

This decision-aid is designed for staff in residential care settings to help evaluate residents with suspected UTI or collect information for discussion with medical staff.

UTI suspected: Urinary signs and symptoms, abnormal temperature, non-specific signs and symptoms.

Consider other causes of urinary signs and symptoms such as Genitourinary Syndrome of Menopause (vulvovaginal atrophy), urethritis, sexually transmitted infections, and prostatitis.

Do not perform urine dipsticks: Bacteria can live in the urinary tract without causing an infection. Approximately half of persons aged 65 years and older who have no symptoms will have a positive dipstick urinalysis and urine culture, without an actual UTI. This "asymptomatic bacteriuria" is not harmful, antibiotics are not beneficial and can cause harm.

Does the resident have an indwelling urinary catheter?

No

Yes

Does the resident meet the following criteria?

- New onset dysuria alone **OR**
- 2 or more of:**
- Fever (Temperature >37.9°C, or 1.5°C above patient's baseline) **OR** shaking chills, twice in the last 12 hours *
- New urinary frequency
- New urinary urgency
- New onset urinary incontinence
- New suprapubic/flank pain or tenderness
- Visible haematuria
- New onset or worsening delirium/ debility (confusion/ agitation/ functional deterioration) *

*Non-verbal residents may not reach the threshold of 2 criteria, clinical judgement is advised. *If fever/chills and/or delirium/ debility only: Consider other causes before treating for UTI (See Box 1 below)*

Check vitals and consider other local/national resources for sepsis and/or delirium management.

Does the resident meet the following criteria?

- 1 or more of:**
- New suprapubic/flank pain
- Fever (Temperature 37.9°C, or 1.5°C above patient's baseline) **OR** shaking chills, twice in the last 12 hours *
- New onset or worsening delirium/ debility (confusion/ agitation/ functional deterioration) *
- Visible haematuria

** If fever/chills and/or delirium/debility only: consider other causes before treating for UTI (See Box 1 below).*

Check vitals and consider other local/national resources for sepsis and/or delirium management.

Check for catheter blockage AND consider catheter removal or replacement

No

Yes

Yes

No

UTI UNLIKELY

- Consider other causes of symptoms (Box 1).
- Ensure adequate hydration.
- Continue to monitor resident for 72hrs. Re-evaluate if worsening symptoms.

UTI LIKELY

1. Send urine culture if feasible, before antibiotics are given.
2. **a)** If mild symptoms, consider back-up antibiotics in women without catheter and with low risk of complications.
OR
b) Offer immediate antibiotics using local/ national antibiotic prescribing guidelines. If urinary catheter in place for over 14 days, the catheter should be replaced (or ideally removed) as soon as possible but do not delay antibiotics.
3. Review antibiotic choice when culture result available, and in accordance with treatment response
4. Ensure adequate hydration.

UTI UNLIKELY

- Consider other causes of symptoms (Box 1).
- Ensure adequate hydration.
- Continue to monitor resident for 72hrs. Re-evaluate if worsening symptoms.

If worsening signs or symptoms consider: admission or start/change antibiotic

BOX 1: CHECK for other causes of fever and/or delirium if relevant (PINCH ME)

Are there any symptoms suggestive of non-urinary infection such as?

Respiratory - shortness of breath, cough or sputum production, new pleuritic chest pain
Gastrointestinal - nausea/vomiting, new abdominal pain, new onset diarrhoea
Skin/soft tissue - new redness, warmth, swelling, purulent drainage

<input type="checkbox"/> P: Pain	<input type="checkbox"/> M: Medication (e.g. hypnotics, opioids)
<input type="checkbox"/> IN: INfection	
<input type="checkbox"/> C: Constipation	<input type="checkbox"/> E: Environment change
<input type="checkbox"/> H: Hydration/ Nutrition	

If yes, manage according to local/national guidelines