

IPC Advice Bulletin for Care Homes

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Understanding urinary tract infection in adults over 65 years

The diagnosis of urinary tract infection (UTI) is difficult in those who are over 65, as people within this age group are more likely to have bacteria present in their urine which is not causing harm. This is called asymptomatic bacteriuria and doesn't require antibiotic treatment. By 80 years, half of older adults in care, and most with a urinary catheter, will have bacteria in their bladder/urine.

People in this age group frequently receive unnecessary antibiotic treatment for asymptomatic bacteriuria which puts them at risk of future antibiotic resistance, missed correct diagnosis or developing *Clostridioides difficile* infection.

Early recognition and treatment of a UTI is important, as 45% of *E. coli* bloodstream infections are caused by a UTI.

When to seek medical advice

If the resident has a **new onset dysuria** (pain on urination) alone

OR if the resident has **2 or more of the following symptoms:**

- ◆ Temperature 1.5°C above normal twice in the last 12 hours
- ◆ New frequency or urgency to pass urine
- ◆ New incontinence
- ◆ New or worsening delirium/debility/confusion
- ◆ New suprapubic (lower abdominal) pain
- ◆ Visible haematuria (blood in urine)

If **fever and delirium only** it may not be a UTI so an assessment by a medical professional is required.

If **catheterised**, also check for catheter blockage and consider catheter removal or replacement.

Think SEPSIS

A UTI can lead to sepsis or pyelonephritis (infection of the kidneys).

It is vital that medical advice is sought if the resident has any of the following symptoms:

- ◆ Kidney pain/tenderness in back, under ribs
- ◆ Shaking chills (rigors) or temperature over 37.9°C or below 36°C
- ◆ New/different flu-like illness
- ◆ Nausea/vomiting

If trained, check the residents vital signs and record on NEWS. However, doing this must not cause a delay seeking medical advice.

What's new:

IPC training event for Care Homes

10th October, 2022 @ £150.00 per delegate

www.eventbrite.co.uk/e/infection-prevention-and-control-training-event-for-care-homes-tickets-379787182687

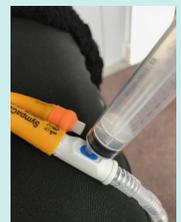
When to send a specimen?

The GP surgery will request a sample if they suspect that a UTI is likely.

Do not drop samples at the surgery unless requested.

Specimen collection

- ◆ Collect a mid-stream or 'clean catch' specimen before starting antibiotics.
- ◆ Use a specimen container with boric acid as it preserves bacterial numbers for up to 72 hours.
- ◆ Fill the container with urine to the 'fill line' and invert several times to mix the urine with the preservative.
- ◆ If you need a catheter specimen, only take urine from the sampling port, never the bag, using an aseptic technique.



Adults under 65 years

Guidance for other age groups varies.

- ◆ Men under 65 years with any symptoms all require further assessment, as asymptomatic bacteria is rare in this age group.
- ◆ Women under 65 years of age require further assessment if they have any UTI symptoms.

IMPORTANT: Urine dipsticks are unreliable in diagnosing UTIs in adults over 65 years and in catheterised adults as it will detect the bacteria present in the bladder/urine without an infection.

Visit our website to find lots of IPC resources, many of which are free to download.

www.infectionpreventioncontrol.co.uk

Call us on **01423 557340**.

