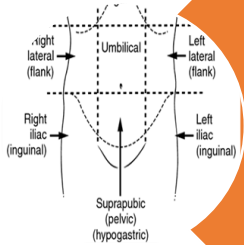


# Recognising Urinary Tract Infections (UTIs) in care homes

UTIs are diagnosed by symptoms- but existing problems such as incontinence and dementia can make these difficult to recognise in the elderly. Analgesics can mask any pain or temperature rise. Note any **CHANGE** in the smell or appearance of the urine and look out for **NEW** symptoms :

## Specific symptoms of infection



- Temperature  $>38^{\circ}\text{C}$  or  $<36^{\circ}\text{C}$  and no other focus of infection
- Painful urination
- Frequency
- Suprapubic tenderness
- Flank pain
- Urgency
- Incontinence
- Blood in the urine
- Shaking chills (rigors)

## Non specific symptoms



- New onset or worsening confusion /agitation
- Delirium
- General loss of appetite and tiredness

## Actions

- ✓ Test urine for nitrites, if a sample can be obtained
- x Do not dipstick incontinence pads or catheter samples
- ✓ Check catheters are not blocked

## Referral

- ✓ Refer resident to GP if you notice any of these symptoms. Refer residents with catheters or multiple symptoms or severe symptoms the same day
- ✓ Call ambulance for residents with rigors, unless advanced care plan says otherwise

## Actions if antibiotics prescribed

- ✓ Obtain a urine sample for culture if recurrent UTIs or symptoms are not responding to current antibiotics
- ✓ Check if GP wants catheter to be changed. Take urine sample from catheter sampling port
- ✓ Start course promptly. Monitor symptoms daily. If no improvement or deterioration , refer to GP



## Prevent UTIs

- Encourage residents to drink plenty of fluid
- Change incontinence pads regularly
- Wipe from front to back
- Treat constipation promptly as this can prevent bladder emptying fully

