# IPC Advice Bulletin for GP Practice Staff

## Issue No. 08 – March 2018

**To further support GP staff, here is some information on good infection prevention and control (IPC) practice.**

## Reducing Gram-negative bloodstream infections — caused by a urinary tract infection

Gram-negative bloodstream infections (BSI) are believed to have contributed to approximately 5,500 patient deaths in the NHS in 2015.

The Secretary of State for Health has launched an ambition to reduce healthcare associated GNBSI and inappropriate antimicrobial prescribing by 50% before 2021.

### The Facts

*Escherichia coli (E. coli)* BSI represent 55% of all Gram-negative BSI.

The most common source of infection is the urogenital tract at 51.2%.

Approximately 75% of *E. coli* BSIs occur in patients in the community.

These bacteria are most common in patients who have had a number of antibiotics or are immunosupressed.

The number of patients in the community with resistant strains of *E. coli* such as Extended-Spectrum Beta-Lactamase (ESBL) and carbapenemase-producing *Enterobacteriaceae* (CPE) is increasing.

ESBLs are multi-resistant, which can make antibiotic treatment difficult when required, although they usually are sensitive to nitrofurantoin or fosfomycin.

For patients with symptoms of a urinary tract infections (UTI) where antibiotic treatment has failed or symptoms persist, send a sample of urine for culture.

Patients with recurrent UTI, abnormalities of the genitourinary tract, or renal impairment, are more likely to have a resistant strain of bacteria.

> **Further information and 'The urine colour guide':**
> **www.infectionpreventioncontrol.co.uk**
>
> https://improvement.nhs.uk/resources/preventing-gram-negative-bloodstream-infections/
>
> **Public Health England (2017)** Guidance for primary care on diagnosing and understanding culture results for urinary tract infection (UTI)
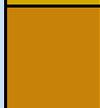
### Preventing dehydration can help prevent UTI

- Raising the awareness of the urine colour chart below, (available on our website) can help patients use the colour of their urine as an indicator of their level of hydration, and what actions they should take.

- As a guide, encourage patients to drink 6-8 glasses (1½-2 litres) of fluid a day.

- It is important to note that some medications, vitamin supplements and food can alter the colour of urine.

| Colours 1-3 suggest normal urine | |
|---|---|
| | 1. Clear to pale yellow urine suggests that you are well hydrated. |
| | 2. Light/transparent yellow urine suggests an ideal level of hydration. |
| | 3. A darker yellow/pale honey coloured urine suggests that you may need to hydrate soon. |
| **Colours 4-8 suggest you need to rehydrate** | |
| | 4. A yellow, cloudier urine colour suggests you are ready for a drink. |
| | 5. A darker yellow urine suggests you are starting to become dehydrated. |
| | 6. Amber coloured urine is not healthy, your body really needs more liquid. All fluids count (except alcohol). |
| | 7. Orange/yellow urine suggests you are becoming severely dehydrated. |
| | 8. If your urine is this dark, darker than this or red/ brown, it may not be due to dehydration. Seek advice from your GP. |