Flowchart for the Diagnosis of UTI in Elderly Care Home Residents

Use this flowchart to assess residents presenting with any of the following:

- **Fever**: temperature of >37.9°C or 1.5°C increase above baseline (on at least two occasions in the last 12 hours).
- **Hypothermia**: temperature of <36°C
- **Non-specific symptoms of infection**: abdominal pain, behavioural change, loss of diabetes control.

**FOR USE BY APPROPRIATELY TRAINED STAFF ONLY**

**DO NOT** routinely use dipstick test in diagnosis of UTI

Does resident have a urinary catheter?

- **YES**: Does resident have ONE or more of the following symptoms?
  - Shaking chills (rigors)
  - Flank pain
  - New onset confusion
  
  - **NO**: UTI unlikely but continue to monitor symptoms

- **NO**: Does resident have TWO or more of the following symptoms?
  - Pain on urinating
  - Need to pass urine urgently
  - Urinating more often
  - Urinary incontinence
  - Shaking chills (rigors)
  - Flank or suprapubic pain
  - Blood in urine
  - New or worsening confusion or agitation

- **NO**: YES

**UTI LIKELY**

1) Contact GP
2) Complete ‘Record of Symptoms of UTI’.
3) Direct GP to ‘Management and Treatment of UTI’ guidance overleaf.
4) Review response to treatment daily.
5) Contact GP again if resident’s condition deteriorates or their symptoms do not improve.

References: Diagnosis of urinary tract infections (UTIs)-PHE. SIGN 88-Diagnosis and Management of Suspected UTI in Older People

Produced by the WSCCG Medicines Management Team. Version 1, November 2017.
FOR GP USE ONLY

Management and Treatment of UTI in Elderly Care Home Residents

Management

- If two or more symptoms of infection, obtain urine sample and send to microbiology for culture.
- Consider analgesia (paracetamol is recommended first line)
- Assess if retention or sub-acute retention of urine is likely (e.g. blocked catheter or distended bladder)
- If resident has a urinary catheter, remove and replace it. Consider the on-going need for a long term catheter, in consultation with specialists.
- If flank or suprapubic pain, consider diagnosis of pyelonephritis and treat accordingly.

Treatment of infection

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<thead>
<tr>
<th>MEN</th>
<th>1ST LINE TREATMENT: NITROFURANTOIN</th>
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</thead>
<tbody>
<tr>
<td>Renal function: eGFR &gt; 45 mL/min</td>
<td>Nitrofurantoin 100mg m/r BD for 7 days</td>
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<tr>
<td>Renal function: eGFR &lt; 45 mL/min</td>
<td>DO NOT USE</td>
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<tr>
<th>2ND LINE TREATMENT: TRIMETHOPRIM</th>
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<tr>
<td>Renal function: eGFR &gt; 30 mL/min</td>
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<tr>
<td>Renal function: eGFR 15-30 mL/min</td>
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<td>Renal function: eGFR &lt; 15 mL/min</td>
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<tr>
<th>WOMEN</th>
<th>1ST LINE TREATMENT: NITROFURANTOIN</th>
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<tbody>
<tr>
<td>Renal function: eGFR &gt; 45 mL/min</td>
<td>Nitrofurantoin 100mg m/r BD for 3 days</td>
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<tr>
<td>Renal function: eGFR &lt; 45 mL/min</td>
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If Care Home reports deterioration or no improvement of symptoms, consider increased level of care or admission to hospital.

References: Diagnosis of urinary tract infections (UTIs)-PHE. SIGN 88-Diagnosis and Management of Suspected UTI in Older People

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