

Urinary Tract Infections in LTCF Checklist

Resident Label

**Typical Symptoms (1)
(No indwelling catheter)**
Indications (check all that apply):

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

PLUS one or more of the following:

New or increased urinary frequency, urgency, incontinence
 New flank or suprapubic pain or tenderness
 Hematuria

Initials _____ Date _____ Time _____

**Typical Symptoms (1)
(Indwelling catheter)**
Indications (check all that apply):

No other identifiable cause of infection
AND one or more of the following:

Temp >38°C or 1.1° above baseline on 2 consecutive occasions (4-6 hr apart)
Temp 1 _____ Temp 2 _____

New flank or suprapubic pain or tenderness
 Rigors
 New onset delirium

Initials _____ Date _____ Time _____

Medical status deteriorating rapidly

Yes No

Initials _____ Date _____ Time _____

Push Fluids (2)

Fluids pushed for 24 hours

Initials _____ Date _____ Time _____

Typical symptoms continue

Yes No

Initials _____ Date _____ Time _____

Consider other diagnosis

Goals of Care Designation Further treatment aligned with Goals of Care Designation

IF NOT ALREADY DONE, FAX/COMMUNICATE ALL OF THE ABOVE INFORMATION TO THE PRESCRIBER. INDICATE URGENT ON FAX AND CALL.

Urine C&S (3)

Order for C & S received
 Specimen collected

Initials _____ Date _____ Time _____

C&S Results (4)

Significant
 Not significant
 Contamination likely

Initials _____ Date _____ Time _____

NOT SIGNIFICANT

Antibiotic not initiated
 Antibiotic stopped if already initiated

Initials _____ Date _____ Time _____

Additional clinical information

Drug allergies _____
 No drug allergies

CrCl _____

Initials _____ Date _____ Time _____

FAX / COMMUNICATE ALL INFORMATION ON THIS FORM and C&S REPORT to PRESCRIBER. INDICATE URGENT on FAX and CALL.

Antimicrobial therapy

Antibiotic _____ Dose _____ Frequency _____ Duration _____

Check here if antibiotic not ordered

Initials _____ Date _____ Time _____ Date and time therapy initiated _____

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

Initials _____ Date _____ Time _____

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 $\geq 10^6$ 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.dobugsneeedrugs.org/health-care-professionals/antibiogram

Repeat C&S after antibiotic therapy is **NOT** necessary unless typical UTI signs and symptoms persist.