

IPC Advice Bulletin for GP Practice Staff

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

Don't be a UTI dipstick!

In this newsletter we highlight the important issue of when to dipstick urine for a urinary tract infection (UTI), symptoms of a UTI and specimen collection of urine.

Bacteria in urine

Many people over the age of 65 years, and everyone with a long-term catheter, will have bacteria in their urine (bacteriuria) which, even though present, do not usually cause harm, e.g. infection. This only requires antibiotic treatment if associated with urinary symptoms. Asymptomatic bacteriuria is not a disease and does not require treatment, except in pregnant women. Unnecessary use of antibiotics will not prevent symptomatic UTI, and will do more harm than good.

A positive dipstick result

Bacteria, when present in urine, produce an enzyme which turns nitrates into nitrites. A positive **nitrite** result does not distinguish between asymptomatic bacteriuria and a genuine UTI.

If there are no urinary symptoms—**don't dipstick the urine!**

When to dipstick urine for UTI

Only dipstick urine if the patient has clinical signs of a UTI, symptoms include:

- Loin, back pain or pain on micturition
- Frequent or urgent need to urinate
- Pain or burning with urination
- Pressure in the lower pelvis
- Low-grade fever
- Night sweats, shaking, or chills
- In an elderly person, new onset of confusion or delirium can be a urinary symptom.



When not to dipstick urine for UTI

Do not dipstick urine:

- If the patient has no symptoms of a UTI
- If urine is from a urinary catheter (cloudy or offensive smelling urine is not an indication of infection)
- If it is a routine sample

Specimen collection

- Send a specimen of urine if the patient has clinical signs of a UTI and also a positive dipstick result.
- Use a specimen bottle containing boric acid (red top).
- Include details of the date of symptoms, onset, positive dipstick result, any antibiotics already prescribed, relevant history.



Preventing inappropriate antibiotic treatment

Only send samples for culture if the patient has clinical signs of a UTI. If they have asymptomatic bacteriuria, the dipstick will be positive and bacteria will grow on culture. Antibiotics may be started unnecessarily and inappropriately, which will do more harm than good, risking development of multi-resistant organisms which will require a hospital admission for further treatment of UTI, or precipitate a *C. difficile* infection.

For further information on preventing UTI's, have a look at the short video below:

'Dip or Not to Dip' training video
www.youtube.com/watch?v=rZ5T1Cz7DHQ

Visit our website to find lots of IPC resources, many of which are free to download. **Coming soon—a new set of bespoke IPC Policies specifically for General Practice.**

www.infectionpreventioncontrol.co.uk

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