UTI Checklist

Patient Details	Resident's name:
Date:	NHS Number:
Completed by:	Date of Birth:

- **DO NOT PERFORM URINE DIPSTICK** – NOT recommended in residents over 65 years
- **CLEAR URINE** – UTI highly unlikely. If urine dark -Think dehydration and push fluids
- **HIGH TEMPERATURE or NEW INCONTINENCE** – Possible UTI, Collect a clean urine sample
- **THINK** - What could have caused a UTI e.g.:

○ Dehydration ○ Constipation ○ Sore / dry itchy vagina ○ Not emptying bladder to completion
○ Poor hygiene ○ Urinary catheter ○ Faecal incontinence (E coli in faeces)

Clinical Information		
Do they have a catheter in situ? ☐ Yes ☐ No If yes, give reason:		Date of insertion: Planned date of change:
Do they have a history of previous UTI? ☐ Yes ☐ No Were any of the UTIs investigated: ☐ Yes ☐ No		If yes, number of UTIs treated in the last year:
Any known antibiotic allergies? ☐ Yes ☐ No		If yes, please state:
Any signs of other infection? ☐ Yes ☐ No		If yes, select any new symptoms:
☐ Cough	☐ Shortness of breath	☐ Sputum production ☐ Nausea / vomiting
☐ Diarrhoea	☐ Abdominal pain	☐ Pressure Ulcer ☐ Red, warm, swollen area of skin

New Symptoms (select any that are present)	
☐ Lower back pain or pain in side	☐ A sense of urgency to go to the toilet or a new incontinence
☐ Needing to urinate more often than normal	
☐ Any blood in the urine	☐ Any pain in lower tummy or above the public area
☐ Any pain when passing urine	
☐ New fall or an increase in falls that may indicate the start of an infection	

Signs (do clinical observations if able)	Record sign
Temperature above 38.3ºC or below 36ºC or shaking chills (rigors) in last 24 hours (normal 36-37.5)	
Heart Rate over 110 beats/min (normal 50-100)	
Respiratory rate over 20 breaths/min or rapid breathing (normal 9-14)	
Diabetic? ☐ Yes ☐ No	
New onset or worsening confusion agitation or delirium	

GP/Health Care Professional (HCP) Management Decision	
A full clinical assessment is recommended before a diagnosis of UTI is made. Do not use urinalysis on urine samples from patients >65y to diagnose UTI in the absence of clinical symptoms as up to 50% of older people in residential care have clinically insignificant bacteriuria (NICE QS90) (Please note that 3 confirmed UTI's in a year requires investigation; do not miss red flags)	
(a) Uncomplicated lower UTI	(e) Antibiotic prescribed:
(b) MSU/CSU sent–particularly if more than 2 signs of infection or continuing symptoms after antibiotic treatment	(f) Cause of UTI found:
(c) Review in 24/48 hour with MSU/CSU results	(g) UTI preventative actions for carer:
(d) Pyelonephritis	

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Local prescribing guidance at:
http://www.knowledgeanglia.nhs.uk/LinkClick.aspx?fileticket=AzKZLXA6Xyc%3d&tabid=852&portalid=1

Top tips to prevent a Urinary tract infection: advice for carers

1. Keep your resident well hydrated as dehydration may be the cause of UTI
- Aim for 1600mls – 2000mls per day.

2. Ensure good hygiene.
- Female residents: wipe from front to back.
- Male residents: ensure you clean under the foreskin and place it back once cleaned. If resident is circumcised they will not have a foreskin; clean as normal.

3. Avoid constipation
- Normal bowel function is:- passing stools up to 3 times a day to 3 times a week; it should be sausage like and easy to pass (Bristol stool chart type 4)
- The bowel is most active up to 30 minutes after main meal therefore when resident has finished each meal encourage to sit on toilet until a good bowel regime is maintained

4. Cross contamination from faeces
- If resident is faecally incontinent a disposable containment product specifically for faecal incontinence may have been prescribed. Best practice indicates the product needs to be changed immediately following a bowel action as faeces will sit against the skin and track into bladder and can cause infection.
- If resident is faecally incontinent or has overflow incontinence please contact continence nurse for assessment/advice.

5. Not emptying bladder effectively (residual)
- Normal bladder capacity is 350-500mls. The bladder should empty to completion when you go to toilet, if the bladder leaves urine behind this stale urine can cause UTI's. (However some individuals do not empty to completion but may not sustain a UTI).
- An enlarged prostate can cause the bladder not to empty properly
- Medication such as antimuscarinics (formerly termed as anticholinergics) can relax bladder therefore the bladder may not empty properly
- Vaginal prolapse can obstruct the urethra (pipe you pee out of)
- Neurological conditions such as Parkinson's, MS and dementia

6. Vaginal Atrophy
- If resident has a history of dry sore vagina ,topical or vaginal HRT may be prescribed

7. Urinary catheter – All details should be written in Residents Catheter Passport
- If a resident has a urinary catheter they will have bacteria within their urine therefore never take a urine sample unless requested by a HCP. Monitor for UTI symptoms or development of two or more clinical symptoms of UTI.
- Encourage 2000mls fluid per day and ensure good catheter hygiene; change leg bag every 7 days (or sooner if contaminated); night bags are usually single use and should be attached to a night stand.

If you are unable to collect a clean sample of urine due to incontinence, try a urinary sheath for male residents or a P-Bag for females. For patients wearing disposable containment products, pad urine collection systems can be extremely effective in gaining an appropriate urine sample. If unable to do this discuss with your HCP for advice.
Once completed, please email Page 1 of this checklist to a health care professional at your GP practice or community nurses. This will enable the appropriate clinician to make a decision re treatments for your resident.

More information on taking a urine sample can be found in the 'Information Leaflet – Taking a Urine Sample', available at this link:
http://www.southnorfolkccg.nhs.uk/sites/default/files/Information%20leaflet%20-Taking%20a%20urine%20sample%20FINAL.pdf