

Care Home UTI Assessment Tool for over 65's

Guidance for Care Home Staff

You **MUST**:

- Complete sections 1) to 8)
- Fax to GP and follow up with phone call to ensure receipt.
- File original form and fax confirmation if possible in residents care plan.
- **NOT PERFORM A URINE DIPSTICK** – NOT recommended in patients >65 years old
- Provide a urine sample to the GP practice if ≥ 2 signs of infection (i.e. dysuria, Temp>38°C or **new** incontinence)

When completed please scan on EMIS record and Read Code R08zz

1) Patient Details:

Patient Name:.....

DOB:.....

Nursing Care Residential Care

Care Home Name:.....

2) Does resident have a catheter? Y / N Reason for Catheter:.....

3) Is resident diabetic? Y / N If YES record blood glucose if possible in section 6 below.

4) Circle any other symptoms present: Cough Shortness of breath Sputum production Nausea/vomiting Diarrhoea Abdominal pain Red/warm/swollen area of skin

5) NEW ONSET Sign/Symptoms Tick all that apply	Communicated by resident	Witnessed by care staff
Dysuria - Pain on urinating		
Urgency - Need to pass urine urgently/new incontinence		
Frequency - Need to urinate more often than usual		
Suprapubic tenderness - Pain in lower tummy/above pubic area		
Haematuria - Visible blood in urine		
Polyuria - Passing bigger volumes of urine than usual		
Loin pain - Lower back pain		
Cloudy Urine		
Smelly Urine		

6) Record for all residents:

Temperature	Degrees Centigrade
Heart Rate (Nursing home only)	Beats per minute
Respiratory (Nursing home only)	Breaths per minute
Blood Glucose if diabetic	mmol/L
New onset or worsening confusion	Y or N
New onset or worsening agitation	Y or N

7) Any other relevant Information (if none please state N/A):

GP Practice Actions:

- Ensure Care Home contacted with outcome the same working day
- Please can ALL completed forms be scanned onto EMIS for audit purposes

Please Read Code R08zz

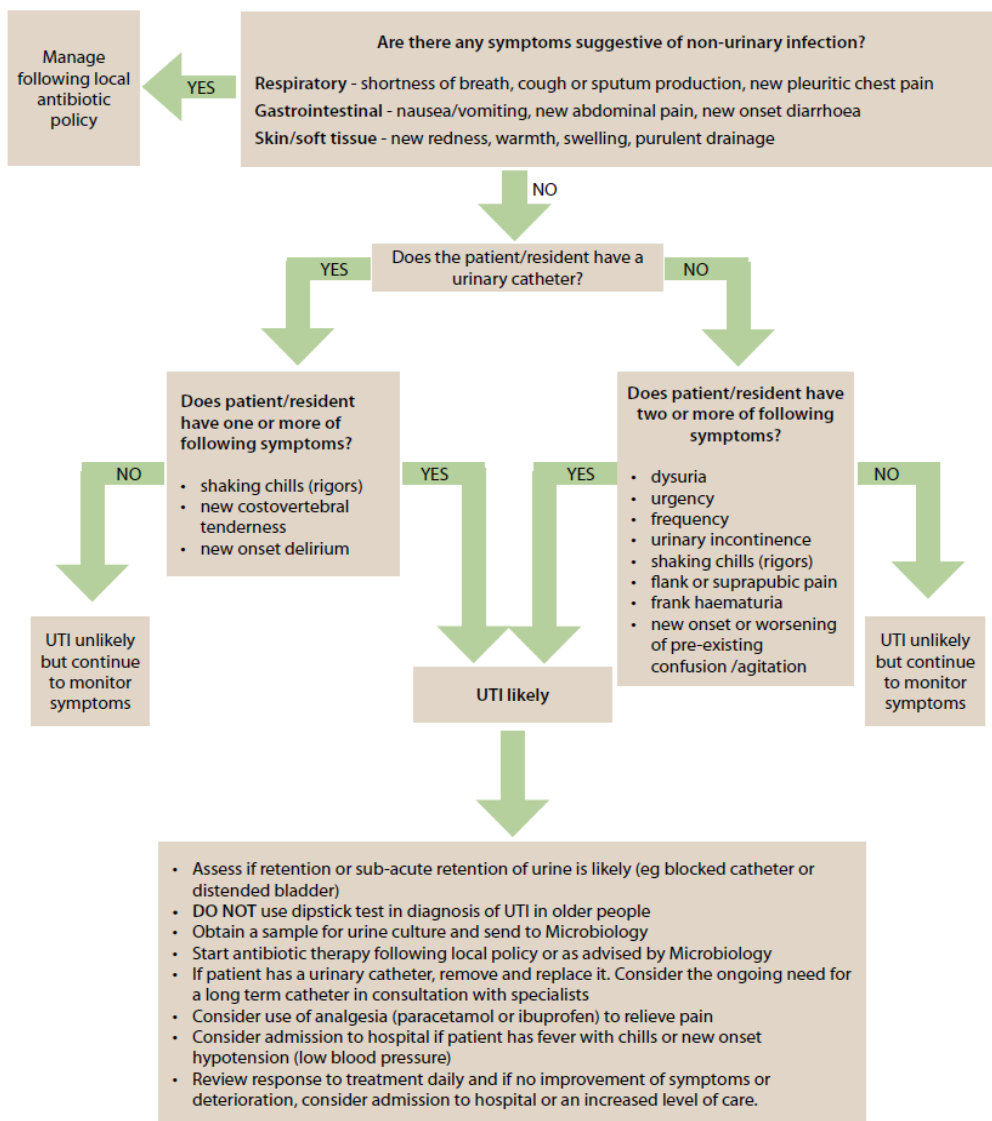
- Please inform Halton MMT if Assessment Form not completed appropriately

8) Form Completed by:

Print Name			
Date		Time	

DIAGNOSIS AND MANAGEMENT OF SUSPECTED UTI IN OLDER PEOPLE

Decision aid to guide management of patients/residents with fever defined as temperature $>37.9^{\circ}\text{C}$ or 1.5°C increase above baseline occurring on at least two occasions in last 12 hours.
Hypothermia (low temperature of $<36^{\circ}\text{C}$) may also indicate infection, especially those with comorbidities.
Be alert to non-specific symptoms of infection such as abdominal pain, alteration of behaviour or loss of diabetes control.



Developed by the Scottish Antimicrobial Prescribing Group • www.scottishmedicines.org.uk/SAPG/

<http://www.sign.ac.uk/guidelines/fulltext/88/index.html>

Public Health England – guidance for diagnosis April 2011

<https://www.gov.uk/government/publications/urinary-tract-infection-diagnosis>

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 $> 38^{\circ}$ or new incontinence.^{4,5C}
- **Do not treat asymptomatic bacteriuria** in the elderly as it is very common.^{1B+}
- Treating does not reduce mortality or prevent symptomatic episodes, but increases side effects & antibiotic resistance.^{2,3,B+}

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.^{1B+}
- Treatment does not reduce mortality or prevent symptomatic episodes, but increase side effects & antibiotic resistance.^{2,3,B+}
- Only send urine for **culture in catheterised^{7B-} if features of systemic infection.**^{1,5,6C} However, always:
 - Exclude other sources of infection.^{1C}
 - 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](#).^{1,6C, 8B+}
- **Do not give antibiotic prophylaxis for catheter changes** unless history of symptomatic UTIs due to catheter change.^{9,10B+}

Public Health England – treatment guidance May 2016

<https://www.gov.uk/government/publications/managing-common-infections-guidance-for-primary-care>

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

TARGET toolkit for training on UTI's from RCGP January 2017 http://www.rcgp.org.uk/~/_link.aspx?id=2FC34B3CA5B446F19CB795B37AFF5083&z=z

July 2017 July 2017 Kind acknowledgements to NHS BANES CCG guidance Mandy Slatter/Elizabeth Beech Contact :zoe.mason2@haltonccg.nhs.uk