

General Practice guide: diagnosing suspected UTI in catheterised adults OR those over 65 years

(Excludes adults with recurrent UTI. Please refer to the 'Diagnosis of UTIs quick reference tools for Primary Care' [Urinary tract infection: diagnostic tools for primary care - GOV.UK](#) for other patient groups.)

Consider Genitourinary Syndrome of Menopause (vulvovaginal atrophy), urethritis (caused by irritation or inflammation), sexually transmitted infections, and prostatitis. Follow relevant management and safety-netting guidance.

Think Sepsis: follow [NICE guidance](#) for management.

Pyelonephritis: kidney pain/tenderness in back or under ribs, new/different myalgia, flu-like illness, nausea/vomiting, shaking chills (rigors) OR temp over 37.9° C OR 36°C or below.

Follow NICE [Pyelonephritis \(acute\): antimicrobial prescribing](#) for management.

Check for all new signs/symptoms of UTI:

New onset dysuria (pain on urination) alone

OR 2 or more from the following criteria:

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

If fever and delirium/debility only exclude other causes before treating for UTI.

If catheterised, consider catheter removal or replacement.

- ✓ Only treat based on clinical signs and symptoms.
- ✓ Send a catheter specimen of urine (CSU) or mid-stream specimen of urine (MSU) before antibiotics are taken.
- ✓ Prescribers should refer to their local Antimicrobial guidelines for antibiotic choice and duration.
- ✓ Advise continued monitoring for signs of deterioration and escalate if necessary.

Do the right thing... 'ditch the dipstick' in catheterised adults and the over 65s!

Urine dipsticks are unreliable in diagnosing UTIs in those over 65 years and living in a care home due to increasing levels of asymptomatic bacteria. Also, most adults with urinary catheter in place for more than 1 month will have bacteria present in the bladder/urine without infection.

This is 'asymptomatic bacteriuria' and **does not need treating with antibiotics.**

Using urine dipsticks in these groups can lead to harm through unnecessary antibiotic use and missed alternative diagnoses.

Check for other causes of delirium if relevant

P	Pain	M	other Medication
I	other Infection	E	Environment change
N	poor Nutrition	(PINCH ME)	
C	Constipation		
H	poor Hydration		