



FOR CARE HOME USE ONLY

RECORD OF SYMPTOMS OF UTI: complete when flowchart indicates UTI is likely and add to resident notes.

Resident name:	DOB:
NHS number:	Usual GP:
Name and job title of person conducting assessment:	Date symptoms were assessed:

1) Does the resident have a urinary catheter?

YES and removed / replaced

NO

2) Which symptoms does the resident have?

(Please tick all that apply)

- 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



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RECORD OF MANAGEMENT OF UTI: complete **only after consultation with GP** where flowchart indicates UTI is likely and add to resident notes.

Resident name:	DOB:
Date of consultation with GP:	Type of consultation (please delete as appropriate): TELEPHONE CALL HOME VISIT
Name of GP consulted:	Name of person describing symptoms to GP :

1) Urine sample taken for culture?

 YES NO

2) Did the GP prescribe antibiotics for this resident?

 YES NO

3) Date antibiotic course was started (if applicable):

4) Other management (please tick all that apply):

- Paracetamol prescribed or given under homely remedies policy.
- Ibuprofen prescribed or given under homely remedies policy.
- Specialist contacted regarding ongoing need for catheterisation (if known).
- Resident admitted to hospital (please state reason for admission if known):

Signature of staff member completing form:	Date of completion:
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