

Guidance for Healthcare Professionals in General Practice to aid with the diagnosis and management of urinary tract infection (UTI) in care home residents

Review of patient with symptoms of a UTI

Are there any symptoms suggestive of a non-urinary infection?

- ◆ Respiratory - shortness of breath, cough or sputum (phlegm) production, new pleuritic chest pain (sharp pain across ribs)
- ◆ Gastrointestinal - nausea/vomiting, new abdominal pain, new onset of diarrhoea
- ◆ Skin/soft tissue - new redness, warmth, swelling, purulent drainage (pus)

Assess and treat according to relevant clinical guidance

Does the patient have a urinary catheter?

YES

NO

Does the patient have ONE OR MORE of the following signs or symptoms?

- ◆ Shaking chills (rigors)
- ◆ New central low back tenderness
- ◆ New onset or worsening of pre-existing confusion or agitation

Consider the ongoing need for a long term catheter in consultation with specialists.

Consider if the patient may be in urinary retention or have a blocked catheter.

Do not dipstick test urine.

Does the patient have TWO OR MORE of the following signs or symptoms?

- ◆ Dysuria (pain on urination)
- ◆ Urgent or frequent need to urinate
- ◆ New or worsening urinary incontinence
- ◆ Shaking chills (rigors)
- ◆ Pain in the side of body or suprapubic
- ◆ Frank haematuria (visible blood in urine)
- ◆ New onset or worsening of pre-existing confusion or agitation

Do not dipstick test urine.

NO

YES

YES

NO

UTI unlikely, but continue to monitor symptoms for 72 hours

UTI unlikely, but continue to monitor symptoms for 72 hours

Ongoing fever and development of one or more of the above symptoms?

Ongoing fever and development of one or more of the above symptoms?

No symptoms after 72 hours - **no UTI**

UTI likely, do not dipstick test urine
(Consider referral of men with symptoms of upper UTI to urology for further investigation)

No symptoms after 72 hours - **no UTI**

Obtain a sample for urine culture and send to Microbiology

Commence empirical antibiotic therapy as per North Yorkshire antibiotic prescribing guideline for primary care, reviewing response to treatment daily

Consider use of analgesia (paracetamol and ibuprofen) to reduce pain

Review response to antibiotics and review urine culture results when available. Adjust antibiotic treatment accordingly. Contact Microbiologist for further advice if necessary

Consider admission to hospital if no improvement or deterioration, if patient has fever and chills or new onset hypotension (low blood pressure)

Diagnosis

Management