

Top tips for management of UTIs

Tips for diagnosis of UTI

- Focus on clinical signs and symptoms i.e new onset dysuria, frequency, urgency, incontinence, fever, suprapubic/flank pain or tenderness, haematuria.
- Dark/ concentrated/ foul smelling urine are not indicators of UTI and suggest dehydration rather than infection.
- Consider other common causes of urinary signs and symptoms such as genitourinary syndrome of menopause (GSM), benign prostatic hyperplasia, overactive bladder and sexually transmitted infections. Consider vaginal oestrogen for GSM.
- Dipstick urinalysis to assess for evidence of UTI:
 - Not recommended in adults aged 65 years and over OR adults with a urinary catheter
 - Not recommended in male patients under 65 years
 - May be useful in female (non-pregnant) patients under 65 years with clinical signs and symptoms consistent with a UTI
- Interpretation of dipstick urinalysis in females <65 years:
 - Nitrite positive OR leukocyte PLUS red blood cells positive: UTI is likely
 - Leukocyte positive but nitrite negative: UTI equally likely to other diagnosis
 - All nitrite, leukocyte and blood negative: UTI not likely
- Only send urine culture for SYMPTOMATIC patients with complex infection - not necessary in most cases of simple cystitis.

Tips for treatment of UTI

- Offer advice on hydration and pain relief (paracetamol and/or ibuprofen if suitable)
- Only consider empiric antibiotic treatment in symptomatic patients
 - Consider a delayed antibiotic prescription for uncomplicated UTI if symptoms mild and with low risk of complications.
 - For pyelonephritis/ upper UTIs, immediate antibiotics are recommended.
- Prescribe Green antibiotics where possible (e.g. nitrofurantoin for uncomplicated UTI) in line with HSE National Guidelines
- Usual treatment course for uncomplicated UTI in adult non-pregnant females is 3 days. For other UTI durations, see HSE national guidelines on www.antibioticprescribing.ie.
- Tailor antibiotic choice based on recent urine culture results (if available).
- If worsening symptoms, consider sepsis and escalate appropriately.

Refer to the recently published resources:

- NEW: [Decision aid for management of suspected UTI in adults aged 65 years and over or adults with a urinary catheter - relevant for all community settings.](#)
- Updated: [Position statements on the use of dipstick urinalysis to assess for evidence of urinary tract infection \(UTI\) in adults.](#)

Go to www.antibioticprescribing.ie > Urinary Conditions