

Indications (check all that apply):

- Acute dysuria
- Temp >38°C or 1.1° above baseline on 2 consecutive occasions (4-6 hr apart)
  Temp 1 _____  Temp 2 _____
- Hematuria
- Rigors
- New onset delirium

**Typical Symptoms (2)**

(Indwelling catheter)

Indications (check all that apply):

- No other identifiable cause of infection
- New or increased urinary frequency, urgency, incontinence
- New flank or suprapubic pain or tenderness
- Hematuria

**Medical status deteriorating rapidly**

- Yes
- No

**Push Fluids (2)**

- Fluids pushed for 24 hours

**Goals of Care Designation**

- Further treatment aligned with Goals of Care Designation

**Urine C&S (3)**

- Order for C & S received
- Specimen collected

**C&S Results (4)**

- Significant
- Not significant
- Contamination likely

**Additional clinical information**

- Drug allergies
- No drug allergies
- CrCl ________

**Antimicrobial therapy**

- Antibiotic ________
- Dose ________
- Frequency ________
- Duration ________

- Check here if antibiotic not ordered

**Review and discuss with pharmacist and health care team as needed**

- Antibiotic is consistent with recommendations in guideline / Bugs & Drugs
- All organisms are susceptible to the prescribed antibiotic
- Therapy appropriate for renal function

- Continue to monitor. Document clinical findings.
  If no improvement after 24 hrs consider transfer to acute care.

(1) PRACTICE POINT

- Diagnosis of UTI is based on clinical assessment not laboratory testing

(2) PRACTICE POINT

- Unless on fluid restriction
- Consider clysis or IV fluids if oral intake is less than 1 L/day
- Consider alerting prescriber regarding symptoms and potential need for C&S

(3) PRACTICE POINT

- The role of urine C&S is to guide selection of antibiotic therapy
- Refer to laboratory protocol for urine collection and labeling
- Complete all fields on laboratory requisition including signs and symptoms and current or recent antibiotic use

(4) PRACTICE POINT

- The presence of bacteria in the urine alone without signs of infection (asymptomatic bacteriuria) does not indicate a UTI
- The frequency of asymptomatic bacteriuria increases with age and is common among LTC residents
- Only if signs and symptoms of a UTI are present, a bacterial count ≥10^6 cfu/L is significant; use sensitivity results to guide antibiotic selection
- More than 3 organisms usually indicates contamination and the need for new specimen

Prescriber Information

Antibiotic therapy should not be initiated prior to receipt of C&S results (unless medical status is deteriorating rapidly).

If needed, selection of an antibiotic before C&S results are available should be based on local resistance patterns and resident tolerance.

Local resistance patterns can be accessed here: www.dobugsneeddrugs.org/healthcare-professionals/antibiogram

Repeat C&S after antibiotic therapy is necessary unless typical UTI signs and symptoms persist.